

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



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 Senator					(If applicable) 014		
5. PARTY AFFILIATION							
✓ Republican Democratic Other (Specify) _____							
6. CANDIDATE NAME							
First Name			MI	Last Name		Suffix	
Kathleen			A	Kennedy			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
265 New Haven Ave Unit 1							
City		State	Zip Code	City		State	Zip Code
Milford		CT	06460				
9. CANDIDATE TELEPHONE			10. CANDIDATE EMAIL ADDRESS				
(Include Area Code)							
203 530 3322			kennedyforsenate14@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.							
<i>Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.</i>							
B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.							
<i>Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.</i>							
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.							
<i>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.</i>							

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement

Revised September 2016



REGISTRATION TYPE		CANDIDATE NAME			
✓ Initial Amendment		Kathleen A Kennedy			
12. COMMITTEE NAME					
Kennedy for Senate					
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address 265 New Haven Ave Unit 1			Email Address kennedyforsenate14@gmail.com		
City Milford		State CT	Zip Code 06460	Website	
16. TREASURER NAME					
First Name William		MI D	Last Name Healey		Suffix
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address 37 W Shore Dr			Address		
City Milford		State CT	Zip Code 06460	City	State Zip Code
19. TREASURER TELEPHONE			20. TREASURER EMAIL ADDRESS		
(Include Area Code) 203 464 2306			mfd7312@gmail.com		
21. DEPUTY TREASURER NAME					
First Name Scott		MI	Last Name Willey		Suffix
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 7 Merlin Cir			Address		
City Milford		State CT	Zip Code 06460	City	State Zip Code
24. DEPUTY TREASURER TELEPHONE			25. DEPUTY TREASURER EMAIL ADDRESS		
(Include Area Code) 203 641 4019			scott.willey@thinklogical.com		
26. DEPOSITORY INSTITUTION NAME					
Milford Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address 33 Broad Street, Milford, CT 06460					

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SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee

Revised September 2016



REGISTRATION TYPE	CANDIDATE NAME
<input type="checkbox"/> Initial <input type="checkbox"/> Amendment	

12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE

I hereby certify that I am exempt from forming a candidate committee because (CHECK ONE)

A. I am one of a slate of candidates whose campaigns are being funded solely by a town committee or a political committee formed for a single election or primary and expenditures made on my behalf will be reported by the committee sponsoring my candidacy. The name of this sponsoring committee is:

OR

B. I am funding my campaign entirely from my own personal funds and will not request or receive contributions from other individuals or committees and I understand that if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be responsible for filing financial disclosure statements (SEEC Form 23) according to the same schedule and in the same manner as required of treasurers of candidate committees.

OR

C. I do not intend to receive or expend funds in excess of one thousand dollars (\$1,000).

OR

D. I do not intend to receive or expend any funds, including personal funds, for this campaign.

13. CERTIFICATION

I hereby certify and state, under penalties of false statement, that this statement of exemption from forming a candidate committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.

CANDIDATE SIGNATURE

DATE (mm/dd/yyyy)