SEEC FORM 3

Political Committee (PAC) Registration

STATE ELECTIONS ENFORCEMENT COMMISSION
Revised September 2012

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

1. NAME OF COMMITTEE	2. ACRONYM
Committee Of Concerned Psychiatrists	CCP

3. COMMITTEE ADDRESS

Address: 1 Regency Dr
City: Bloomfield | State: CT | Zip Code: 06002

4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE

Email:
Website:

6. CHAIRPERSON NAME

First Name: Harold | MI: I. | Last Name: Schwartz | Suffix:

7. CHAIRPERSON RESIDENCE ADDRESS

Street Address: 185 N Main St
City: West Hartford | State: CT | Zip Code: 06107

8. CHAIRPERSON MAILING ADDRESS *(If different)*

Address: PO Box 30
City: Bloomfield | State: CT | Zip Code: 06002

9. CHAIRPERSON TELEPHONE

(Include Area Code): 860 243 3977

10. CHAIRPERSON E-MAIL ADDRESS

mdempsey@ssmgt.com

11. TREASURER NAME

First Name: Thomas | MI: D | Last Name: Stewart | Suffix:

12. TREASURER RESIDENCE ADDRESS

Street Address: 25 Kings Bridge Way
City: Madison | State: CT | Zip Code: 06443

13. TREASURER MAILING ADDRESS *(If different)*

Address: PO Box 30
City: Bloomfield | State: CT | Zip Code: 06002

14. TREASURER TELEPHONE

(Include Area Code): 860 245 0482

15. TREASURER E-MAIL ADDRESS

thomas.stewart@yale.edu

16. DEPUTY TREASURER NAME

First Name: Jacquelyn | MI: | Last Name: Coleman | Suffix:

17. DEPUTY TREASURER RESIDENCE ADDRESS

Street Address: 23 Walt's Hl
City: Bloomfield | State: CT | Zip Code: 06002

18. DEPUTY TREASURER MAILING ADDRESS *(If different)*

Address: PO Box 30
City: Bloomfield | State: CT | Zip Code: 06002

19. DEPUTY TREASURER TELEPHONE

(Include Area Code): 860 243 3977

20. DEPUTY TREASURER E-MAIL ADDRESS

jcoleman@ssmgt.com

21. DEPOSITORY INSTITUTION NAME

Bank of America

22. DEPOSITORY INSTITUTION ADDRESS

Address: 836 Park Avenue, Bloomfield, Ct 06002

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
Committee Of Concerned Psychiatrists	○ Original ◉ 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
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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 ○ Political Slate Committee ○ Event(s) *(Names of Participating Committees,* _____

26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY	27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT
Brief description of subject matter of 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

30. HOW WILL FUNDS BE RECEIVED?	31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY
Committees formed by a Labor Union or Other Organization ONLY ○ Treasury ○ Voluntary Member Contributions	*(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 _____ ○ 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 ?	35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?
◉ No ○ Yes If Yes, District Number _____	◉ No ○ Yes If Yes, District Number _____

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.

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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.

Harold I. Schwartz

CHAIRPERSON SIGNATURE _____ 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.

○ **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.

○ **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.

Thomas D Stewart

TREASURER SIGNATURE _____ 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.

Jacquelyn Coleman — DEPUTY TREASURER SIGNATURE

11/13/2012 — 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.