



# SEEC FORM 3

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

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**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<br>835 W Queen St                        |             |  | Email<br>info@codpac.org                                   |                   |          |
| City<br>Southington                              | State<br>CT | Zip Code<br>06489                          | Website<br>codpac.org                                      |                   |          |
| <b>6. CHAIRPERSON NAME</b>                       |             |  |  |                   |          |
| First Name<br>Daniel                             | MI<br>R     | Last Name<br>Saunders                      |  | Suffix            |          |
| <b>7. CHAIRPERSON RESIDENCE ADDRESS</b>          |             |  | <b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>       |                   |          |
| Street Address<br>27 Parkers Point Rd            |             |  | Address  |                   |          |
| City<br>Chester                                  | State<br>CT | Zip Code<br>06412                          | City   | State             | Zip Code |
| <b>9. CHAIRPERSON TELEPHONE</b>                  |             | <b>10. CHAIRPERSON E-MAIL ADDRESS</b>      |  |                   |          |
| (Include Area Code)<br>860 647 9926              |             | dansaunders1@yahoo.com                     |  |                   |          |
| <b>11. TREASURER NAME</b>                        |             |  |  |                   |          |
| First Name<br>Carolyn                            | MI<br>J     | Last Name<br>Malon                         |  | Suffix            |          |
| <b>12. TREASURER RESIDENCE ADDRESS</b>           |             |  | <b>13. TREASURER MAILING ADDRESS (If different)</b>        |                   |          |
| Street Address<br>11 Mountain Ter                |             |  | Address  |                   |          |
| City<br>West Hartford                            | State<br>CT | Zip Code<br>06107                          | City   | State             | Zip Code |
| <b>14. TREASURER TELEPHONE</b>                   |             | <b>15. TREASURER E-MAIL ADDRESS</b>        |  |                   |          |
| (Include Area Code)<br>860 313 0258              |             | malondds@aol.com                           |  |                   |          |
| <b>16. DEPUTY TREASURER NAME</b>                 |             |  |  |                   |          |
| First Name                                       | MI          | Last Name                                  |  | Suffix            |          |
| <b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>    |             |  | <b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b> |                   |          |
| Street Address                                   |             |  | Address  |                   |          |
| City   | State       | Zip Code                                   | City   | State             | Zip Code |
| <b>19. DEPUTY TREASURER TELEPHONE</b>            |             | <b>20. DEPUTY TREASURER E-MAIL ADDRESS</b> |  |                   |          |
| (Include Area Code)                              |             |  |  |                   |          |
| <b>21. DEPOSITORY INSTITUTION NAME</b>           |             |  |  |                   |          |
| Bank of America                                  |             |  |  |                   |          |
| <b>22. DEPOSITORY INSTITUTION ADDRESS</b>        |             |  |  |                   |          |
| Address<br>22 Main Street, Southington, CT 06489 |             |  |  |                   |          |

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| NAME OF COMMITTEE                             |               | REGISTRATION TYPE  |           |
|---|---------------|--|-----------|
| Connecticut Dental Political Action Committee |               | <input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes |           |
| 23. OFFICER NAME                              |               | TITLE OR POSITION  |           |
| Tatiana Barton                                |               | Board of Director  |           |
| OFFICER RESIDENCE ADDRESS                     |               |  |           |
| Address                                       | City          | State  | Zip Code  |
| 2539 Bedford St Apt 38L                       | Stamford      | CT   | 06905     |
| 23A. OFFICER NAME                             |               | TITLE OR POSITION  |           |
| N Summer Lerch                                |               | Board of Director  |           |
| OFFICER RESIDENCE ADDRESS                     |               |  |           |
| Address                                       | City          | State  | Zip Code  |
| 110 Mack Rd                                   | Middlefield   | CT   | 06455     |
| 23B. OFFICER NAME                             |               | TITLE OR POSITION  |           |
| William MacDonnell                            |               | Board of Director  |           |
| OFFICER RESIDENCE ADDRESS                     |               |  |           |
| Address                                       | City          | State  | Zip Code  |
| 158 Hunter Dr                                 | West Hartford | CT   | 06107     |
| 23C. OFFICER NAME                             |               | TITLE OR POSITION  |           |
| John Mooney                                   |               | Board of Director  |           |
| OFFICER RESIDENCE ADDRESS                     |               |  |           |
| Address                                       | City          | State  | Zip Code  |
| 227 Pomfret St                                | Putnam        | CT   | 06260-18: |
| 23D. OFFICER NAME                             |               | TITLE OR POSITION  |           |
| Michael Ungerleider                           |               | Board of Director  |           |
| OFFICER RESIDENCE ADDRESS                     |               |  |           |
| Address                                       | City          | State  | Zip Code  |
| 41 Hartford Ave                               | Granby        | CT   | 06035     |
| 23E. OFFICER NAME                             |               | TITLE OR POSITION  |           |
| Mark Desrosiers                               |               | Board of Director  |           |
| OFFICER RESIDENCE ADDRESS                     |               |  |           |
| Address                                       | City          | State  | Zip Code  |
| 132E Route 87                                 | Columbia      | CT   | 06237     |
| 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  |
|   |               |  |           |

| NAME OF COMMITTEE  |                           | REGISTRATION TYPE   |                   |
|--|---------------------------|---|-------------------|
| Connecticut Dental Political Action Committee  |                           | <input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes  |                   |
| 24. COMMITTEE SUBTYPE <i>(Select a single committee subtype under A or B. If you check B, you must also check one of four caucus subtypes)</i>   |                           |   |                   |
| <b>A.</b> <input type="radio"/> Two or More Individuals <input type="radio"/> Labor Union<br><input type="radio"/> Two or More Committees (Event(s)) <input type="radio"/> Other Organization<br><input checked="" type="radio"/> Business Entity <input type="radio"/> Legislative Leadership |                           | <b>B.</b> <input type="checkbox"/> Legislative Caucus <i>(Select subtype)</i><br><input type="radio"/> Senate Democrats <input type="radio"/> House Democrats<br><input type="radio"/> Senate Republicans <input type="radio"/> House Republicans   |                   |
| 25. PURPOSE OF COMMITTEE <i>(Select a single committee purpose under A or B and applicable subtype)</i>  |                           |   |                   |
| <b>A.</b> <input checked="" type="radio"/> Ongoing <i>(Select subtype)</i><br><input checked="" type="radio"/> State Elections Only<br><input type="radio"/> Municipal Elections Only<br><input type="radio"/> Both  |                           | <b>B.</b> <input type="radio"/> Durational <i>(Select subtype)</i><br><input type="radio"/> Single Election Date _____ <input type="radio"/> Single Referendum Date _____<br><input type="radio"/> Single Primary Date _____ <input type="radio"/> Constitutional Amendment Date _____<br><input type="radio"/> Single Candidate <input type="radio"/> Event(s) <i>(Names of Participating Committees,</i><br><input type="radio"/> Political Slate Committee _____ |                   |
| 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="radio"/> Support <input type="radio"/> Oppose  |                   |
| 28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY <span style="float: right;"><input type="checkbox"/> See Addendum</span>  |                           |   |                   |
| Position<br><input type="radio"/> Support<br><input type="radio"/> Oppose  | Name of Candidate(s)      | Office(s) Sought  | Party Designation |
| 29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY  |                           |   |                   |
| Entity Name<br>CT State Dental Association   | Address<br>835 W Queen St | City<br>Southington   | State<br>CT       |
|  |                           |   | Zip Code<br>06489 |
| 30. HOW WILL FUNDS BE RECEIVED?  |                           | 31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY  |                   |
| <i>Committees formed by a Labor Union or Other Organization ONLY</i><br><input type="radio"/> Treasury <input type="radio"/> Voluntary Member Contributions  |                           | <i>(i.e. AFL-CIO, AFSCME, CBLA, etc.)</i> <input checked="" type="radio"/> No <input type="radio"/> Yes <i>(Name &amp; Address)</i> _____   |                   |
| 32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? <span style="float: right;"><input type="checkbox"/> See Addendum</span>  |                           |   |                   |
| <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Registered Lobbyist _____  |                           | <input type="radio"/> Client Lobbyist<br><input type="radio"/> Communicator Lobbyist<br><input type="radio"/> Both  |                   |
| 33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF? <span style="float: right;"><input type="checkbox"/> See Addendum</span>  |                           |   |                   |
| <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official Member _____  |                           |   |                   |
| 34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?   |                           | 35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?  |                   |
| <input type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____   |                           | <input type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____  |                   |
| 36. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?   |                           |   |                   |
| <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Agency _____   |                           |   |                   |
| 37. HAS A CONTRIBUTION OR DISBURSEMENT BEEN MADE PRIOR TO THIS REGISTRATION STATEMENT?   |                           |   |                   |
| <input type="radio"/> No <input type="radio"/> Yes If Yes, see instructions for additional filing requirements.  |                           |   |                   |

| NAME OF COMMITTEE   | REGISTRATION TYPE  |
|---|--|
| Connecticut Dental Political Action Committee   | <input type="radio"/> Original <input checked="" 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>  |  |
| <p>Chairperson</p> <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> <p>Daniel R Saunders _____ 11/12/2020<br/>CHAIRPERSON SIGNATURE DATE (mm/dd/yyyy)</p>  |  |
| <p>Treasurer</p> <p><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.</p> <p><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.</p> <p><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.</p> <p>Carolyn J Malon _____ 11/12/2020<br/>TREASURER SIGNATURE DATE (mm/dd/yyyy)</p> |  |

| NAME OF COMMITTEE                             | REGISTRATION TYPE  |
|---|--|
| Connecticut Dental Political Action Committee | <input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial/ 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.

\_\_\_\_\_  
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.