SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)		2. MUNICIPALITY			
	((If applicable)			
Initial	Nov 2018					
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER		
				(If applicable)		
State Senator				019		
5. PARTY AFFILIATION						
✓ Republican	Democratic	Other (Spec	ifs)			
6. CANDIDATE NAME						
First Name		MI	Last Name		Suffix	
Mark		Α	Lounsbury			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)			
Street Address			Address			
47 Noahs Way						
City	State	Zip Code	City	State	Zip Code	
Baltic	СТ	06330				
9. CANDIDATE TELEPHONE 10. CANDIDATE			IAIL ADDRESS			
(Include Area Code)						
860 204	7534 ma	ırklounsbury@	gmail.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 VI Amendment Mark A Lounsbury					
12. COMMITTEE NAME					
Lounsbury 2018					
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address			Email Address		
PO Box 219			lounsbury2018@gmail.com		
City	State Zip Code 06350		Website		
Hanover	CT 06350		www.lounsbury2018.com		
16. TREASURER NAME					
First Name	First Name MI Last Name		Last Name		Suffix
Charles		F	Catania		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
20 Dailey Cir					
City	State	Zip Code 06066	City	State	Zip Code
Vernon	CT	00000			
19. TREASURER TELEPHONE 20. TREASURER EM			AAIL ADDRESS		
(Include Area Code)					
860 299 3689 mailingcatania@g		gcatania@g	mail.com		
21. DEPUTY TREASURER NAME					
First Name MI			Last Name		Suffix
Amy		M	Lounsbury		
22. DEPUTY TREASURER RESIDENCE ADDRESS		23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address		
47 Noahs Way					
City	State	Zip Code 06330	City	State	Zip Code
Baltic	CT	00330			
24. DEPUTY TREASURER TELEPHONE	25. DEPUTY TREASURER EMAIL ADDRESS				
(Include Area Code)					
860 204 7536	mercmar03@gmail.com				
26. DEPOSITORY INSTITUTION NAME					
Bank of America					
27. DEPOSITORY INSTITUTION ADDRESS					
Address					
71 Town Street, Norwich, CT 06360					
	-				

DEPUTY TREASURER SIGNATURE

Revised September 2016					
REGISTRA	ATION TYPE	CANDIDATE NAME			
Initial	✓ Amendment	Mark A Lounsbury			
28. CERTII	FICATION				
com this or de	mittee registration statement includ	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 nee of my appointment of them to those positions. O7/25/2018 DATE (mm/dd/yyyy)		
Treasurer					
I her cand elect requ	lidate to serve as for in the State of irements as conti	the candidate's designated treasured f Connecticut. I intend to comply	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.		
I cer	tify that I have p	aid any civil penalties or forfeitur	res assessed pursuant to Chapters 155 to 157, inclusive.		
juris unde plea anot	diction, any (A) or Title 9 of the Cor the completion her such felony of	felony involving fraud, forgery, I General Statues, or that at least eigen of any sentence, whichever dator offense.	ry or nolo contendere to, in a court of competent arceny, embezzlement or bribery, or (B) criminal offense ght years have elapsed from the date of the conviction or e is later, without a subsequent conviction of or plea to		
	tify that I am not mission.	otherwise barred from serving a	s a treasurer by order of the State Elections Enforcement		
Cha	arles F Catania		07/25/2018		
TREA	ASURER SIGNATURE		DATE (mm/dd/yyyy)		
cand and a autor that discl proh	reby certify and solidate to serve as accept that, in the matically become I am an elector in losure requirementations, limitations	the candidate's designated deput e event of a vacancy caused by the e responsible for discharging all on the State of Connecticut. I intents as contained in Chapter 155 thous or restrictions concerning can	ement, that I have accepted my appointment by the y treasurer of this candidate committee, and I understand the treasurer's death, incapacity or resignation, I shall to five 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 inpaign contributions and expenditures.		
juris unde plea	diction, any (A) or Title 9 of the (felony involving fraud, forgery, l General Statues, or that at least eigon of any sentence, whichever dat	ry or nolo contendere to, in a court of competent arceny, embezzlement or bribery, or (B) criminal offense ght years have elapsed from the date of the conviction or e is later, without a subsequent conviction of or plea to		
	tify that I am no		s a deputy treasurer by order of the State Elections		
Am	y M Lounsbury		07/25/2018		

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	12. REASON FOR EXEMPTION 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 expenditure and decomy behavioral be amittee 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)				