



SEEC FORM 8

Independent Expenditure Only Political Committees
STATE ELECTIONS ENFORCEMENT COMMISSION
Revised July 2014

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

1. NAME OF COMMITTEE				2. ACRONYM			
<input type="checkbox"/> Previously Registered as Different Committee <small>Name of previous committee (if different from above)</small>							
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE				
Address			Email				
City	State	Zip Code	Website				
6. CHAIRPERSON NAME							
First Name		MI	Last Name			Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS <small>(If different)</small>			
Street Address				Address			
City	State	Zip Code	City	State	Zip Code		
9. CHAIRPERSON TELEPHONE			10. CHAIRPERSON E-MAIL ADDRESS				
<small>(Include Area Code)</small>							
11. TREASURER NAME							
First Name		MI	Last Name			Suffix	
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS <small>(If different)</small>			
Street Address				Address			
City	State	Zip Code	City	State	Zip Code		
14. TREASURER TELEPHONE			15. TREASURER E-MAIL ADDRESS				
<small>(Include Area Code)</small>							
16. DEPUTY TREASURER NAME							
First Name		MI	Last Name			Suffix	
17. DEPUTY TREASURER RESIDENCE ADDRESS				18. DEPUTY TREASURER MAILING ADDRESS <small>(If different)</small>			
Street Address				Address			
City	State	Zip Code	City	State	Zip Code		
19. DEPUTY TREASURER TELEPHONE			20. DEPUTY TREASURER E-MAIL ADDRESS				
<small>(Include Area Code)</small>							
21. DEPOSITORY INSTITUTION NAME							
22. DEPOSITORY INSTITUTION ADDRESS							
Address				City		State	Zip Code

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

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NAME OF COMMITTEE	REGISTRATION TYPE
	<input type="checkbox"/> Original <input type="checkbox"/> Amendment/ Biennial with Changes

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.

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.

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.

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.

TREASURER SIGNATURE_____
DATE (mm/dd/yyyy)

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NAME OF COMMITTEE	REGISTRATION TYPE
	<input type="checkbox"/> Original <input type="checkbox"/> Amendment/ Biennial with Changes

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.

 DEPUTY TREASURER SIGNATURE

 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.

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NAME OF COMMITTEE		REGISTRATION TYPE	
		<input type="checkbox"/> Original <input type="checkbox"/> Amendment/ Biennial with Changes	
23H. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
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
23L. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23M. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23N. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23O. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

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NAME OF COMMITTEE	REGISTRATION TYPE		
	<input type="checkbox"/> Original	<input type="checkbox"/> Amendment/ Biennial with Changes	
31. COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST			
Name of Registered Lobbyist	<input type="checkbox"/> Client Lobbyist	<input type="checkbox"/> Communicator Lobbyist	<input type="checkbox"/> Both
Name of Registered Lobbyist	<input type="checkbox"/> Client Lobbyist	<input type="checkbox"/> Communicator Lobbyist	<input type="checkbox"/> Both
Name of Registered Lobbyist	<input type="checkbox"/> Client Lobbyist	<input type="checkbox"/> Communicator Lobbyist	<input type="checkbox"/> Both
Name of Registered Lobbyist	<input type="checkbox"/> Client Lobbyist	<input type="checkbox"/> Communicator Lobbyist	<input type="checkbox"/> Both
Name of Registered Lobbyist	<input type="checkbox"/> Client Lobbyist	<input type="checkbox"/> Communicator Lobbyist	<input type="checkbox"/> Both
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Name of Registered Lobbyist	<input type="checkbox"/> Client Lobbyist	<input type="checkbox"/> Communicator Lobbyist	<input type="checkbox"/> Both

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NAME OF COMMITTEE	REGISTRATION TYPE
	<input type="checkbox"/> Original <input type="checkbox"/> Amendment/ Biennial with Changes
32. COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
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NAME OF COMMITTEE	REGISTRATION TYPE
	<input type="checkbox"/> Original <input type="checkbox"/> Amendment/ Biennial with Changes
35. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR	
Name of Contractor or Principal	
Name of Contractor or Principal	
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NAME OF COMMITTEE	REGISTRATION TYPE
	<input type="checkbox"/> Original <input type="checkbox"/> Amendment/ Biennial with Changes
37. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
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