

2010 JUN 22 AM 11:21

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC
PAC

ADDRESS (number and street)

35 COLD SPRING ROAD

SUITE 211

Check if different than previously reported. (ACC)

ROCKY HILL

CT 06067

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00453290

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

04 / 01 / 2009

through

06 / 30 / 2009

I certify that I have examined this Report 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

Brian Lynch

Date

06 / 18 / 2010

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

10030352396

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC. PAC

Report Covering the Period:

From:

04 / 01 / 2009

To:

06 / 30 / 2009

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2009 | | 645000 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 822500 | |
| (c) Total Receipts (from Line 19)..... | 295000 | 477500 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 1122500 | 1122500 |
| 7. Total Disbursements (from Line 31)..... | 200000 | 200000 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 922500 | 922500 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 000 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 000 | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

10030352397

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC. PAC

Report Covering the Period:

From:

04 01 2009

To:

06 30 2009

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

1,800.00

2,550.00

(ii) Unitemized.....

1,150.00

2,225.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

2,950.00

4,775.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

2,950.00

4,775.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

2,950.00

4,775.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

2,950.00

4,775.00

10030352398

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

| |
|--------|
| 295000 |
| |
| 295000 |
| |
| |
| |

| |
|--------|
| 477500 |
| |
| 477500 |
| |
| |
| |

10030352400

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

| | | | | |
|---|------------------------------|--------------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE | OF |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC. PAC

A. Full Name (Last, First, Middle Initial)
FERENTINI, CATHERINE M.

Mailing Address
14 BIRCH HILL DRIVE

City **WEST HARTFORD** State **CT** Zip Code **06107**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **OPTOMETRIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 20 2009

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
HARDISON, JERRY S.

Mailing Address
6 SCARSDALE RD.

City **WEST HARTFORD** State **CT** Zip Code **06107**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **OPTOMETRIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 20 2009

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LERTORA, JOHN M.

Mailing Address
155 SILVER CREEK DR.

City **SUFFIELD** State **CT** Zip Code **06078**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **OPTOMETRIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 20 2009

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1,000.00**

TOTAL This Period (last page this line number only)..... ▶

10030352401

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

| | | | | |
|---|------------------------------|--------------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE | OF |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC. PAC

A. Full Name (Last, First, Middle Initial)
MACNEIL, ROBERT

Mailing Address
73 CORNER RD

City
POMFRET CENTER State **CT** Zip Code **06259**

FEC ID number of contributing federal political committee.
C

Name of Employer
SELF Occupation **OPTOMETRIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000

Date of Receipt
06 / 20 / 2009

Amount of Each Receipt this Period
30000

B. Full Name (Last, First, Middle Initial)
NEWMAN, BRADFORD

Mailing Address
34 CANDLEWOOD LANE

City
AVON State **CT** Zip Code **06001**

FEC ID number of contributing federal political committee.
C

Name of Employer
SELF Occupation **OPTOMETRIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 20 / 2009

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ **800.00**

TOTAL This Period (last page this line number only)..... ▶ **1,800.00**

10030352402

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC. PAC

Full Name (Last, First, Middle Initial)

A. **CMTE TO ELECT CHRIS MURPHY**

Mailing Address **P.O. BOX 127**

City **CHESHIRE** State **CT** Zip Code **06410**

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: **CT** District: **05**

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

06 19 2009

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. **LARSON FOR CONGRESS**

Mailing Address **29 RUFF CIRCLE**

City **GLASTONBURY** State **CT** Zip Code **06033**

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: **CT** District: **01**

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

05 05 2009

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2000.00
2000.00

10030352403

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
6/18/10

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER

6/22/10
 DATE PREPARED

10030352404