



# 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

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>	
Connecticut Dental Hygienists' Political Action Committee					
<b>3. COMMITTEE ADDRESS</b>			<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>		
Address 15 Colonial Ct			Email mongilloamy@gmail.com		
City Cheshire	State CT	Zip Code 06410	Website		
<b>6. CHAIRPERSON NAME</b>					
First Name Amy		MI J	Last Name Mongillo		Suffix
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>		
Street Address 15 Colonial Ct			Address		
City Cheshire	State CT	Zip Code 06410	City	State	Zip Code
<b>9. CHAIRPERSON TELEPHONE</b>		<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
(Include Area Code) 203 823 5769		mongilloamy@gmail.com			
<b>11. TREASURER NAME</b>					
First Name Stefani		MI L	Last Name Hastings		Suffix
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 50 Roger's Rd			Address		
City Groton	State CT	Zip Code 06340	City	State	Zip Code
<b>14. TREASURER TELEPHONE</b>		<b>15. TREASURER E-MAIL ADDRESS</b>			
(Include Area Code) 959 837 2846		Stefanihastings22@gmail.com			
<b>16. DEPUTY TREASURER NAME</b>					
First Name		MI	Last Name		Suffix
<b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>19. DEPUTY TREASURER TELEPHONE</b>		<b>20. DEPUTY TREASURER E-MAIL ADDRESS</b>			
(Include Area Code)					
<b>21. DEPOSITORY INSTITUTION NAME</b>					
M & T Bank					
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 1307 Silas Deane Highway, Wethersfield, CT 06			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 Hygienists' Political Action Committee		<input type="radio"/> Original <input checked="" type="radio"/> 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

<b>NAME OF COMMITTEE</b>		<b>REGISTRATION TYPE</b>	
Connecticut Dental Hygienists' Political Action Committee		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
<b>24. COMMITTEE SUBTYPE</b> (Select a single committee subtype under A or B. If you check B, you must also check one of four caucus subtypes)			
<b>A.</b> <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>B.</b> <input type="checkbox"/> Legislative Caucus (Select subtype) <input type="radio"/> Senate Democrats <input type="radio"/> House Democrats <input type="radio"/> Senate Republicans <input type="radio"/> House Republicans	
<b>25. PURPOSE OF COMMITTEE</b> (Select a single committee purpose under A or B and applicable subtype)			
<b>A.</b> <input checked="" type="radio"/> <b>Ongoing</b> (Select subtype) <input checked="" type="radio"/> State Elections Only <input type="radio"/> Municipal Elections Only <input type="radio"/> Both		<b>B.</b> <input type="radio"/> <b>Durational</b> (Select subtype) <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) (Names of Participating Committees) _____ <input type="radio"/> Political Slate Committee _____	
<b>26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY</b>		<b>27. GROUP'S POSITION ON THE REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT</b>	
Brief description of subject matter of Referendum Question or Constitutional Amendment		<input type="radio"/> Support <input type="radio"/> Oppose	
<b>28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY</b> <span style="float:right;"><input type="checkbox"/> See Addendum</span>			
Position <input type="radio"/> Support <input type="radio"/> Oppose	Name of Candidate(s)	Office(s) Sought	Party Designation
<b>29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY</b>			
Entity Name	Address	City	State    Zip Code
Connecticut Dental Hygienists As	PO Box 424	Norwalk	CT    06852
<b>29a. IF THE COMMITTEE IS ESTABLISHED BY A PERSON OTHER THAN A HUMAN BEING, IS THAT PERSON MAKING THE EXPENDITURE A FOREIGN NATIONAL?</b>			
<input checked="" type="radio"/> No <input type="radio"/> Yes			
<b>30. HOW WILL FUNDS BE RECEIVED?</b>		<b>31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY</b>	
Committees formed by a Labor Union or Other Organization ONLY <input type="radio"/> Treasury <input checked="" type="radio"/> Voluntary Member Contributions		(i.e. AFL-CIO, AFSCME, CBIA, etc.) <input checked="" type="radio"/> No <input type="radio"/> Yes (Name & Address) _____	
<b>32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?</b> <span style="float:right;"><input type="checkbox"/> See Addendum</span>			
<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	
<b>33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?</b>			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official Member _____		<input type="checkbox"/> See Addendum	
<b>34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?</b>		<b>35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?</b>	
<input type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____		<input type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____	



NAME OF COMMITTEE	REGISTRATION TYPE
Connecticut Dental Hygienists' Political Action Committee	<input type="radio"/> Original <input checked="" 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. 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.