

# SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

## Exploratory Committee Registration

Revised September 2016



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<b>REGISTRATION TYPE</b>		<b>1. COMMITTEE NAME</b>			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Rob Kane for CT			
<b>2. SUBTYPE OF EXPLORATORY COMMITTEE</b> <i>(Office(s) being considered—Check one box)</i>					
<input checked="" type="checkbox"/> <b>A. Offices Include Statewide Office &amp; General Assembly</b> Including State Representative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Including State Treasurer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> <b>B. Offices Include Statewide Offices Only</b> Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> <b>C. Offices Include General Assembly Only</b> Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> <b>D. Municipal &amp; Other Offices excluding those in Box A, B and C.</b> _____ <i>(Name of municipality—if applicable)</i>					
<b>3. PARTY AFFILIATION</b>					<b>4. ELECTION DATE</b> <i>(mm/dd/yyyy)</i>
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democrat <input type="checkbox"/> Other <i>(Specify)</i> _____					Nov 2018
<b>5. COMMITTEE ADDRESS</b>			<b>6. COMMITTEE EMAIL &amp; WEBSITE</b>		
Address PO Box 232			Email Address		
City Watertown	State CT	Zip Code 06795	Website		
<b>7. CANDIDATE NAME</b>					
First Name Robert		MI J	Last Name Kane		Suffix
<b>8. CANDIDATE RESIDENCE ADDRESS</b>			<b>9. CANDIDATE MAILING ADDRESS</b> <i>(If different)</i>		
Street Address 19 Taft Cir			Address PO Box 232		
City Watertown	State CT	Zip Code 06795	City Watertown	State CT	Zip Code 06795
<b>10. CANDIDATE TELEPHONE</b>			<b>11. CANDIDATE EMAIL ADDRESS</b>		
<i>(Include Area Code)</i> 203      217      1333			senatorkane32@gmail.com		

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<b>REGISTRATION TYPE</b>		<b>COMMITTEE NAME</b>			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Rob Kane for CT			
<b>12. TREASURER NAME</b>					
First Name		MI	Last Name		Suffix
Jonathan		W	Ramsay		
<b>13. TREASURER RESIDENCE ADDRESS</b>			<b>14. TREASURER MAILING ADDRESS (If different)</b>		
Street Address			Address		
30 Edith St					
City	State	Zip Code	City	State	Zip Code
Oakville	CT	06779			
<b>15. TREASURER TELEPHONE</b>		<b>16. TREASURER EMAIL ADDRESS</b>			
(Include Area Code)					
203       525       2015		jonramsay@hotmail.com			
<b>17. DEPUTY TREASURER NAME</b>					
First Name		MI	Last Name		Suffix
<b>18. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>19. DEPUTY TREASURER MAILING ADDRESS (If different)</b>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>20. DEPUTY TREASURER TELEPHONE</b>		<b>21. DEPUTY TREASURER EMAIL ADDRESS</b>			
(Include Area Code)					
<b>22. DEPOSITORY INSTITUTION NAME</b>					
TD Bank					
<b>23. DEPOSITORY INSTITUTION ADDRESS</b>					
Address					
Main Street, Watertown, CT 06795					

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Rob Kane for CT

## 24. CERTIFICATION

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this exploratory committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of such position.

Robert J Kane

11/16/2016

CANDIDATE SIGNATURE

DATE (mm/dd/yyyy)

Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated Treasurer of this exploratory committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

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

Jonathan W Ramsay

11/16/2016

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="checked" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Rob Kane for CT

## 24. CERTIFICATION *continued*

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated Deputy Treasurer of this exploratory committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible to discharge all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

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

\_\_\_\_\_  
DEPUTY TREASURER SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)

***Notice: 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.***