



# SEEC FORM 8

**Independent Expenditure Only Political Committee**  
STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised 2024

Received by SEEC  
11/14/2024 09:49 AM

REGISTRATION TYPE	
<input type="radio"/> Original	
<input checked="" type="radio"/> Amendment/ Biennial with Changes	

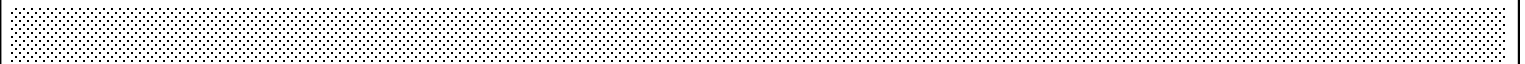
1. NAME OF COMMITTEE				2. ACRONYM		
Working Families for Education Excellence				WFEE		
<input type="checkbox"/> Previously Registered as Different Committee <i>Name of previous committee (if different from above)</i>						
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE			
Address 77 Huyshope Ave			Email			
City Hartford		State CT	Zip Code 06106	Website		
6. CHAIRPERSON NAME						
First Name Stacey		MI MI	Last Name Zimmerman		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)			
Street Address 39 Greenview Rd			Address			
City New Milford		State CT	Zip Code 06776-4	City	State Zip Code	
9. CHAIRPERSON TELEPHONE			10. CHAIRPERSON EMAIL ADDRESS			
(Include Area Code) 203 733 0173			staceyseiu@gmail.com			
11. TREASURER NAME						
First Name Lindsay		MI S	Last Name Farrell		Suffix	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)			
Street Address 169 Still Rd			Address			
City West Hartford		State CT	Zip Code 06117	City	State Zip Code	
14. TREASURER TELEPHONE			15. TREASURER EMAIL ADDRESS			
(Include Area Code) 203 278 2828			lfarrell@workingfamilies.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 EMAIL ADDRESS			
(Include Area Code)						
21. DEPOSITORY INSTITUTION NAME						
TD Bank						
22. DEPOSITORY INSTITUTION ADDRESS						
Address 319 North Main Street, West Hartford CT 06117				City		State Zip Code

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Working Families for Education Excellence		<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

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<b>24. COMMITTEE SUBTYPE</b>			
<input type="radio"/> Two or More Individuals <input type="radio"/> Labor Union <input type="radio"/> Business Entity <input type="radio"/> Other Organization			
<b>25. PURPOSE OF COMMITTEE</b> (Select a single committee purpose under A or B and applicable subtype)			
<b>A. <input checked="" type="radio"/> Ongoing</b> (Select subtype)		<b>B. <input type="radio"/> Durational</b> (Select subtype)	
<input checked="" type="radio"/> State Elections Only		<input type="radio"/> Single Election Date _____	
<input type="radio"/> Municipal Elections Only		<input type="radio"/> Single Referendum Date _____	
<input type="radio"/> Both		<input type="radio"/> Single Primary Date _____	
		<input type="radio"/> Constitutional Amendment Date _____	
<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. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER ORGANIZATION OR ASSOCIATION ONLY</b>			
Entity Name		Address	City
			State
			Zip Code
<b>29. IF THE COMMITTEE IS ESTABLISHED BY A PERSON OTHER THAN A HUMAN BEING, IS THAT PERSON MAKING THE EXPENDITURE A FOREIGN NATIONAL AS DEFINED IN PUBLIC ACT 24-28?</b>			
<input checked="" type="radio"/> No <input type="radio"/> Yes			
<b>30 SECTION RESERVED</b>			
			
<b>31. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?</b> <input type="checkbox"/> See Addendum			
<input type="radio"/> No <input type="radio"/> Yes <i>If Yes, Name of Registered Lobbyist</i>		<input type="radio"/> Client Lobbyist	
Stacey Zimmerman		<input checked="" type="radio"/> Communicator Lobbyist	
		<input type="radio"/> Both	
<b>32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?</b>			
<input type="radio"/> No <input type="radio"/> Yes <i>If Yes, Name of Official, Member or Agent</i>		<input type="checkbox"/> See Addendum	
<b>33. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?</b>			
<input checked="" type="radio"/> No <input type="radio"/> Yes <i>If Yes, Name of Agency</i>			
<b>34. HAS A CONTRIBUTION OR DISBURSEMENT BEEN RECEIVED PRIOR TO THIS REGISTRATION STATEMENT?</b>			
<input checked="" type="radio"/> No <input type="radio"/> Yes <i>See instructions for additional filing requirements.</i>			
<b>35. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?</b>			
<input checked="" type="radio"/> No <input type="radio"/> Yes <i>If Yes, Name of Contractor or Principal</i>		<input type="checkbox"/> See Addendum	
<b>36. PURPOSE OF COMMITTEE AS TO STATEWIDE &amp; GENERAL ASSEMBLY CANDIDATES</b>			
<b>A. Is this Political Committee authorized to make expenditures for the benefit of candidates for Statewide Office?</b>		<b>B. Is this Political Committee authorized to make expenditures for the benefit of candidates for General Assembly?</b>	
<input type="radio"/> No <input checked="" type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes	
<b>37. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?</b>			
<input checked="" type="radio"/> No <input type="radio"/> Yes <i>If Yes, Name of Principal</i>		<input type="checkbox"/> See Addendum	

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**38. 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, that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee, 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. independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

Stacey Zimmerman

06/11/2024

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 40 complete as to the committee's first day of receiving contributions or disbursements benefiting the committee or that I understand that I shall become obligated to file the committee's first SEEC FORM 40 within 48 hours after receiving the committee's first contribution or disbursement. 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 this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee. 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. 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 and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee. 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 and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee. 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.

Lindsay S Farrell

11/14/2024

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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**38. 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. I further hereby certify and state under penalties of false statement, this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

**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. 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 and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

**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 and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

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 DEPUTY TREASURER SIGNATURE

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 DATE (mm/dd/yyyy)
**ADDITIONAL PAGES FOR SEEC FORM 8**

If additional pages are needed to complete all information required in Sections 23, 31, 32, 35 or 37 of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the SEEC Form 8.