

# SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

## Exploratory Committee Registration

Revised September 2016



Page 1 of 4

REGISTRATION TYPE		1. COMMITTEE NAME			
<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	Rob Kane for CT			
2. SUBTYPE OF EXPLORATORY COMMITTEE <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>					
3. PARTY AFFILIATION			4. ELECTION DATE <i>(mm/dd/yyyy)</i>		
<input checked="" type="checkbox"/> Republican	<input type="checkbox"/> Democrat	<input type="checkbox"/> Other <i>(Specify)</i> _____	Nov 2018		
5. COMMITTEE ADDRESS		6. COMMITTEE EMAIL & WEBSITE			
Address PO Box 232		Email Address			
City Watertown	State CT	Zip Code 06795	Website		
7. CANDIDATE NAME					
First Name Robert	MI J	Last Name Kane	Suffix		
8. CANDIDATE RESIDENCE ADDRESS		9. CANDIDATE MAILING ADDRESS <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
10. CANDIDATE TELEPHONE			11. CANDIDATE EMAIL ADDRESS		
<i>(Include Area Code)</i> 203 217 1333			senatorkane32@gmail.com		

# SEEC FORM 4

Revised September 2016

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

**SEEC FORM 4**  
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<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)

# SEEC FORM 4

Revised September 2016

Page 4 of 4

REGISTRATION TYPE	COMMITTEE NAME
<input 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.***