



SEEC FORM 3

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

| REGISTRATION TYPE |
|--|
| <input type="radio"/> Original |
| <input checked="" type="radio"/> Amendment/ Biennial with Changes |

| | | | | | |
|---|-------------|--|--|-------------------|----------|
| 1. NAME OF COMMITTEE | | | | 2. ACRONYM | |
| Connecticut Dental Hygienists' Political Action Committee | | | | CONN HYPAC | |
| 3. COMMITTEE ADDRESS | | | 4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE | | |
| Address 20 Avery Rd | | | Email kminihan@bridgeport.edu | | |
| City Carmel | State NY | Zip Code 10512 | Website | | |
| 6. CHAIRPERSON NAME | | | | | |
| First Name Kristin | MI | Last Name Minhan-Anderson | | Suffix | |
| 7. CHAIRPERSON RESIDENCE ADDRESS | | | 8. CHAIRPERSON MAILING ADDRESS (If different) | | |
| Street Address 20 Avery Rd | | | Address | | |
| City Carmel | State NY | Zip Code 10512 | City | State | Zip Code |
| 9. CHAIRPERSON TELEPHONE | | 10. CHAIRPERSON E-MAIL ADDRESS | | | |
| (Include Area Code) 845 721 8498 | | kminihan@bridgeport.edu | | | |
| 11. TREASURER NAME | | | | | |
| First Name Karen | MI S | Last Name Williams | | Suffix | |
| 12. TREASURER RESIDENCE ADDRESS | | | 13. TREASURER MAILING ADDRESS (If different) | | |
| Street Address 188 Highland Ave | | | Address | | |
| City Wallingford | State CT | Zip Code 06492 | City | State | Zip Code |
| 14. TREASURER TELEPHONE | | 15. TREASURER E-MAIL ADDRESS | | | |
| (Include Area Code) 203 576 4066 | | karenw@bridgeport.edu | | | |
| 16. DEPUTY TREASURER NAME | | | | | |
| First Name | MI | Last Name | | Suffix | |
| 17. DEPUTY TREASURER RESIDENCE ADDRESS | | | 18. DEPUTY TREASURER MAILING ADDRESS (If different) | | |
| Street Address | | | Address | | |
| City | State | Zip Code | City | State | Zip Code |
| 19. DEPUTY TREASURER TELEPHONE | | 20. DEPUTY TREASURER E-MAIL ADDRESS | | | |
| (Include Area Code) | | | | | |
| 21. DEPOSITORY INSTITUTION NAME | | | | | |
| Peoples United Bank | | | | | |
| 22. DEPOSITORY INSTITUTION ADDRESS | | | | | |
| Address PO Box 1580, Bridgeport, CT 06601-1580 | | | | | |

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| NAME OF COMMITTEE | | REGISTRATION TYPE | |
|-----------------------------|--|---|-------------------|
| | | <input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes | |
| 23. OFFICER NAME | | TITLE OR POSITION | |
| Marie Paulis | | Director | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address 22 Parkway Ter | | City Milford | State CT |
| | | | Zip Code 06461 |
| 23A. OFFICER NAME | | TITLE OR POSITION | |
| Michele Pawloski | | Director | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address 17 Ridgefield Rd | | City Wallingford | State CT |
| | | | Zip Code 06492 |
| 23B. OFFICER NAME | | TITLE OR POSITION | |
| Mary Calka | | Director | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address 13 Hamilton Ave | | City Stamford | State CT |
| | | | Zip Code 06902 |
| 23C. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | | City | State |
| | | | Zip Code |
| 23D. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | | City | State |
| | | | Zip Code |
| 23E. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | | City | State |
| | | | Zip Code |
| 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 | | |
| | | <input type="radio"/> Original <input 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> | | | | |
| A. <input type="radio"/> Two or More Individuals <input type="radio"/> Labor Union <input type="radio"/> Two or More Committees (Event(s)) <input checked="" type="radio"/> Other Organization <input type="radio"/> Business Entity <input type="radio"/> Legislative Leadership | | B. <input type="checkbox"/> Legislative Caucus <i>(Select subtype)</i> <input type="radio"/> Senate Democrats <input type="radio"/> House Democrats <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> | | | | |
| A. <input checked="" type="radio"/> Ongoing <i>(Select subtype)</i> <input type="radio"/> State Elections Only <input type="radio"/> Municipal Elections Only <input checked="" type="radio"/> Both | | B. <input type="radio"/> Durational <i>(Select subtype)</i> <input type="radio"/> Single Election Date _____ <input type="radio"/> Single Referendum Date _____ <input type="radio"/> Single Primary Date _____ <input type="radio"/> Constitutional Amendment Date _____ <input type="radio"/> Single Candidate <input type="radio"/> Event(s) <i>(Names of Participating Committees,</i> <input type="radio"/> Political Slate Committee | | |
| 26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY | | 27. GROUP'S POSITION ON THE REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT | | |
| <i>Brief description of subject matter of Referendum Question or Constitutional Amendment</i> | | <input type="radio"/> Support <input type="radio"/> Oppose | | |
| 28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY <input type="checkbox"/> See Addendum | | | | |
| Position | Name of Candidate(s) | Office(s) Sought | Party Designation | |
| <input type="radio"/> Support <input type="radio"/> Oppose | | | | |
| 29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY | | | | |
| Entity Name | Address | City | State | Zip Code |
| Connecticut Dental Hygienists Association | PO Box 1091 | Hartford | CT | 06143 |
| 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> | | <i>(i.e. AFL-CIO, AFSCME, CBLA, etc.)</i> <input checked="" type="radio"/> No <input type="radio"/> Yes <i>(Name & Address)</i> _____ | | |
| <input type="radio"/> Treasury <input checked="" type="radio"/> Voluntary Member Contributions | | | | |
| 32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? <input type="checkbox"/> See Addendum | | | | |
| <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Registered Lobbyist _____ | | <input type="radio"/> Client Lobbyist <input type="radio"/> Communicator Lobbyist <input type="radio"/> Both | | |
| 33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF? | | | | |
| <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official Member _____ | | <input type="checkbox"/> See Addendum | | |
| 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. | | | | |

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| | <input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes |
| 38. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR? | |
| <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Contractor or Principal _____ <input type="checkbox"/> 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? <input type="radio"/> No <input checked="" type="radio"/> Yes | B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly? <input checked="" type="radio"/> No <input type="radio"/> Yes |
| 40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM? | |
| <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Principal _____ <input type="checkbox"/> 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Kristin Minhan-Anderson</p> <p style="text-align: center;">_____ CHAIRPERSON SIGNATURE</p> </div> <div style="width: 45%;"> <p style="text-align: center;">07/01/2012</p> <p style="text-align: center;">_____ DATE (mm/dd/yyyy)</p> </div> </div> | |
| Treasurer <input type="radio"/> 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 <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"/> 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. | |
| <input type="radio"/> 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. | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Karen S Williams</p> <p style="text-align: center;">_____ TREASURER SIGNATURE</p> </div> <div style="width: 45%;"> <p style="text-align: center;">07/01/2012</p> <p style="text-align: center;">_____ DATE (mm/dd/yyyy)</p> </div> </div> | |

| 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.

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.