

# 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

<b>1. NAME OF COMMITTEE</b>			<b>2. ACRONYM</b>		
Connecticut Association Of Optometrists PAC					
<b>3. COMMITTEE ADDRESS</b>			<b>4. COMMITTEE E-MAIL &amp; WEBSITE</b>		
Address 4 Carolyn Cir			E-Mail Address dcpaloz@aol.com		
City Ellington	State CT	Zip Code 06029	Website		
<b>5. TREASURER NAME</b>					
First Name David		MI	Last Name Palozej		Suffix
<b>6. TREASURER RESIDENCE ADDRESS</b>			<b>7. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 4 Carolyn Cir			Address		
City Ellington	State CT	Zip Code 06029	City	State	Zip Code
<b>8. TREASURER TELEPHONE</b>		<b>9. TREASURER E-MAIL ADDRESS</b>			
(Include Area Code) ( 860 ) 508 - 0703		dcpaloz@aol.com			

<b>10. CERTIFICATION</b>	
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.	
David Palozej	01/12/2015
_____ 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.