SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	MEI	VT COMM]
REGISTRATION TYPE	TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY			
Initial	Nov 2018			(If applicable)			
B. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
State Representative					(If applicable	?)	
5. PARTY AFFILIATION							
✓ Republican Democratic Other (Specify)							
6. CANDIDATE NAME							
irst Name			MI	Last Name			Suffix
Kathleen A			А	Kennedy			
. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
treet Address			Address				
265 New Haven Ave Unit 1							
City		State	Zip Code	City		State	Zip Code
Milford		СТ	06460				
CANDIDATE TELEPHONE 10. CANDIDATE TELEPHONE			IDIDATE EN	MAIL ADDRESS			

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

3322

530

(Check one)

(Include Area Code)

203

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

kennedykathy57@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 NAME						
Initial I Amendment Kathleen A Ke	Kathleen A Kennedy					
12. COMMITTEE NAME						
Kennedy 2018	Kennedy 2018					
13. COMMITTEE ADDRESS & WEBSITE						
Address	Email Address					
265 New Haven Ave Unit 1						
City	State	Zip Code 06460	Website			
Milford	CT	00100				
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Andrew		J	Fowler			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
50 Pine Knob Ter						
City	State	Zip Code	City	State	Zip Code	
Milford	CT 06461					
19. TREASURER TELEPHONE 20. TREASURER E			AAIL ADDRESS			
(Include Area Code)						
203 859 8383 Andrew.fowler824@			@gmail.com			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
City	State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS			
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
Milford Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
33 Broad Street, Milford, CT 06460						

REGISTRATION TYPE	CANDIDATE NAME	
Initial	ent Kathleen A Kennedy	
28. CERTIFICATION		
committee regist this statement in	ration statement are true and cludes my certification to the	false statement, that all of the designations set forth in this candidate d accurate to the best of my knowledge and belief, and further, that he fact that any individual designated herein to serve as my treasurer in acceptance of my appointment of them to those positions.
Kathleen A Ken	nedy	04/30/2018
CANDIDATE SIGNATU	RE	DATE (mm/dd/yyyy)
elector in the Starequirements as a limitations or result of I certify that I has I certify that I has jurisdiction, any under Title 9 of the plea or the companother such felo	te of Connecticut. I intend contained in Chapter 155 th trictions concerning camparate paid any civil penalties of the contained any civil penalties of the contained of the con	atted treasurer of this candidate committee. I certify that I am an to comply with all the campaign finance registration and disclosure rough 157 of the General Statutes, and to abide by any prohibitions, ign contributions and expenditures. or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. pled guilty or nolo contendere to, in a court of competent forgery, larceny, embezzlement or bribery, or (B) criminal offense at least eight years have elapsed from the date of the conviction or chever date is later, without a subsequent conviction of or plea to
Commission.		serving as a treasurer by order of the State Elections Enforcement
Andrew J Fowle		04/24/2018
TREASURER SIGNATU	KE	DATE (mm/dd/yyyy)
candidate to serv and accept that, i automatically be that I am an elec disclosure requir	e as the candidate's designant the event of a vacancy can come responsible for dischator in the State of Connection that as contained in Characteristics.	false statement, that I have accepted my appointment by the atted deputy treasurer of this candidate committee, and I understand used by the treasurer's death, incapacity or resignation, I shall arging all of the duties required of the vacating treasurer. I certify cut. I intend to comply with all the campaign finance registration and pter 155 through 157 of the General Statutes, and to abide by any terning campaign contributions and expenditures.
I certify that I ha	ve paid any civil penalties o	or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any under Title 9 of	(A) felony involving fraud, he General Statues, or that a letion of any sentence, which	pled guilty or nolo contendere to, in a court of competent forgery, larceny, embezzlement or bribery, or (B) criminal offense at least eight years have elapsed from the date of the conviction or chever date is later, without a subsequent conviction of or plea to
I certify that I an Enforcement Co.		serving as a deputy treasurer by order of the State Elections
DEPUTY TREASURER	SIGNATURE	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 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 reconstructed for filing francial 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)			