

SEEC FORM 3NC

Political Committee (PAC)

Biennial Re-Registration Without Changes

STATE ELECTIONS ENFORCEMENT COMMISSION

Revised September 2012



Do Not Mark in This Space For Official Use Only

1. NAME OF COMMITTEE			2. ACRONYM		
Connecticut Association Of Optometrists PAC					
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL & WEBSITE		
Address 553 Farmington Ave			E-Mail Address westendeyecare@snet.net		
City Hartford	State CT	Zip Code 06105	Website		
5. TREASURER NAME					
First Name Lauren		MI	Last Name Kain		Suffix
6. TREASURER RESIDENCE ADDRESS			7. TREASURER MAILING ADDRESS (If different)		
Street Address 146 Brookwood Dr			Address 553 Farmington Ave		
City Southington	State CT	Zip Code 06489	City Hartford	State CT	Zip Code 06105
8. TREASURER TELEPHONE		9. TREASURER E-MAIL ADDRESS			
(Include Area Code) (860) 236 - 5831		westendeyecare@snet.net			

10. CERTIFICATION

Treasurer

I hereby certify and state, under penalties of false statement, that I have reviewed in full the most recent SEEC Form 3 on file with the State Elections Enforcement Commission, that, upon review, all of the designations set forth in that political committee registration statement are true, accurate and complete to the best of my knowledge and belief, and that there have been no changes, additions, or deletions to the information contained therein since that registration statement was filed.

Lauren Kain

11/07/2012

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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.