



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			
Municipal Employees Union Ind. PAC							
3. COMMITTEE ADDRESS				4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE			
Address PO Box 1268				Email			
City Middletown		State CT	Zip Code 06457	Website			
6. CHAIRPERSON NAME							
First Name Margaret		MI	Last Name Scata			Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (If different)			
Street Address 90 Summerhill Rd Apt 280				Address PO Box 2702			
City Middletown		State CT	Zip Code 06457	City Middletown		State CT	Zip Code 06457
9. CHAIRPERSON TELEPHONE				10. CHAIRPERSON E-MAIL ADDRESS			
(Include Area Code) 860 754 8404							
11. TREASURER NAME							
First Name Cara		MI	Last Name O'Sullivan			Suffix	
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (If different)			
Street Address 24 Standish Rd				Address			
City Ellington		State CT	Zip Code 06029	City		State	Zip Code
14. TREASURER TELEPHONE				15. TREASURER E-MAIL ADDRESS			
(Include Area Code) 860 874 5753							
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							
Liberty Bank							
22. DEPOSITORY INSTITUTION ADDRESS							
Address 315 Main Street, Middletown, CT 06457				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	
Municipal Employees Union Ind. 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
Municipal Employees Union Ind. 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.