SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



		VT~COM						
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018				(If applicable)			
3. OFFICE OR POSITION SOUGHT						4. DISTR	ICT NUM	IBER
State Comptroller						(If applicable	2)	
5. PARTY AFFILIATION								
Republican • Democratic Other (Spe				er (Specij	(b)			
6. CANDIDATE NAME								
First Name			MI		Last Name			Suffix
Kevin			Р		Lembo			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address					Address			
11 Redcoat Ln								
City		State	Zip Co		City		State	Zip Code
Guilford		СТ	0643	37				
9. CANDIDATE TELEPHONE 10. CAN			NDIDA	IDATE EMAIL ADDRESS				
(Include Area Code)								

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

6569

453

(Check one)

203

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

kevin.lembo@gmail.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



REGISTRATION TYPE CANDIDATE NA	CANDIDATE NAME					
✓ Initial I Amendment Kevin P Lembo	Kevin P Lembo					
12. COMMITTEE NAME						
Lembo for CT						
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE				
Address Email Address						
PO Box 443	I a. a .					
City	State	Zip Code 06067	Website			
Rocky Hill CT						
16. TREASURER NAME		T	I		1	
First Name		MI	Last Name Suffix			
Joshua		С	Shulman			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
15 Longview Dr					_	
City	State	Zip Code 06111	City	State	Zip Code	
Newington	CT	00111				
19. TREASURER TELEPHONE 20. TREASURER E			IAIL ADDRESS			
(Include Area Code)						
860 539 2596 joshua.c.shulm			@gmail.com			
21. DEPUTY TREASURER NAME		T			T	
First Name		MI	Last Name		Suffix	
Martha		J	Losche			
22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING ADDRESS (If different)					t)	
Street Address		Address				
109 High Meadow Rd	a	I a. a.,	420 E Main St Unit 10	Lac	7: 0.1	
City	State	Zip Code 06437	City	State	Zip Code	
Guilford	СТ	00101	Branford	СТ	06405	
24. DEPUTY TREASURER TELEPHONE	25. DEP	UTY TREAS	URER EMAIL ADDRESS			
include Area Code)						
203 208 0572 martha@murphycocpa.com						
26. DEPOSITORY INSTITUTION NAME						
Peoples United Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address 1310 Silas Deane Highway, Wethersfield,	OT 2215	20				

	ON TYPE	CANDIDATE NAME	
	Amendment	Kevin P Lembo	
28. CERTIFICA	TION		
committee this state	ee registration	on statement are true and accurate to the same certification to the fact that any	nt, that all of the designations set forth in this candidate he best of my knowledge and belief, and further, that individual designated herein to serve as my treasurer of my appointment of them to those positions.
Kevin F	P Lembo		09/26/2017
CANDIDAT	ΓΕ SIGNATURE		DATE (mm/dd/yyyy)
I certify I certify jurisdicti under Ti plea or tl	that I have puthat I have puthat I have notion, any (A) the 9 of the Completic such felony of	ions concerning campaign contribution aid any civil penalties or forfeitures a cot been convicted of or pled guilty or felony involving fraud, forgery, larced General Statues, or that at least eight your of any sentence, whichever date is lor offense.	he General Statutes, and to abide by any prohibitions, ons and expenditures. ssessed pursuant to Chapters 155 to 157, inclusive. nolo contendere to, in a court of competent ny, embezzlement or bribery, or (B) criminal offense ears have elapsed from the date of the conviction or ater, without a subsequent conviction of or plea to
	that I am no	otherwise harred from serving as a tr	
I certify Commis		otherwise barred from serving as a tr	reasurer by order of the State Elections Enforcement
Commis			reasurer by order of the State Elections Enforcement 09/22/2017

automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

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

Martha J Losche	09/25/2017		
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/vyvy)		



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)
poli	itical committee	late 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 special beautiful as a special property of the special property of the second property o
		OR
con thou	tributions from cusand dollars (\$	ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand at if I make expenditures exceeding one 1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) me schedule and in the tank manner as record of treasurers of candidate committees. OR
C.	I do not intend	to receive experience 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 se, for the reason checked above, is true, accurate and complete to the best of my ef.
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)