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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) 35 COLD SPRING ROAD
SUITE 211
ROCKY HILL CT 06067
CITY STATE ZIP CODE

✓ (Check if address is changed)

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)
BWeeks@TheKowalskiGroup.com
(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)
NONE
(Check if address is changed)

2. DATE 09 13 2009

3. FEC IDENTIFICATION NUMBER C00453290 1

4. IS THIS STATEMENT 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 [Handwritten Signature] Date 09 13 2009

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.

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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) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (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 Lobbyist/Registrant PAC.

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

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Write or Type Committee Name

THE CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC. PAC

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

THE CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC.

Mailing Address

35 COLD SPRING ROAD
SUITE 211
ROCKY HILL CT 06067-
CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Title or Position CITY STATE ZIP CODE

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 06405-3857

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 203-488-9544

29030163587

Full Name of Designated Agent

LINDA KOWALSKI

Mailing Address

53 RUSS STREET 2ND FLOOR

HARTFORD

CITY

CT

STATE

06106

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

860-246-1434

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.

CITIZENS BANK

Mailing Address

119 MONTWEESE STREET

BRANFORD

CITY

CT

STATE

06405

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030163588

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)
9/29/09

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

EA 10/5/09
PREPARER **DATE PREPARED**

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