SEEC FORM 3

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

Received by SEEC

11/14/2024 07:10 AM

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

1. NAME OF COMMITTEE	2. ACRONYM
Bristol Federation Of Teachers-Committee On Political Educat	

3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE
Address: 985 Farmington Ave			Email:
City: Bristol	State: CT	Zip Code: 06010	Website:

6. CHAIRPERSON NAME			
First Name: David	MI:	Last Name: Luchina	Suffix:

7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS *(If different)*		
Street Address: 115 Northwood Ct			Address:		
City: Cheshire	State: CT	Zip Code: 06410	City:	State:	Zip Code:

9. CHAIRPERSON TELEPHONE	10. CHAIRPERSON E-MAIL ADDRESS
(Include Area Code) 860 866 8576	davidluchina@bristolk12.org

11. TREASURER NAME			
First Name: David	MI:	Last Name: Luchina	Suffix:

12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS *(If different)*		
Street Address: 115 Northwood Ct			Address:		
City: Cheshire	State: CT	Zip Code: 06410	City:	State:	Zip Code:

14. TREASURER TELEPHONE	15. TREASURER E-MAIL ADDRESS
(Include Area Code) 860 866 8576	davidluchina@bristolk12.org

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
TD Bank

22. DEPOSITORY INSTITUTION ADDRESS			
Address: 115 N WOOD CT	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
Bristol Federation Of Teachers-Committee On Political Educat	○ Original ◉ Amendment/ Biennial with Changes

23. OFFICER NAME		TITLE OR POSITION
John	Stavens	VP BFT

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
100 Garfield Rd	Bristol	CT	06010

23A. OFFICER NAME		TITLE OR POSITION
Michael	Reynolds	President BFT

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
10 Monarch Dr	Berlin	CT	06037

23B. OFFICER NAME		TITLE OR POSITION
David	Luchina	BFT Secretary

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
115 N Wood Ct	Cheshire	CT	06410

23C. OFFICER NAME		TITLE OR POSITION
David	Lattimer	VP BFT

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
61 Judson St	Thomaston	CT	06787

23D. OFFICER NAME		TITLE OR POSITION
Walt	Lewandoski	VP BFT

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
76 Bellevue Ave	Bristol	CT	06010

23E. OFFICER NAME		TITLE OR POSITION
Christine	Heimgartner	VP BFT

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
96 Crest St	Wethersfield	CT	06109

23F. OFFICER NAME		TITLE OR POSITION
Jessica	Dumont	VP BFT

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
253 Central St	Bristol	CT	06010

23G. OFFICER NAME		TITLE OR POSITION
Amanda	Lizotte	VP BFT

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
8 Nursery Cir	Bristol	CT	06010

NAME OF COMMITTEE	REGISTRATION TYPE
Bristol Federation Of Teachers-Committee On Political Educat	○ Original ◉ Amendment/ Biennial with Changes

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 Primary Date _____
- ○ Single Candidate
- ○ Political Slate Committee
- ○ Single Referendum Date _____
- ○ Constitutional Amendment Date _____
- ○ Event(s) *(Names of Participating Committees)* _____

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
Bristol Federation of Teachers	985 Farmington Ave	Bristol	CT	0601(

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)* AFT Connecticut

56 Marshall Rd,Rocky Hill,CT,06067

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

○ No ◉ Yes If Yes, Name of Registered Lobbyist CT AFT

◉ 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 _____

NAME OF COMMITTEE	REGISTRATION TYPE
Bristol Federation Of Teachers-Committee On Political Educat	○ Original ◉ 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

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.

David Luchina
CHAIRPERSON SIGNATURE

11/15/2022
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.

David Luchina
TREASURER SIGNATURE

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

NAME OF COMMITTEE	REGISTRATION TYPE
Bristol Federation Of Teachers-Committee On Political Educat	○ Original ◉ 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 com-ply 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.

SEEC FORM 3A
Revised September 2024

ADDITIONAL SECTION 23
SEEC FORM 3

NAME OF COMMITTEE	REGISTRATION TYPE
Bristol Federation Of Teachers-Committee On Political Educat	○ Original ◉ Amendment/ Biennial with Changes

23H. OFFICER NAME		TITLE OR POSITION
Eric	Steinfeld	BFT Treasurer

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
1 Baldwin St	Farmington	CT	06032

23I. OFFICER NAME	TITLE OR POSITION

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

23J. OFFICER NAME	TITLE OR POSITION

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

23K. OFFICER NAME	TITLE OR POSITION

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
8 Nursery Cir	Bristol	CT	06010

23L. OFFICER NAME	TITLE OR POSITION

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
8 Nursery Cir	Bristol	CT	06010

23M. OFFICER NAME	TITLE OR POSITION

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
8 Nursery Cir	Bristol	CT	06010

23N. OFFICER NAME		TITLE OR POSITION
	Lizotte	VP BFT

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
8 Nursery Cir	Bristol	CT	06010

23O. OFFICER NAME	TITLE OR POSITION
Amanda	

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
8 Nursery Cir	Bristol	CT	06010

SEEC FORM 3B
Revised September 2024

ADDITIONAL SECTION 28
SEEC FORM 3

NAME OF COMMITTEE	REGISTRATION TYPE
Bristol Federation Of Teachers-Committee On Political Educat	○ Original ◉ Amendment/ Biennial with Changes

28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY

Position	Name of Candidate	Office Sought	Party Designation
○ Support ○ Oppose			
○ Support ○ Oppose			
○ Support ○ Oppose			
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SEEC FORM 3C
Revised September 2024

ADDITIONAL SECTION 32 TO SEEC FORM 3

NAME OF COMMITTEE	REGISTRATION TYPE
Bristol Federation Of Teachers-Committee On Political Educat	○ Original ◉ Amendment/ Biennial with Changes

32. COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST

Name of Registered Lobbyist			
CT AFT	○ Client Lobbyist	○ Communicator Lobbyist	○ Both

SEEC FORM 3D
Revised September 2024

ADDITIONAL SECTION 33
TO SEEC FORM 3

NAME OF COMMITTEE	REGISTRATION TYPE
Bristol Federation Of Teachers-Committee On Political Educat	○ Original ◉ Amendment/ Biennial with Changes

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

Name of Member of Official
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SEEC FORM 3E
Revised September 2024

ADDITIONAL SECTION 38
TO SEEC FORM 3

NAME OF COMMITTEE	REGISTRATION TYPE
Bristol Federation Of Teachers-Committee On Political Educat	○ Original ◉ Amendment/ Biennial with Changes

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

Name of Principal
Name of Principal
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SEEC FORM 3F
Revised September 2012

ADDITIONAL SECTION 40
TO SEEC FORM 3

NAME OF COMMITTEE	REGISTRATION TYPE
Bristol Federation Of Teachers-Committee On Political Educat	○ Original ◉ Amendment/ Biennial with Changes

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

Name of Principal
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