### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



	SEMEN	COMM					<u> </u>	
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	?)		
5. PARTY AFFILIATION								
Republican V Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Matt				Lesser				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address				Address				
2 Mazzotta PI								
City		State	Zip Code	City		State	Zip Code	
Middletown		СТ	06457					
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS							
(Include Area Code)								

### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

1230

344

#### (Check one)

860

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

matt@mattlesser.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.

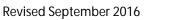
See Section 9-623(b), Connecticut General Statutes.

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**





Matt Lesser	12. COMMITTEE NAME  Matt for State Senate  13. COMMITTEE ADDRESS  Address  168 Timber Ridge Rd  City  Middletown  16. TREASURER NAME  First Name  Gene  17. TREASURER RESIDENCE ADDRE		
Matt for State Senate   14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE	Matt for State Senate  13. COMMITTEE ADDRESS  Address  168 Timber Ridge Rd  City  Middletown  16. TREASURER NAME  First Name  Gene  17. TREASURER RESIDENCE ADDRE		
13. COMMITTEE ADDRESS	13. COMMITTEE ADDRESS  Address 168 Timber Ridge Rd  City Middletown  16. TREASURER NAME  First Name  Gene  17. TREASURER RESIDENCE ADDRE		
Address  168 Timber Ridge Rd  City  Middletown  State  CT  State  CT  Website  Website  Www.mattlesser.com  It. TREASURER NAME  First Name  Gene  MI  Last Name  P  Nocera  It. TREASURER RESIDENCE ADDRESS  Street Address  64 Reservoir Rd  City  Middletown  State  State  Zip Code  O6457  CT  State  Zip Code O6457  City  Middletown  City  Middletown  CT  State  Zip Code O6457  CT  State  Zip Code O6457	Address 168 Timber Ridge Rd City Middletown 16. TREASURER NAME First Name Gene 17. TREASURER RESIDENCE ADDRE		
168 Timber Ridge Rd  City Middletown  State CT  State CT  Website Website Www.mattlesser.com  16. TREASURER NAME  First Name Gene  MI Last Name P Nocera  17. TREASURER RESIDENCE ADDRESS Street Address 64 Reservoir Rd  City Middletown  State CT  State City Middletown  State CT  CT  State City Middletown  State City Middletown  State City St	168 Timber Ridge Rd  City  Middletown  16. TREASURER NAME  First Name  Gene  17. TREASURER RESIDENCE ADDRE		
State	City Middletown  16. TREASURER NAME First Name Gene  17. TREASURER RESIDENCE ADDRE		
Middletown         CT         06457         www.mattlesser.com           16. TREASURER NAME           First Name         MI         Last Name         Suffix           Gene         P         Nocera         Nocera           17. TREASURER RESIDENCE ADDRESS         18. TREASURER MAILING ADDRESS (If different)           Street Address         Address           64 Reservoir Rd         City         State         Zip Code           Middletown         CT         O6457         City         State         Zip Code	Middletown  16. TREASURER NAME  First Name  Gene  17. TREASURER RESIDENCE ADDRE		
Middletown  CT www.mattlesser.com  16. TREASURER NAME  First Name Gene MI Last Name Nocera  17. TREASURER RESIDENCE ADDRESS Street Address Address  64 Reservoir Rd  City Middletown CT  State City O6457  CT  Www.mattlesser.com  Suffix Suffix Suffix Suffix Suffix Suffix Suffix City Nocera  City State City O6457  City State City O6457	16. TREASURER NAME First Name Gene 17. TREASURER RESIDENCE ADDRE		
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Gene P Nocera  17. TREASURER RESIDENCE ADDRESS  Street Address  64 Reservoir Rd  City State Zip Code O6457  Middletown  P Nocera  18. TREASURER MAILING ADDRESS (If different)  Address  State Zip Code O6457	Gene  17. TREASURER RESIDENCE ADDRE		
17. TREASURER RESIDENCE ADDRESS  Street Address  64 Reservoir Rd  City  Middletown  CT  City  CT  City  CT  City  CT  City  CT  City  CT  City	17. TREASURER RESIDENCE ADDRE		
Street Address  64 Reservoir Rd  City  Middletown  State  CT  Address  Address  Address  State  City  O6457  CT  State  City  O6457			
64 Reservoir Rd  City Middletown  State CT  State City Code 06457  Cty State City O6457	Street Address		
City State Zip Code O6457 CT State Zip Code O6457			
Middletown CT 06457	64 Reservoir Rd		
Middletown CT	City		
	Middletown CT		
19. TREASURER TELEPHONE 20. TREASURER EMAIL ADDRESS	19. TREASURER TELEPHONE 20. TREASUR		
(Include Area Code)			
860 250 4035 genenocera@gmail.com	860 250 4035 genenocera		
21. DEPUTY TREASURER NAME			
	First Name		
Domenique Thornton	Domenique		
22. DEPUTY TREASURER RESIDENCE ADDRESS (If different)			
Street Address Address			
168 Timber Ridge Rd			
City State Zip Code City State Zip Code 06457	City		
Middletown   CT   CT	Middletown		
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS	24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS		
(Include Area Code)			
860 982 8180 dthornton330@gmail.com	860 982 8180		
26. DEPOSITORY INSTITUTION NAME			
Webster Bank			
27. DEPOSITORY INSTITUTION ADDRESS			
Address			
5 Coles Road, Cromwell, CT 06416			

SEEC FORM 1A Revised September 2016

DEPUTY TREASURER SIGNATURE

REGISTRA	ATION TYPE	CANDIDATE NAME	
✓ Initial	Amendment	Matt Lesser	
28. CERTIF	FICATION		
comr this s	mittee registrationstatement include	on statement are true and acles my certification to the fa	Is estatement, that all of the designations set forth in this candidate ccurate to the best of my knowledge and belief, and further, that fact that any individual designated herein to serve as my treasurer acceptance of my appointment of them to those positions.
Mat	tt Lesser		05/21/2018
CAND	DIDATE SIGNATURE		DATE (mm/dd/yyyy)
candi electo requi limita	idate to serve as or in the State of rements as contations or restric	the candidate's designated f Connecticut. I intend to cained in Chapter 155 throutions concerning campaign	Is se statement, that I have accepted my appointment by the d treasurer of this candidate committee. I certify that I am an comply with all the campaign finance registration and disclosure 157 of the General Statutes, and to abide by any prohibitions, a contributions and expenditures.
I cert	tify that I have p	oaid any civil penalties or fo	Orfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisc under plea c anoth	diction, any (A) r Title 9 of the Cor the completion er such felony	felony involving fraud, for General Statues, or that at le on of any sentence, whicher or offense.	ed guilty or nolo contendere to, in a court of competent rgery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or ver date is later, without a subsequent conviction of or plea to rving as a treasurer by order of the State Elections Enforcement
	e P Nocera		05/20/2018
	SURER SIGNATURE		DATE (mm/dd/yyyy)
			Ditte (min dayyyy)
candi and a autor that I disclo	eby certify and a didate to serve as accept that, in the matically become am an elector it osure requirements.	the candidate's designated the event of a vacancy cause the responsible for dischargi to the State of Connecticut.	Is statement, that I have accepted my appointment by the deputy treasurer of this candidate committee, and I understanded by the treasurer's death, incapacity or resignation, I shall ing all of the duties required of the vacating treasurer. I certify I intend to comply with all the campaign finance registration and in 155 through 157 of the General Statutes, and to abide by any ing campaign contributions and expenditures.
I cert	rify that I have p	oaid any civil penalties or fo	Orfeitures assessed pursuant to Chapters 155 to 157, inclusive.
juriso under plea o	diction, any (A) r Title 9 of the 0	felony involving fraud, for General Statues, or that at le on of any sentence, whicher	ed guilty or nolo contendere to, in a court of competent rgery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or ver date is later, without a subsequent conviction of or plea to
	rify that I am no		rving as a deputy treasurer by order of the State Elections
Don	nenique Thornto	n	05/20/2018

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)					
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 expendit to the decomposition of the 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)			