SEEC FORM 3

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

Received by SEEC

11/15/2024 10:00 PM

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

1. NAME OF COMMITTEE	2. ACRONYM
Old Saybrook Republican Women's Club	OSRWC

3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE
Address: 519 Main St			Email:
City: Old Saybrook	State: CT	Zip Code: 06475	Website:

6. CHAIRPERSON NAME			
First Name: Geraldine	MI:	Last Name: Lewis	Suffix:

7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS *(If different)*		
Street Address: 392 Main St			Address: 519 Main St		
City: Old Saybrook	State: CT	Zip Code: 06475	City: Old Saybrook	State: CT	Zip Code: 06475

9. CHAIRPERSON TELEPHONE	10. CHAIRPERSON E-MAIL ADDRESS
(Include Area Code) 860 304 2947	Gerri_Lewis@yahoo.com

11. TREASURER NAME			
First Name: Sharon	MI:	Last Name: Tiezzi	Suffix:

12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS *(If different)*		
Street Address: 29 Maynard Rd			Address:		
City: Old Saybrook	State: CT	Zip Code: 06475	City:	State:	Zip Code:

14. TREASURER TELEPHONE	15. TREASURER E-MAIL ADDRESS
(Include Area Code) 860 395 8876	stiezzicasa@yahoo.com

16. DEPUTY TREASURER NAME			
First Name: Kerry	MI: E	Last Name: Knobelsdorff	Suffix:

17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS *(If different)*		
Street Address: PO Box 809			Address:		
City: Old Saybrook	State: CT	Zip Code: 06475	City:	State:	Zip Code:

19. DEPUTY TREASURER TELEPHONE	20. DEPUTY TREASURER E-MAIL ADDRESS
(Include Area Code) 860 388 9754	kerryklegal@snet.net

21. DEPOSITORY INSTITUTION NAME
Liberty Bank

22. DEPOSITORY INSTITUTION ADDRESS			
Address: 90 Main Street, Old Saybrook, CT 06475	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
Old Saybrook Republican Women's Club	○ Original ◉ Amendment/ Biennial with Changes

23. OFFICER NAME		TITLE OR POSITION
Geraldine	Lewis	President

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
392 Main St	Old Saybrook	CT	06475

23A. OFFICER NAME		TITLE OR POSITION
Sharon	Migliaccio	Secretary

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
4 Dogwood Ln	Old Saybrook	CT	06475

23B. OFFICER NAME		TITLE OR POSITION
Sharon	Tiezzi	Treasurer & past President

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
29 Maynard Rd	Old Saybrook	CT	06475

23C. OFFICER NAME			TITLE OR POSITION
Kerry	E	Knobelsdorff	Deputy Treasurer

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
PO Box 809	Old Saybrook	CT	06475

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
Old Saybrook Republican Women's Club	○ 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 ○ Labor Union
○ Two or More Committees (*Event(s)*) ○ Other Organization
○ Business Entity ○ 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

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 _____
○ 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.

Geraldine Lewis — CHAIRPERSON SIGNATURE

06/14/2017 — 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.

Sharon Tiezzi — TREASURER SIGNATURE

11/15/2024 — DATE (mm/dd/yyyy)

NAME OF COMMITTEE	REGISTRATION TYPE
Old Saybrook Republican Women's Club	○ 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 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.

Kerry E Knobelsdorff — DEPUTY TREASURER SIGNATURE

06/15/2017 — 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.