

**Office of State Ethics**  
**Receipt of Necessary Expenses received by a Public Official or**  
**State Employee Report**



(SEE Conn. Gen. Stat. §1-84(k))

<b>Your Information</b>		Status: Draft_Amendme
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<b>Last Name:</b>	Lembo	<b>First Name:</b>	Kevin
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<b>Email:</b>	comptroller.lembo@ct.gov		
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<b>Title:</b>	State Comptroller	<b>Agency:</b>	Office of the State Comptroller
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<b>Name of Person or Entity Paying or Reimbursing Expenses:</b>	National Conference of Insurance Legislators		
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<b>Description of Event:</b>	NCOIL 2017 Spring Meeting		
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<b>Date of Receipt of Payment/Reimbursement:</b>	02/07/2017	<b>Location/Address of Event:</b>	New Orleans Downtown Marriott, 859 Convention Center Blvd
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<b>City:</b>	New Orleans	<b>State:</b>	LA	<b>Country:</b>	
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<b>Date of Event:</b>	<b>From:</b>	03/03/2017	<b>To:</b>	03/05/2017
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<b>Description of Official Activity:</b>	Presenter	Presented Connecticut's Health Enhancement Program		
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**Lodging and/or Out-of-State Travel Expense(s) for Which Payment or Reimbursement was Received**

Description	Prepaid	Amount
Airfare	No	\$964.60
Train/Bus/Cab	No	\$41.40
Lodging	No	\$0.00
Lodging	No	\$318.00
<b>Total</b>		<b>\$1,324.00</b>

**Certification**

I DO HEREBY CERTIFY under penalty of false statement that I make this report in accordance with the requirements of Conn. Gen. Stat. §1-84(k), and that this report contains all the information required by such statute.

<b>Name:</b>	Kevin Lembo
<b>Date Filed:</b>	4/4/2017 15:23:05