### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



	ROEME	VI COMMISS						
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY				
✓ Initial   Amendment	Nov 2018				(If applicable)			
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
State Comptroller (If applicable)								
5. PARTY AFFILIATION								
✓ Republican Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name	e				Last Name			Suffix
Mark			D		Greenberg			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address					Address			
184 Fern Ave								
City		State	Zip Cod		City		State	Zip Code
Litchfield		СТ	0675	9				
9. CANDIDATE TELEPHONE 10. CANDIDAT			ГЕ ЕМ	IAIL ADDRESS				

### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

8068

482

#### (Check one)

(Include Area Code)

860

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

mark@markforcomptroller.com

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



EGISTRATION TYPE CANDIDATE NAME					
✓ Initial I Amendment Mark D Greenk	Mark D Greenberg				
12. COMMITTEE NAME					
Mark for Comptroller					
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address		Email Address			
53 Peck Rd			info@markforcomptroller.com		
City	State	Zip Code <b>06759</b>	Website		
Torrington CT		00700	www.markforcomptroller.com		
16. TREASURER NAME					
First Name		MI	Last Name Suffix		
J Kenneth			Nowell		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
97 Hickory Rd					
City	State	Zip Code	City	State	Zip Code
Torrington	СТ	06790			
19. TREASURER TELEPHONE 20. TREASURER E			IAIL ADDRESS		
(Include Area Code)					
860 482 8068 ken@taxn					
21. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
Michael		S	Stoughton		
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
64 Carmel Hill Rd					
City	State	Zip Code <b>06793</b>	City	State	Zip Code
Washington	CT	00793			
4. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS		
(Include Area Code)					
860 482 8068	michael@taxnag.com				
26. DEPOSITORY INSTITUTION NAME					
Litchfield Bancorp					
27. DEPOSITORY INSTITUTION ADDRESS					
Address					
294 West Street, Litchfield, CT 06759					

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REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial   Amendment	Mark D Greenberg	
28. CERTIFICATION		
committee registration this statement include	on statement are true and accurate to es my certification to the fact that a	tent, that all of the designations set forth in this candidate of the best of my knowledge and belief, and further, that my individual designated herein to serve as my treasurer to of my appointment of them to those positions.    04/18/2017   DATE (mm/dd/yyyy)
candidate to serve as elector in the State of requirements as conta limitations or restrict  I certify that I have p  I certify that I have n jurisdiction, any (A) under Title 9 of the C plea or the completio another such felony of	the candidate's designated treasure f Connecticut. I intend to comply wained in Chapter 155 through 157 or ions concerning campaign contributed and any civil penalties or forfeitures of been convicted of or pled guilty of felony involving fraud, forgery, larguereal Statues, or that at least eight on of any sentence, whichever date is or offense.	ent, that I have accepted my appointment by the r of this candidate committee. I certify that I am an rith all the campaign finance registration and disclosure f the General Statutes, and to abide by any prohibitions, tions and expenditures.  assessed pursuant to Chapters 155 to 157, inclusive.  or nolo contendere to, in a court of competent ceny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or s later, without a subsequent conviction of or plea to
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in the automatically become that I am an elector in disclosure requirement prohibitions, limitation I certify that I have pure I certify that I have not be a served as and accept that I have not be a served as and accept that I have not be a served as and accept that I have not be a served as and accept that I have not be a served as and accept that I have not be a served as and accept that I have not be a served as and accept that I have not be a served as and accept that, in the automatically become that I am an elector in the automatically become that I am an elector in discourse that I have put a served as a s	the candidate's designated deputy to event of a vacancy caused by the responsible for discharging all of an the State of Connecticut. I intendents as contained in Chapter 155 through or restrictions concerning campaid any civil penalties or forfeitures of been convicted of or pled guilty of	ent, that I have accepted my appointment by the reasurer of this candidate committee, and I understand treasurer's death, incapacity or resignation, I shall the duties required of the vacating treasurer. I certify to comply with all the campaign finance registration and ough 157 of the General Statutes, and to abide by any aign contributions and expenditures.  The assessed pursuant to Chapters 155 to 157, inclusive.  The reasurer of this candidate committee, and I understand the duties required of the vacating treasurer. I certify to comply with all the campaign finance registration and ough 157 of the General Statutes, and to abide by any aign contributions and expenditures.  The reasurer of this candidate committee, and I understand the duties required to comply the vacating treasurer. I certify to comply with all the campaign finance registration and ough 157 of the General Statutes, and to abide by any aign contributions and expenditures.  The reasurer of this candidate committee, and I understand the campaign finance registration and ough 157 of the General Statutes, and to abide by any aign contributions and expenditures.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to

04/18/2017 Michael S Stoughton DATE (mm/dd/yyyy) DEPUTY TREASURER SIGNATURE

another such felony or offense.



# **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 becaus (CHECK ONE)				
A. I am one of a slate of candidates whose campaigns are being funded soler, y a tow committee or a political committee formed for a single election or primary and expendit to the description of the reported by the committee sponsoring my candidacy. The name of this space of committee 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)			