



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 Society Of Health Systems Pharmacists PAC				CSHP PAC	
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address 35 Cold Spring Rd Ste 121			Email		
City Rocky Hill	State CT	Zip Code 06067	Website		
6. CHAIRPERSON NAME					
First Name Thomas		MI	Last Name Buckley		Suffix
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 209 New Rd			Address		
City Avon	State CT	Zip Code 06001	City	State	Zip Code
9. CHAIRPERSON TELEPHONE		10. CHAIRPERSON E-MAIL ADDRESS			
<i>(Include Area Code)</i> 860 693 9206		tbtrailrun@hotmail.com			
11. TREASURER NAME					
First Name Jennifer		MI	Last Name Colby		Suffix
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 31 Rainbow Crk			Address		
City Windsor	State CT	Zip Code 06095	City	State	Zip Code
14. TREASURER TELEPHONE		15. TREASURER E-MAIL ADDRESS			
<i>(Include Area Code)</i> 860 285 0713		colbycahill98@comcast.net			
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			
<i>(Include Area Code)</i>					
21. DEPOSITORY INSTITUTION NAME					
Bank of America					
22. DEPOSITORY INSTITUTION ADDRESS					
Address PO Box 25118, Tampa, FL 33622					

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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	
Michael	Schleselman	Secretary	
OFFICER RESIDENCE ADDRESS			
Address 365 Montauk Ave	City New London	State CT	Zip Code 06320
23A. OFFICER NAME		TITLE OR POSITION	
Bogdan	Musial	Board Member	
OFFICER RESIDENCE ADDRESS			
Address 950 Campbell Ave	City West Haven	State CT	Zip Code 06516
23B. OFFICER NAME		TITLE OR POSITION	
Jennifer	Ellis	President	
OFFICER RESIDENCE ADDRESS			
Address 282 Washington St	City Hartford	State CT	Zip Code 06106
23C. OFFICER NAME		TITLE OR POSITION	
Craig	Coleman	Board Member	
OFFICER RESIDENCE ADDRESS			
Address 80 Seymour St	City Hartford	State CT	Zip Code 06111
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

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.