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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

THE CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC., PAC

ADDRESS (number and street) 750 OLD MAIN STREET

(Check if address is changed) SUITE 304

ROCKY HILL CT 06067-1567

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

CAOFEDPAC@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

COMMITTEE'S FAX NUMBER

(860)-529-4411

2. DATE 07 14 2008

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRIAN T. LYNCH

Signature of Treasurer [signature] Date 07 14 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

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5. TYPE OF COMMITTEE

Candidate Committee:

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation | Office Sought: House Senate President | State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation | X Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C
5. FEC ID number C

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Write or Type Committee Name

THE CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC., PAC

6. **Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative**

THE CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC.

Mailing Address 750 OLD MAIN STREET
SUITE 304
ROCKY HILL CT 06067-1567
CITY STATE ZIP CODE

Relationship:

X Connected Organization | Affiliated Committee | Leadership PAC Sponsor | Joint Fundraising Representative

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name BRIAN T. LYNCH

Mailing Address 60 MONTOWESE STREET
BRANFORD CT 06405-3857
CITY STATE ZIP CODE

Title or Position TREASURER

Telephone number 203-488-9544

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer BRIAN T. LYNCH

Mailing Address 60 MONTOWESE STREET
BRANFORD CT 06405-9544
CITY STATE ZIP CODE

Title or Position TREASURER

Telephone number 203-488-9544

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Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address 1081 WEST MAIN STREET

BRANFORD CT 06405

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

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Federal Election Commission
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PREPARER	7/29/08 DATE PREPARED

(3/2005)

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