



SEEC FORM 3

Political Committee (PAC) Registration
STATE ELECTIONS ENFORCEMENT COMMISSION
Revised 2024

Received by SEEC
11/14/2024 09:48 AM

| REGISTRATION TYPE |
|--|
| <input type="radio"/> Original |
| <input checked="" type="radio"/> Amendment/ Biennial with Changes |

| | | | | | |
|--|-------------|--|--|-------------------|-------------------|
| 1. NAME OF COMMITTEE | | | | 2. ACRONYM | |
| CT Voters First PAC | | | | CTVF | |
| 3. COMMITTEE ADDRESS | | | 4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE | | |
| Address 100 Water St | | | Email scott.w.muller@gmail.com | | |
| City Stonington | State CT | Zip Code 06378-1 | Website | | |
| 6. CHAIRPERSON NAME | | | | | |
| First Name Scott | MI W | Last Name Muller | | Suffix | |
| 7. CHAIRPERSON RESIDENCE ADDRESS | | | 8. CHAIRPERSON MAILING ADDRESS (If different) | | |
| Street Address 100 Water St | | | Address | | |
| City Stonington | State CT | Zip Code 06378-1 | City | State | Zip Code |
| 9. CHAIRPERSON TELEPHONE | | 10. CHAIRPERSON E-MAIL ADDRESS | | | |
| (Include Area Code) 646 509 0079 | | Scott.W.Muller@gmail.com | | | |
| 11. TREASURER NAME | | | | | |
| First Name Monte | MI | Last Name Frank | | Suffix | |
| 12. TREASURER RESIDENCE ADDRESS | | | 13. TREASURER MAILING ADDRESS (If different) | | |
| Street Address 517 Boston Neck Rd | | | Address | | |
| City Suffield | State CT | Zip Code 06078 | City | State | Zip Code |
| 14. TREASURER TELEPHONE | | 15. TREASURER E-MAIL ADDRESS | | | |
| (Include Area Code) 203 512 1317 | | MonteFrank68@gmail.com | | | |
| 16. DEPUTY TREASURER NAME | | | | | |
| First Name | MI | Last Name | | Suffix | |
| 17. DEPUTY TREASURER RESIDENCE ADDRESS | | | 18. DEPUTY TREASURER MAILING ADDRESS (If different) | | |
| Street Address | | | Address | | |
| City | State | Zip Code | City | State | Zip Code |
| 19. DEPUTY TREASURER TELEPHONE | | 20. DEPUTY TREASURER E-MAIL ADDRESS | | | |
| (Include Area Code) | | | | | |
| 21. DEPOSITORY INSTITUTION NAME | | | | | |
| M&T Bank | | | | | |
| 22. DEPOSITORY INSTITUTION ADDRESS | | | | | |
| Address 1 Financail Plaza, Hartford, CT 06103 | | | City | | State Zip Code |

| NAME OF COMMITTEE | | REGISTRATION TYPE | |
|---------------------------|------|--|----------|
| CT Voters First PAC | | <input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes | |
| 23. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | City | State | Zip Code |
| 23A. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | City | State | Zip Code |
| 23B. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | City | State | Zip Code |
| 23C. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | City | State | Zip Code |
| 23D. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | City | State | Zip Code |
| 23E. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | City | State | Zip Code |
| 23F. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | City | State | Zip Code |
| 23G. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | City | State | Zip Code |

| NAME OF COMMITTEE | REGISTRATION TYPE |
|---------------------|--|
| CT Voters First PAC | <input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes |

36. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?

No Yes If Yes, Name of Agency _____

37. HAS A CONTRIBUTION OR DISBURSEMENT BEEN MADE PRIOR TO THIS REGISTRATION STATEMENT?

No Yes If Yes, see instructions for additional filing requirements.

38. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?

No Yes If Yes, Name of Contractor or Principal _____ See Addendum

39. PURPOSE OF COMMITTEE AS TO STATEWIDE & GENERAL ASSEMBLY CANDIDATES

| | |
|--|--|
| <p>A. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for Statewide Office?</p> <p style="text-align: right;"><input type="radio"/> No <input checked="" type="radio"/> Yes</p> | <p>B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly?</p> <p style="text-align: right;"><input type="radio"/> No <input checked="" type="radio"/> Yes</p> |
|--|--|

40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?

No Yes If Yes, Name of Principal _____ See Addendum

41. CERTIFICATION

Chairperson

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as the treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

Scott W Muller
 CHAIRPERSON SIGNATURE

04/04/2024
 DATE (mm/dd/yyyy)

Treasurer

Initial Committee Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated Treasurer of this political committee, and that I am *either* submitting this registration statement *together with* a SEEC FORM 20 complete as to the committee’s first day of receiving contributions or distributions benefiting the committee or that I understand that I shall become obligated to file the committee’s first SEEC FORM 20 within 48 hours after receiving the committee’s first contribution or distribution. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

Amended Committee Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

Biennial Committee Re-Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state, under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

Monte Frank
 TREASURER SIGNATURE

11/14/2024
 DATE (mm/dd/yyyy)

| NAME OF COMMITTEE | REGISTRATION TYPE |
|---------------------|--|
| CT Voters First PAC | <input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes |

41. CERTIFICATION *continued*

Deputy Treasurer

Initial Committee Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Amended Committee Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Biennial Committee Re-Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state, under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief.

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)

42. CERTIFICATION FOR LEGISLATIVE LEADERSHIP COMMITTEES ONLY

Legislative Leader

I hereby certify and state, under penalties of false statement, that this political committee has been designated by me, a General Assembly Leader, as a Legislative Leadership Committee, in accordance with Section 9-605(e)(3) of the Connecticut General Statutes.

LEGISLATIVE LEADER SIGNATURE

DATE (mm/dd/yyyy)

ADDITIONAL PAGES FOR SEEC FORM 3

If additional pages are needed to complete all information required in Sections 23, 27, 31, 32, 37 and 39 of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the SEEC Form 3.