# 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 Association Of Optometrists PAC | |

| 3. COMMITTEE ADDRESS | | | 4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE |
|---|---|---|---|
| Address: 612 Quaker Ln S Ste B | | | Email: osgeye@comcast.net |
| City: West Hartford | State: CT | Zip Code: 06110 | Website: |

| 6. CHAIRPERSON NAME | | | |
|---|---|---|---|
| First Name: Brian | MI: | Last Name: Lynch | Suffix: |

| 7. CHAIRPERSON RESIDENCE ADDRESS | | | 8. CHAIRPERSON MAILING ADDRESS *(If different)* | | |
|---|---|---|---|---|---|
| Street Address: 385 Sea Hill Rd | | | Address: | | |
| City: North Branford | State: CT | Zip Code: 06471 | City: | State: | Zip Code: |

| 9. CHAIRPERSON TELEPHONE | 10. CHAIRPERSON E-MAIL ADDRESS |
|---|---|
| *(Include Area Code)* 203 488 9544 | brlynch26@gmail.com |

| 11. TREASURER NAME | | | |
|---|---|---|---|
| First Name: Peter | MI: | Last Name: Pegolo | Suffix: |

| 12. TREASURER RESIDENCE ADDRESS | | | 13. TREASURER MAILING ADDRESS *(If different)* | | |
|---|---|---|---|---|---|
| Street Address: 3 Benton Dr | | | Address: | | |
| City: Bloomfield | State: CT | Zip Code: 06002 | City: | State: | Zip Code: |

| 14. TREASURER TELEPHONE | 15. TREASURER E-MAIL ADDRESS |
|---|---|
| *(Include Area Code)* 860 573 5109 | osgeye@comcast.net |

| 16. DEPUTY TREASURER NAME | | | |
|---|---|---|---|
| First Name: Jerry | MI: S | Last Name: Hardison | Suffix: |

| 17. DEPUTY TREASURER RESIDENCE ADDRESS | | | 18. DEPUTY TREASURER MAILING ADDRESS *(If different)* | | |
|---|---|---|---|---|---|
| Street Address: 4 Scarsdale Rd | | | Address: | | |
| City: West Hartford | State: CT | Zip Code: 06107 | City: | State: | Zip Code: |

| 19. DEPUTY TREASURER TELEPHONE | 20. DEPUTY TREASURER E-MAIL ADDRESS |
|---|---|
| *(Include Area Code)* 860 966 8448 | jerryhardison@gmail.com |

| 21. DEPOSITORY INSTITUTION NAME |
|---|
| Bank of America |

| 22. DEPOSITORY INSTITUTION ADDRESS | | | |
|---|---|---|---|
| Address: 550 Farmington Avenue, Hartford, CT 06105 | 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 Association Of Optometrists PAC | ○ Original ◉ Amendment/ Biennial with Changes |

| 23. OFFICER NAME | TITLE OR POSITION |
|---|---|
| | |

| OFFICER RESIDENCE ADDRESS | | | |
|---|---|---|---|
| Address | City | State | Zip Code |
| | | | |

| 23A. OFFICER NAME | TITLE OR POSITION |
|---|---|
| | |

| OFFICER RESIDENCE ADDRESS | | | |
|---|---|---|---|
| Address | City | State | Zip Code |
| | | | |

| 23B. OFFICER NAME | TITLE OR POSITION |
|---|---|
| | |

| OFFICER RESIDENCE ADDRESS | | | |
|---|---|---|---|
| Address | City | State | Zip Code |
| | | | |

| 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 |
|---|---|
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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 Referendum Date _____ ○ Single Primary Date _____ ○ Constitutional Amendment Date _____ ○ Single Candidate ○ Event(s) *(Names of Participating Committees)* _____ ○ Political Slate Committee _____

**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 |
|---|---|---|---|---|
| Connecticut Association of Optom | 35 Cold Spring Rd Ste 211 | Rocky Hill | CT | 0606 |

**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 _____

| NAME OF COMMITTEE | REGISTRATION TYPE |
|---|---|
| Connecticut Association Of Optometrists PAC | ○ Original ◉ Amendment/ Biennial with Changes |

**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.

Brian Lynch — CHAIRPERSON SIGNATURE

10/30/2023 — 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.

Peter Pegolo — TREASURER SIGNATURE

10/09/2025 — DATE (mm/dd/yyyy)

| NAME OF COMMITTEE | REGISTRATION TYPE |
|---|---|
| Connecticut Association Of Optometrists PAC | ○ 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.

Jerry S Hardison
DEPUTY TREASURER SIGNATURE

10/29/2023
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.