



# SEEC FORM 3

## Political Committee (PAC) Registration STATE ELECTIONS ENFORCEMENT COMMISSION Revised September 2012

### REGISTRATION TYPE

- Original
- Amendment/  
Biennial with Changes

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>	
Connecticut Dental Political Action Committee				CODPAC	
<b>3. COMMITTEE ADDRESS</b>			<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>		
Address 835 W Queen St			Email		
City Southington	State CT	Zip Code 06489	Website		
<b>6. CHAIRPERSON NAME</b>					
First Name William		MI A	Last Name MacDonnell		Suffix
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>		
Street Address 158 Hunter Dr			Address 835 W Queen St		
City West Hartford	State CT	Zip Code 06107	City Southington	State CT	Zip Code 06489
<b>9. CHAIRPERSON TELEPHONE</b>		<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
<i>(Include Area Code)</i> 860 561 1233		william.macdonnell@gmail.com			
<b>11. TREASURER NAME</b>					
First Name Stephen		MI	Last Name Moran		Suffix
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 11 Mountain Terrace Rd			Address 835 W Queen St		
City West Hartford	State CT	Zip Code 06107	City Southington	State CT	Zip Code 06489
<b>14. TREASURER TELEPHONE</b>		<b>15. TREASURER E-MAIL ADDRESS</b>			
<i>(Include Area Code)</i> 860 677 8687		cjsleepy@comcast.net			
<b>16. DEPUTY TREASURER NAME</b>					
First Name Scott		MI A	Last Name Bialik		Suffix
<b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b>		
Street Address 5 Briarwood Ln			Address 835 W Queen St		
City Newtown	State CT	Zip Code 06470	City Southington	State CT	Zip Code 06489
<b>19. DEPUTY TREASURER TELEPHONE</b>		<b>20. DEPUTY TREASURER E-MAIL ADDRESS</b>			
<i>(Include Area Code)</i> 203 417 1241		scott@drbialik.com			
<b>21. DEPOSITORY INSTITUTION NAME</b>					
Bank of America					
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 22 Main Street, Southington, CT 06489					

<b>NAME OF COMMITTEE</b>		<b>REGISTRATION TYPE</b>	
		<input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes	
<b>23. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23A. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23B. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23C. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23D. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23E. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23F. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23G. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code



NAME OF COMMITTEE		REGISTRATION TYPE
		<input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes
<b>38. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?</b>		
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Contractor or Principal _____		<input type="checkbox"/> See Addendum
<b>39. PURPOSE OF COMMITTEE AS TO STATEWIDE &amp; GENERAL ASSEMBLY CANDIDATES</b>		
<b>A. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for Statewide Office?</b> <input type="radio"/> No <input checked="" type="radio"/> Yes		<b>B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly?</b> <input type="radio"/> No <input checked="" type="radio"/> Yes
<b>40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?</b>		
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Principal _____		<input type="checkbox"/> See Addendum
<b>41. CERTIFICATION</b>		
Chairperson		
<p>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.</p>		
William A MacDonnell _____ CHAIRPERSON SIGNATURE		01/19/2011 _____ DATE (mm/dd/yyyy)
Treasurer		
<input type="radio"/> <b>Initial Committee Registration:</b> 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 <i>either</i> submitting this registration statement <i>together with</i> 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.		
<input checked="" type="radio"/> <b>Amended Committee Registration:</b> 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.		
<input type="radio"/> <b>Biennial Committee Re-Registration:</b> 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.		
Stephen Moran _____ TREASURER SIGNATURE		01/17/2011 _____ DATE (mm/dd/yyyy)

NAME OF COMMITTEE	REGISTRATION TYPE
	<input type="radio"/> Original <input type="radio"/> 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.

Scott A Bialik

01/21/2011

DEPUTY TREASURER SIGNATURE

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.