



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**CONNECTICUT ASSOCIATION OF OPTOMETRISTS INC PAC; THE**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2012"/>  |                         | 11369.00                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 5519.00                 |                                   |
| (c) Total Receipts (from Line 19) .....  | 9375.00                 | 10025.00                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 14894.00                | 21394.00                          |
| 7. Total Disbursements (from Line 31).....   | 8019.21                 | 14519.21                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 6874.79                 | 6874.79                           |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**CONNECTICUT ASSOCIATION OF OPTOMETRISTS INC PAC; THE**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 3700.00                       | 4250.00                           |
| (ii) Unitemized .....   | 5675.00                       | 5775.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 9375.00                       | 10025.00                          |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 9375.00                       | 10025.00                          |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 9375.00                       | 10025.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 9375.00                       | 10025.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 209.21                        | 209.21                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 209.21                        | 209.21                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 7810.00                       | 14310.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 8019.21                       | 14519.21                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 8019.21                       | 14519.21                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 9375.00                       | 10025.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 9375.00                       | 10025.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ▶ | 209.21                        | 209.21                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶               | 209.21                        | 209.21                            |

**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 6 OF 12                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <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; THE**

**A. Dr. Robert Aube**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Autumn Circle

City Rocky Hill State CT Zip Code 06067

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2012

**Transaction ID : SA11AI.4341**

Amount of Each Receipt this Period  
 300.00

contribution

**B. Stephen Carr OD**  
Full Name (Last, First, Middle Initial)

Mailing Address 531 Fairfield Beach Road

City Fairfield State CT Zip Code 06824

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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2012

**Transaction ID : SA11AI.4348**

Amount of Each Receipt this Period  
 400.00

contribution

**c. Dr. Monya D. Elgart**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Hemlock

City Killingworth State CT Zip Code 06419

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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2012

**Transaction ID : SA11AI.4353**

Amount of Each Receipt this Period  
 200.00

contribution

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 900.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 12  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CONNECTICUT ASSOCIATION OF OPTOMETRISTS INC PAC; THE**

**A. Paul H. Foeller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Granite Avenue  
 City State Zip Code  
 Canaan CT 06018  
 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 ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2012  
**Transaction ID : SA11AI.4409**  
 Amount of Each Receipt this Period  
 100.00  
 contribution

**B. Clinton McClean OD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 Old Ansonia Road  
 City State Zip Code  
 Seymour CT 06483  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2012  
**Transaction ID : SA11AI.4366**  
 Amount of Each Receipt this Period  
 500.00  
 contribution

**C. Robert Palozej OD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Eldridge Place  
 City State Zip Code  
 Ellington CT 06029  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2012  
**Transaction ID : SA11AI.4371**  
 Amount of Each Receipt this Period  
 500.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 12  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CONNECTICUT ASSOCIATION OF OPTOMETRISTS INC PAC; THE**

**A. Phillip Perrino OD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Grassy Hill Court  
 City Wallingford State CT Zip Code 06492  
 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 10 / 18 / 2012  
**Transaction ID : SA11AI.4373**  
 Amount of Each Receipt this Period 500.00  
 contribution

**B. Anrthony Rao OD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5065 Main Street  
 City Trumbull State CT Zip Code 06611-4204  
 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 ▼ 400.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : SA11AI.4407**  
 Amount of Each Receipt this Period 400.00  
 contribution

**C. Scott Saunders OD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Heather Hill  
 City Barkhamsted State CT Zip Code 06063  
 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 ▼ 300.00

Date of Receipt 10 / 18 / 2012  
**Transaction ID : SA11AI.4378**  
 Amount of Each Receipt this Period 300.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 12  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CONNECTICUT ASSOCIATION OF OPTOMETRISTS INC PAC; THE**

**A. Mark D. Sturgis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Natsisky Farm Rd.  
 City South Windsor State CT Zip Code 06074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optometrist Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2012  
**Transaction ID : SA11AI.4383**  
 Amount of Each Receipt this Period  
 500.00  
 contribution

**B.**  
 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  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**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  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 500.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 3700.00 |

**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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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; THE**

Full Name (Last, First, Middle Initial)

**A. CONNECTICUT'S FUTURE PAC INC**

Mailing Address 100 PEARL STREET 14TH FLOOR

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : SB23.4396

Amount of Each Disbursement this Period

1000.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. CONNECTICUT DEMOCRATIC STATE CENTRAL COMMITTEE**

Mailing Address 330 Main Street  
3rd floor

City Hartford State CT Zip Code 06106

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2012

Transaction ID : SB23.4397

Amount of Each Disbursement this Period

1000.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. COURTNEY FOR CONGRESS**

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: CT District: 02

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2012

Transaction ID : SB23.4398

Amount of Each Disbursement this Period

1000.00

Category/Type

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

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

3000.00

**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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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; THE**

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : SB23.4395**

Amount of Each Disbursement this Period

1500.00

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  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SB23.4400**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Larson For Congress**

Mailing Address 29 RUFF CIRCLE

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SB23.4401**

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

**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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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; THE**

Full Name (Last, First, Middle Initial)

**A. Red Rock Tavern**

Mailing Address 369 Capitol Avenue

City Hartford State CT Zip Code 06106

Purpose of Disbursement fundraiser expenditure

003

Category/  
Type

Candidate Name

**FRIENDS OF CHRIS MURPHY**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

Transaction ID : SB23.4426

Amount of Each Disbursement this Period

310.00

Full Name (Last, First, Middle Initial)

**B. RORABACK FOR CONGRESS**

Mailing Address 24 MASON STREET  
PO BOX 807

City TORRINGTON State CT Zip Code 06790

Purpose of Disbursement contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: CT District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

Transaction ID : SB23.4402

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

1310.00

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

7810.00