SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

1. ELECTION DA

Nov 2018

Registration by Candidate

Amendment

3. OFFICE OR POSITION SOUGHT

Revised September 2016

REGISTRATION TYPE

✓ Initial



STATE RECEIVED TO THE PROPERTY OF THE PROPERTY		
E (mm/dd/yyyy)	2. MUNICIPALITY	
	(If applicable)	
		4. DISTRICT NUMBER
		(If applicable)

Governor (If applicable)						
5. PARTY AFFILIATION	5. PARTY AFFILIATION					
Republican • Democratic		Other (Specify)				
6. CANDIDATE NAME						
First Name		MI	Last Name			Suffix
Edward	М	Lamont				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)			
Street Address			Address			
4 Ashton Dr						
City	State	Zip Code	City		State	Zip Code
Greenwich	CT 06831					
9. CANDIDATE TELEPHONE 10. C.). CANDIDATE EMAIL ADDRESS				
(Include Area Code)						
203 661 0983	nlamo	nt@nedlam	ont.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 Edward M Lamont						
12. COMMITTEE NAME						
Ned for CT						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
			Email Address			
PO Box 241			info@nedlamont.com			
City	State Zip Code 06405 CT		Website			
Branford			www.nedlamont.com			
16. TREASURER NAME						
First Name		MI	Last Name Suffix		Suffix	
Richard			Smith			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
59 Sixth Ave						
City	State	Zip Code	City	State	Zip Code	
Milford	CT 06460					
19. TREASURER TELEPHONE 20. TREASURER EM		MAIL ADDRESS				
(Include Area Code)						
203 215 9684 rich_1104@yahoo.cd		o.com				
21. DEPUTY TREASURER NAME		MI	Last Name		Suffix	
					Sumx	
Joshua D		Hershman				
22. DEPUTY TREASURER RESIDENCE ADDRESS		23. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address Address						
780 W Lake Ave	T Gt 4	7: 0 1	l cr	T C4-4-	7: C- 1-	
City	State	Zip Code 06437-	City	State	Zip Code	
Guilford	СТ	1305				
		URER EMAIL ADDRESS				
(Include Area Code)						
203 676 8192	jhershman@hershmanlegal.com					
26. DEPOSITORY INSTITUTION NAME						
Webster Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
1 South Main Street, Branford, CT 06405						
			<u> </u>			

SEEC FORM 1A

Joshua D Hershman DEPUTY TREASURER SIGNATURE

Revised September 2016		7 mgc v v 1
REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	Edward M Lamont	
28. CERTIFICATION		
committee registration this statement include	tate, under penalties of false statement, that all of the design statement are true and accurate to the best of my knowledges my certification to the fact that any individual designates are indicated to me their acceptance of my appointment of	edge and belief, and further, that ed herein to serve as my treasurer
CANDIDATE SIGNATURE		mm/dd/yyyy)
CANDIDATE SIGNATURE	DATE (F	nm/awyyyy)
candidate to serve as the elector in the State of requirements as contablimitations or restriction. I certify that I have particularly that I have not jurisdiction, any (A) for under Title 9 of the Golphea or the completion another such felony or	tate, under penalties of false statement, that I have accepted the candidate's designated treasurer of this candidate come Connecticut. I intend to comply with all the campaign find in Chapter 155 through 157 of the General Statutes, it is concerning campaign contributions and expenditures and any civil penalties or forfeitures assessed pursuant to Cot been convicted of or pled guilty or nolo contendere to, it felony involving fraud, forgery, larceny, embezzlement or General Statues, or that at least eight years have elapsed from of any sentence, whichever date is later, without a subset or offense.	mmittee. I certify that I am an nance registration and disclosure and to abide by any prohibitions, Chapters 155 to 157, inclusive. in a court of competent bribery, or (B) criminal offense om the date of the conviction or equent conviction of or plea to
Richard Smith	01/12	2/2018
TREASURER SIGNATURE	DATE (n	nm/dd/yyyy)
candidate to serve as tand accept that, in the automatically become that I am an elector in disclosure requirement prohibitions, limitation I certify that I have particularly that I have no jurisdiction, any (A) founder Title 9 of the Go	tate, under penalties of false statement, that I have accepted the candidate's designated deputy treasurer of this candidate event of a vacancy caused by the treasurer's death, incapted responsible for discharging all of the duties required of the the State of Connecticut. I intend to comply with all the ents as contained in Chapter 155 through 157 of the General consor restrictions concerning campaign contributions and aid any civil penalties or forfeitures assessed pursuant to continuously the design of the convicted of or pled guilty or nolo contendere to, if felony involving fraud, forgery, larceny, embezzlement or deneral Statues, or that at least eight years have elapsed from of any sentence, whichever date is later, without a subsect of the sentence	ate committee, and I understand pacity or resignation, I shall the vacating treasurer. I certify campaign finance registration and all Statutes, and to abide by any expenditures. Chapters 155 to 157, inclusive. in a court of competent the bribery, or (B) criminal offense om the date of the conviction or

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

01/16/2018

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 becaus (CHECK ONE)				
A. I am one of a slate of candidates whose campaigns are being funded solely was tow committee or a political committee formed for a single election or primary and expendit to the decomposition of the properties of the committee sponsoring my candidacy. The name of this spaces 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 experiments of one thousand dollars (\$1,000).					
D. I do the receive 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)			