SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)		(צעצי	2. MUNICIPALITY			
				(If applicable)			
Initial	Nov 2018						
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER			
					(If applicable	·)	
Governor							
5. PARTY AFFILIATION							
Republican	 Democratic 		Other (Speci	(6,)			
Republican • Democratic Other (specify)							
6. CANDIDATE NAME							
First Name	MI			Last Name Suffix			
L.			Lee	Whitnum			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
123 Henry St		PO Box 7482					
City		State	Zip Code	City		State	Zip Code
Greenwich		СТ	06830	Greenwich		СТ	06836
9. CANDIDATE TELEPHONE 10. CANDIDATE EM		IAIL ADDRESS					
(Include Area Code)							
203 692	5027	Citizer	nsforLeeWh	itnum@yahoo.com			

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

(Check one)

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.

B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.

Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.

Important Notice: Failure of a candidate to complete this page *together with* either Form 1A, "Registration of Candidate Committee," *or* Form 1B "Exemption from Forming a Candidate Committee," within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee.

See Section 9-623(b), Connecticut General Statutes.

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.

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement

Revised September 2016



REGISTRATION TYPE CANDIDATE NAME					
Initial 🗸 I Amendment L. Lee Whitnun	dment L. Lee Whitnum				
12. COMMITTEE NAME					
Citizens for Lee Whitnum					
			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address		Email Address			
PO Box 7482		citizensforleewhitnum@yahoo.com			
City	State Zip Code Website CT Website www.leewhitnum.com		Website		
Greenwich			www.leewhitnum.com		
16. TREASURER NAME					
First Name	Tirst Name MI		Last Name S		Suffix
John			Whiteside		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)	
Street Address			Address		
179 N Maple Ave					
City	State	Zip Code	City	State	Zip Code
Greenwich	CT 06830				
19. TREASURER TELEPHONE			IAIL ADDRESS		
(Include Area Code) 862 222 7204	JCWrun@optimum.net				
21. DEPUTY TREASURER NAME					
First Name MI		MI	Last Name		Suffix
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
24. DEPUTY TREASURER TELEPHONE	25. DEP	UTY TREAS	URER EMAIL ADDRESS		
(Include Area Code)					
26. DEPOSITORY INSTITUTION NAME					
TD Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address					
235 Greenwich Avenue, Greenwich, CT 06	5830			·	

SEEC FORM 1A Revised September 2016

REGISTRATION TYPE	CANDIDATE NAME	
Initial	L. Lee Whitnum	
28. CERTIFICATION		
committee registration this statement include	on statement are true and accurate es my certification to the fact that	ement, that all of the designations set forth in this candidate to the best of my knowledge and belief, and further, that t any individual designated herein to serve as my treasurer nce of my appointment of them to those positions.
L. Lee Whitnum		07/02/2017
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State or requirements as conflimitations or restrict. I certify that I have pure in the state of	the candidate's designated treasured from the complyained in Chapter 155 through 152 throu	ement, that I have accepted my appointment by the arer of this candidate committee. I certify that I am an with all the campaign finance registration and disclosure of the General Statutes, and to abide by any prohibitions, butions and expenditures. The assessed pursuant to Chapters 155 to 157, inclusive
John Whiteside		07/02/2017
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
		DATE (illindusyyyy)
candidate to serve as and accept that, in the automatically become that I am an elector in disclosure requirement	the candidate's designated deput e event of a vacancy caused by the responsible for discharging all in the State of Connecticut. I inte- ents as contained in Chapter 155 t	ement, that I have accepted my appointment by the by treasurer of this candidate committee, and I understand the treasurer's death, incapacity or resignation, I shall of the duties required of the vacating treasurer. I certify and to comply with all the campaign finance registration and through 157 of the General Statutes, and to abide by any mpaign contributions and expenditures.
I certify that I have p	aid any civil penalties or forfeitu	res assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the	felony involving fraud, forgery, I General Statues, or that at least eigen of any sentence, whichever date	ty or nolo contendere to, in a court of competent larceny, embezzlement or bribery, or (B) criminal offense ght years have elapsed from the date of the conviction or the is later, without a subsequent conviction of or plea to
I certify that I am no Enforcement Comm		s a deputy treasurer by order of the State Elections
DEPUTY TREASURER SIGN.	ATURE	DATE (mm/dd/yyyy)



SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION **Certification of Exemption From Forming**





REGISTR	ATION TYPE	CANDIDATE NAME				
☐ Initial	☐ Amendment					
12. REASO	N FOR EXEMPTION	ON FROM FORMING A CANDIDATE COMMITTEE				
	I hereby certify that I am exempt from forming a candidate committee because (CHECK ONE)					
poli	itical committee	ate of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expendit to the decomposition of the sponsoring my candidacy. The name of this sponsor countries is:				
		OR				
con	tributions from cusand dollars (\$	by campaign entirely from my own, erscall fun is and will not request or receive other individuals or committees and I to derstate it if I make expenditures exceeding one 1,000) that I shall be reconsitive for filing financial disclosure statements (SEEC Form 23) me schedule and in the annumancer as record of treasurers of candidate committees. OR				
☐ C.	I do not intend	to receive experiences funds in excess of one thousand dollars (\$1,000). OR				
□ D.	I do nd	to sceive or expend any funds, including personal funds, for this campaign.				
13. CER						
can		state, under penalties of false statement, that this statement of exemption from forming a e, for the reason checked above, is true, accurate and complete to the best of my ef.				
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				