SEEC FORM 3

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

Received by SEEC

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REGISTRATION TYPE
- ○ Original
- ◉ Amendment/ Biennial with Changes

1. NAME OF COMMITTEE	2. ACRONYM
Association Of Commuter Rail Employees PAC	

3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE
Address: 420 Lexington Ave Ste 215			Email: legislativedirector@acre2000.com
City: New York	State: NY	Zip Code: 10170	Website:

6. CHAIRPERSON NAME			
First Name: Anthony	MI:	Last Name: Aprea	Suffix:

7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS *(If different)*		
Street Address: 73 Monrovia Blvd			Address:		
City: Yonkers	State: NY	Zip Code: 10707	City:	State:	Zip Code:

9. CHAIRPERSON TELEPHONE	10. CHAIRPERSON E-MAIL ADDRESS
(Include Area Code) 914 447 8463	AnthonyAprea@gmail.com

11. TREASURER NAME			
First Name: Edward	MI:	Last Name: Valente	Suffix:

12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS *(If different)*		
Street Address: 63 Mountain Brook Rd			Address:		
City: North Haven	State: CT	Zip Code: 06473	City:	State:	Zip Code:

14. TREASURER TELEPHONE	15. TREASURER E-MAIL ADDRESS
(Include Area Code) 203 988 4547	LegislativeDirector@acre2000.com

16. DEPUTY TREASURER NAME			
First Name: Kelly	MI:	Last Name: Grandfield	Suffix:

17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS *(If different)*		
Street Address: 620 S Elm St			Address:		
City: Wallingford	State: CT	Zip Code: 06492	City:	State:	Zip Code:

19. DEPUTY TREASURER TELEPHONE	20. DEPUTY TREASURER E-MAIL ADDRESS
(Include Area Code) 203 671 7529	MissKelly616@gmail.com

21. DEPOSITORY INSTITUTION NAME
JP Morgan Chase

22. DEPOSITORY INSTITUTION ADDRESS			
Address: 60 East 42nd Street, New York, NY 10017	City:	State:	Zip Code:

Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

NAME OF COMMITTEE	REGISTRATION TYPE
Association Of Commuter Rail Employees PAC	○ Original ◉ Amendment/ Biennial with Changes

23. OFFICER NAME		TITLE OR POSITION
Anthony	Aprea	Legislative Director

OFFICER RESIDENCE ADDRESS

Address	City	State	Zip Code
73 Monrovia Blvd	Yonkers	NY	10707

23A. OFFICER NAME		TITLE OR POSITION
Edward	Valente	General Chairman

OFFICER RESIDENCE ADDRESS

Address	City	State	Zip Code
63 Mountain Brook Rd	North Haven	CT	06473

23B. OFFICER NAME		TITLE OR POSITION
Kelly	Grandfield	President Local 1

OFFICER RESIDENCE ADDRESS

Address	City	State	Zip Code
620 S Elm St	Wallingford	CT	06492

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
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24. COMMITTEE SUBTYPE *(Select a single committee subtype under A or B. If you check B, you must also check one of four caucus subtypes)*

A.
- ○ Two or More Individuals
- ○ Two or More Committees (*Event(s)*)
- ○ Business Entity
- ◉ Labor Union
- ○ Other Organization
- ○ Legislative Leadership

B. ☐ Legislative Caucus *(Select subtype)*
- ○ Senate Democrats
- ○ House Democrats
- ○ Senate Republicans
- ○ House Republicans

25. PURPOSE OF COMMITTEE *(Select a single committee purpose under A or B and applicable subtype)*

A. ◉ **Ongoing** *(Select subtype)*
- ◉ State Elections Only
- ○ Municipal Elections Only
- ○ Both

B. ○ **Durational** *(Select subtype)*
- ○ Single Election Date _____
- ○ Single Referendum Date _____
- ○ Single Primary Date _____
- ○ Constitutional Amendment Date _____
- ○ Single Candidate
- ○ Event(s) *(Names of Participating Committees)* _____
- ○ Political Slate Committee _____

26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY

Brief description of subject matter of Referendum Question or Constitutional Amendment

27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT

○ Support ○ Oppose

28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY ☐ *See Addendum*

Position	Name of Candidate(s)	Office(s) Sought	Party Designation
○ Support ○ Oppose			

29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY

Entity Name	Address	City	State	Zip Code
Asssocation of Commuter Rail En	420 Lexington Ave Ste 215	New York	NY	1007(

29a. IF THE COMMITTEE IS ESTABLISHED BY A PERSON OTHER THAN A HUMAN BEING, IS THAT PERSON MAKING THE EXPENDITURE A FOREIGN NATIONAL?

◉ No ○ Yes

30. HOW WILL FUNDS BE RECEIVED?

Committees formed by a Labor Union or Other Organization ONLY

○ Treasury ◉ Voluntary Member Contributions

31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY

(i.e. AFL-CIO, AFSCME, CBIA, etc.) ◉ No ○ Yes *(Name & Address)* _____

32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? ☐ *See Addendum*

○ No ◉ Yes If Yes, Name of Registered Lobbyist: The Kowalski Group

◉ Client Lobbyist
○ Communicator Lobbyist
○ Both

33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?

◉ No ○ Yes If Yes, Name of Official Member _____ ☐ *See Addendum*

34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?

○ No ○ Yes If Yes, District Number _____

35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?

○ No ○ Yes If Yes, District Number _____

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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

A. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for Statewide Office?

○ No ◉ Yes

B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly?

○ No ◉ Yes

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.

Anthony Aprea
CHAIRPERSON SIGNATURE

04/15/2021
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.

Edward Valente
TREASURER SIGNATURE

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

NAME OF COMMITTEE	REGISTRATION TYPE
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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.

Kelly Grandfield — DEPUTY TREASURER SIGNATURE

04/15/2021 — 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.