SEEC FORM 3

Political Committee (PAC) Registration
STATE ELECTIONS ENFORCEMENT COMMISSION
Revised 2024

Received by SEEC

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REGISTRATION TYPE
- ○ Original
- ◉ Amendment/ Biennial with Changes

1. NAME OF COMMITTEE	2. ACRONYM
Connecticut Dental Political Action Committee	CODPAC

3. COMMITTEE ADDRESS

Address: 835 W Queen St
City: Southington | State: CT | Zip Code: 06489

4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE

Email: info@codpac.org
Website: codpac.org

6. CHAIRPERSON NAME

First Name: Michael | MI: | Last Name: Ungerleider | Suffix:

7. CHAIRPERSON RESIDENCE ADDRESS

Street Address: 12 Strawberry Fields Rd
City: Granby | State: CT | Zip Code: 06035

8. CHAIRPERSON MAILING ADDRESS *(If different)*

Address: | City: | State: | Zip Code:

9. CHAIRPERSON TELEPHONE

(Include Area Code): 860 490 7260

10. CHAIRPERSON E-MAIL ADDRESS

dr@granbydentalcenter.com

11. TREASURER NAME

First Name: Polina | MI: | Last Name: Simanovich | Suffix:

12. TREASURER RESIDENCE ADDRESS

Street Address: 37 Whitehill Dr
City: West Hartford | State: CT | Zip Code: 06117

13. TREASURER MAILING ADDRESS *(If different)*

Address: | City: | State: | Zip Code:

14. TREASURER TELEPHONE

(Include Area Code): 518 316 0172

15. TREASURER E-MAIL ADDRESS

drpolinadmd@gmail.com

16. DEPUTY TREASURER NAME

First Name: | MI: | Last Name: | Suffix:

17. DEPUTY TREASURER RESIDENCE ADDRESS

Street Address:
City: | State: | Zip Code:

18. DEPUTY TREASURER MAILING ADDRESS *(If different)*

Address: | City: | State: | Zip Code:

19. DEPUTY TREASURER TELEPHONE

(Include Area Code):

20. DEPUTY TREASURER E-MAIL ADDRESS

21. DEPOSITORY INSTITUTION NAME

Bank of America

22. DEPOSITORY INSTITUTION ADDRESS

Address: 22 Main Street, Southington, CT 06489 | City: | State: | Zip Code:

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.

NAME OF COMMITTEE	REGISTRATION TYPE
Connecticut Dental Political Action Committee	○ Original ◉ Amendment/ Biennial with Changes

23. 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

23A. 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

23B. OFFICER NAME		TITLE OR POSITION
Michael	Ungerleider	Board of Director

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
12 Strawberry Fields Rd	Granby	CT	06035

23C. OFFICER NAME		TITLE OR POSITION
Mark	Desrosiers	Board of Director

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
132E Route 87	Columbia	CT	06237

23D. OFFICER NAME		TITLE OR POSITION
Byanne	Chandler	

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
199 S Main St	West Hartford	CT	06107-3

23E. OFFICER NAME		TITLE OR POSITION
Brian	Evans	Deputy Treasurer

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
5 Quarry Rd	Mystic	CT	06355-3

23F. OFFICER NAME		TITLE OR POSITION
Polina	Simanovich	Treasurer

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
37 Whitehill Dr	West Hartford	CT	06117

23G. OFFICER NAME		TITLE OR POSITION

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

NAME OF COMMITTEE	REGISTRATION TYPE
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24. COMMITTEE SUBTYPE *(Select a single committee subtype under A or B. If you check B, you must also check one of four caucus subtypes)*

A.
- ○ Two or More Individuals
- ○ Two or More Committees (*Event(s)*)
- ◉ Business Entity
- ○ Labor Union
- ○ Other Organization
- ○ Legislative Leadership

B. ☐ Legislative Caucus *(Select subtype)*
- ○ Senate Democrats
- ○ House Democrats
- ○ Senate Republicans
- ○ House Republicans

25. PURPOSE OF COMMITTEE *(Select a single committee purpose under A or B and applicable subtype)*

A. ◉ **Ongoing** *(Select subtype)*
- ◉ State Elections Only
- ○ Municipal Elections Only
- ○ Both

B. ○ **Durational** *(Select subtype)*
- ○ Single Election Date _____
- ○ Single Primary Date _____
- ○ Single Candidate
- ○ Political Slate Committee
- ○ Single Referendum Date _____
- ○ Constitutional Amendment Date _____
- ○ Event(s) *(Names of Participating Committees)* _____

26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY

Brief description of subject matter of Referendum Question or Constitutional Amendment

27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT

○ Support ○ Oppose

28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY ☐ *See Addendum*

Position	Name of Candidate(s)	Office(s) Sought	Party Designation
○ Support ○ Oppose			

29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY

Entity Name	Address	City	State	Zip Code
CT State Dental Association	835 W Queen St	Southington	CT	0648[illegible]

29a. IF THE COMMITTEE IS ESTABLISHED BY A PERSON OTHER THAN A HUMAN BEING, IS THAT PERSON MAKING THE EXPENDITURE A FOREIGN NATIONAL?

◉ No ○ Yes

30. HOW WILL FUNDS BE RECEIVED?

Committees formed by a Labor Union or Other Organization ONLY

○ Treasury ○ Voluntary Member Contributions

31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY

(i.e. AFL-CIO, AFSCME, CBIA, etc.) ◉ No ○ Yes *(Name & Address)* _____

32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? ☐ *See Addendum*

◉ No ○ Yes If Yes, Name of Registered Lobbyist _____

○ Client Lobbyist
○ Communicator Lobbyist
○ Both

33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?

◉ No ○ Yes If Yes, Name of Official Member _____ ☐ *See Addendum*

34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?

○ No ○ Yes If Yes, District Number _____

35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?

○ No ○ Yes If Yes, District Number _____

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36. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?

◉ No ○ Yes If Yes, Name of Agency

37. HAS A CONTRIBUTION OR DISBURSEMENT BEEN MADE PRIOR TO THIS REGISTRATION STATEMENT?

○ No ○ Yes If Yes, see instructions for additional filing requirements.

38. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?

◉ No ○ Yes If Yes, Name of Contractor or Principal ☐ *See Addendum*

39. PURPOSE OF COMMITTEE AS TO STATEWIDE & GENERAL ASSEMBLY CANDIDATES

A. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for Statewide Office?

○ No ◉ Yes

B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly?

○ No ◉ Yes

40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?

◉ No ○ Yes If Yes, Name of Principal ☐ *See Addendum*

41. 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, 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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

Michael Ungerleider — CHAIRPERSON SIGNATURE

01/10/2025 — 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 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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

◉ **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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

○ **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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

Polina Simanovich — TREASURER SIGNATURE

01/10/2025 — DATE (mm/dd/yyyy)

NAME OF COMMITTEE	REGISTRATION TYPE
Connecticut Dental Political Action Committee	○ Original ◉ 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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

○ **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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

○ **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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

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.