



# SEEC FORM 3

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

Received by SEEC

11/06/2024 02:16 PM

**REGISTRATION TYPE**

- Original
- Amendment/  
Biennial with Changes

|  |             |  |  |                   |                   |
|--|-------------|--|--|-------------------|-------------------|
| <b>1. NAME OF COMMITTEE</b>                    |             |  |  | <b>2. ACRONYM</b> |                   |
| Leadership For Communities                     |             |  |  |                   |                   |
| <b>3. COMMITTEE ADDRESS</b>                    |             |  | <b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>          |                   |                   |
| Address<br>30 Central Ave                      |             |  | Email  |                   |                   |
| City<br>Wolcott                                | State<br>CT | Zip Code<br>06716                          | Website  |                   |                   |
| <b>6. CHAIRPERSON NAME</b>                     |             |  |  |                   |                   |
| First Name<br>Michael                          |             | MI   | Last Name<br>Macary  |                   | Suffix            |
| <b>7. CHAIRPERSON RESIDENCE ADDRESS</b>        |             |  | <b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>       |                   |                   |
| Street Address<br>30 Steele Ave                |             |  | Address  |                   |                   |
| City<br>Wolcott                                | State<br>CT | Zip Code<br>06716-3                        | City   | State             | Zip Code          |
| <b>9. CHAIRPERSON TELEPHONE</b>                |             | <b>10. CHAIRPERSON E-MAIL ADDRESS</b>      |  |                   |                   |
| (Include Area Code)<br>203 572 5075            |             | mikemacary@gmail.com                       |  |                   |                   |
| <b>11. TREASURER NAME</b>                      |             |  |  |                   |                   |
| First Name<br>Joseph                           |             | MI   | Last Name<br>Macary  |                   | Suffix            |
| <b>12. TREASURER RESIDENCE ADDRESS</b>         |             |  | <b>13. TREASURER MAILING ADDRESS (If different)</b>        |                   |                   |
| Street Address<br>30 Central Ave               |             |  | Address  |                   |                   |
| City<br>Wolcott                                | State<br>CT | Zip Code<br>06716                          | City   | State             | Zip Code          |
| <b>14. TREASURER TELEPHONE</b>                 |             | <b>15. TREASURER E-MAIL ADDRESS</b>        |  |                   |                   |
| (Include Area Code)<br>203 441 4007            |             | joemacary@gmail.com                        |  |                   |                   |
| <b>16. DEPUTY TREASURER NAME</b>               |             |  |  |                   |                   |
| First Name                                     |             | MI   | Last Name  |                   | Suffix            |
| <b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>  |             |  | <b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b> |                   |                   |
| Street Address                                 |             |  | Address  |                   |                   |
| City   | State       | Zip Code                                   | City   | State             | Zip Code          |
| <b>19. DEPUTY TREASURER TELEPHONE</b>          |             | <b>20. DEPUTY TREASURER E-MAIL ADDRESS</b> |  |                   |                   |
| (Include Area Code)                            |             |  |  |                   |                   |
| <b>21. DEPOSITORY INSTITUTION NAME</b>         |             |  |  |                   |                   |
| Webster Bank                                   |             |  |  |                   |                   |
| <b>22. DEPOSITORY INSTITUTION ADDRESS</b>      |             |  |  |                   |                   |
| Address<br>88 Bank Street, Waterbury, CT 06702 |             |  | City   |                   | State<br>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  |          |
|----------------------------|------|--|----------|
| Leadership For Communities |      | <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 |

|  |                      |  |                                       |
|--|----------------------|--|---------------------------------------|
| <b>NAME OF COMMITTEE</b>   |                      | <b>REGISTRATION TYPE</b>   |                                       |
| Leadership For Communities   |                      | <input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes   |                                       |
| <b>24. COMMITTEE SUBTYPE</b> <i>(Select a single committee subtype under A or B. If you check B, you must also check one of four caucus subtypes)</i>  |                      |  |                                       |
| <b>A.</b> <input checked="" type="radio"/> Two or More Individuals <input type="radio"/> Labor Union<br><input type="radio"/> Two or More Committees (Event(s)) <input type="radio"/> Other Organization<br><input type="radio"/> Business Entity <input type="radio"/> Legislative Leadership |                      | <b>B.</b> <input type="checkbox"/> Legislative Caucus <i>(Select subtype)</i><br><input type="radio"/> Senate Democrats <input type="radio"/> House Democrats<br><input type="radio"/> Senate Republicans <input type="radio"/> House Republicans  |                                       |
| <b>25. PURPOSE OF COMMITTEE</b> <i>(Select a single committee purpose under A or B and applicable subtype)</i>   |                      |  |                                       |
| <b>A.</b> <input checked="" type="radio"/> <b>Ongoing</b> <i>(Select subtype)</i><br><input type="radio"/> State Elections Only<br><input type="radio"/> Municipal Elections Only<br><input checked="" type="radio"/> Both   |                      | <b>B.</b> <input type="radio"/> <b>Durational</b> <i>(Select subtype)</i><br><input type="radio"/> Single Election Date _____ <input type="radio"/> Single Referendum Date _____<br><input type="radio"/> Single Primary Date _____ <input type="radio"/> Constitutional Amendment Date _____<br><input type="radio"/> Single Candidate <input type="radio"/> Event(s) <i>(Names of Participating Committees)</i> _____<br><input type="radio"/> Political Slate Committee _____ |                                       |
| <b>26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY</b>  |                      | <b>27. GROUP'S POSITION ON THE REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT</b>   |                                       |
| Brief description of subject matter of Referendum Question or Constitutional Amendment   |                      | <input type="radio"/> Support <input type="radio"/> Oppose   |                                       |
| <b>28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY</b>  |                      |  | <input type="checkbox"/> See Addendum |
| Position<br><input type="radio"/> Support<br><input type="radio"/> Oppose  | Name of Candidate(s) | Office(s) Sought   | Party Designation                     |
| <b>29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY</b>   |                      |  |                                       |
| Entity Name  | Address              | City   | State    Zip Code                     |
| <b>29a. IF THE COMMITTEE IS ESTABLISHED BY A PERSON OTHER THAN A HUMAN BEING, IS THAT PERSON MAKING THE EXPENDITURE A FOREIGN NATIONAL?</b>  |                      |  |                                       |
| <input checked="" type="radio"/> No <input type="radio"/> Yes  |                      |  |                                       |
| <b>30. HOW WILL FUNDS BE RECEIVED?</b>   |                      | <b>31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY</b>  |                                       |
| <i>Committees formed by a Labor Union or Other Organization ONLY</i><br><input type="radio"/> Treasury <input type="radio"/> Voluntary Member Contributions  |                      | <i>(i.e. AFL-CIO, AFSCME, CBIA, etc.)</i> <input type="radio"/> No <input type="radio"/> Yes <i>(Name &amp; Address)</i> _____   |                                       |
| <b>32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?</b>  |                      |  | <input type="checkbox"/> See Addendum |
| <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Registered Lobbyist _____  |                      | <input type="radio"/> Client Lobbyist<br><input type="radio"/> Communicator Lobbyist<br><input type="radio"/> Both   |                                       |
| <b>33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?</b>  |                      |  |                                       |
| <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official Member _____  |                      |  | <input type="checkbox"/> See Addendum |
| <b>34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?</b>  |                      | <b>35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?</b>  |                                       |
| <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____  |                      | <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____  |                                       |



| NAME OF COMMITTEE          | REGISTRATION TYPE  |
|----------------------------|--|
| Leadership For Communities | <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.