



SEEC FORM 3

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

REGISTRATION TYPE

- Original
- Amendment/
Biennial with Changes

1. NAME OF COMMITTEE				2. ACRONYM	
Smaller Manufacturers Association Of Connecticut					
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address PO BOX 2025			Email		
City WATERBURY	State CT	Zip Code 06722	Website		
6. CHAIRPERSON NAME					
First Name Patrick	MI	Last Name Hayden		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 89 W VIEW RD			Address PO BOX 2025		
City SOUTHBURY	State CT	Zip Code 06499	City WATERBURY	State CT	Zip Code 672
9. CHAIRPERSON TELEPHONE		10. CHAIRPERSON E-MAIL ADDRESS			
<i>(Include Area Code)</i> 203 729 8244		p.hayden@donhamcraft.com			
11. TREASURER NAME					
First Name George	MI L.	Last Name LaCapra		Suffix Jr	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 1650 LITCHFIELD RD			Address PO BOX 2025		
City WATERTOWN	State CT	Zip Code 06795	City WATERBURY	State CT	Zip Code 06722
14. TREASURER TELEPHONE		15. TREASURER E-MAIL ADDRESS			
<i>(Include Area Code)</i> 203 283 0271		glascaprajr@qualityrolling.com			
16. DEPUTY TREASURER NAME					
First Name Lisa	MI M.	Last Name Kolodziej		Suffix	
17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address ERROR BAD IMPORT ADDRESS			Address PO BOX 2025		
City	State CT	Zip Code	City WATERBURY	State CT	Zip Code 06722
19. DEPUTY TREASURER TELEPHONE		20. DEPUTY TREASURER E-MAIL ADDRESS			
<i>(Include Area Code)</i> 203 272 4167		lisa@sma-ct.com			
21. DEPOSITORY INSTITUTION NAME					
Bank of America					
22. DEPOSITORY INSTITUTION ADDRESS					
Address 21 West Main Street, Waterbury, CT 06702					

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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	
Jim Basta		Board Member	
OFFICER RESIDENCE ADDRESS			
Address 22 INSINGLASS TER	City TRUMBULL	State CT	Zip Code 06611
23A. OFFICER NAME		TITLE OR POSITION	
Michele Caulfield		Board Member	
OFFICER RESIDENCE ADDRESS			
Address 80 CANNON RIDGE DR	City WATERTOWN	State CT	Zip Code 06795
23B. OFFICER NAME		TITLE OR POSITION	
Richard Demsey		Board Member	
OFFICER RESIDENCE ADDRESS			
Address 60 CAYUGA DR	City WATERTOWN	State CT	Zip Code 06795
23C. OFFICER NAME		TITLE OR POSITION	
Timothy Richards		Board Member	
OFFICER RESIDENCE ADDRESS			
Address 67 SOUTHRIDGE RD	City SOUTHBURY	State CT	Zip Code 06488
23D. OFFICER NAME		TITLE OR POSITION	
Bernard Rosselli		Board Member	
OFFICER RESIDENCE ADDRESS			
Address 250 ALLISON DR	City TORRINGTON	State CT	Zip Code 06790
23E. OFFICER NAME		TITLE OR POSITION	
Ron Turmel		Board Member	
OFFICER RESIDENCE ADDRESS			
Address 19 ROBINDALE DR	City PROSPECT	State CT	Zip Code 06712
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
Smaller Manufacturers Association of CT	PO BOX 2025	WATERBURY	CT	06722
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 type="radio"/> No <input checked="" type="radio"/> Yes <i>(Name & Address)</i> <u>SMA of CT, Inc.</u>		
<input checked="" type="radio"/> Treasury <input type="radio"/> Voluntary Member Contributions		<u>PO BOX 2025,WATERBURY,CT,06722</u>		
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.				

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.

Lisa M. Kolodziej

07/07/2008

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.