

Statement of Financial Interests for 2015



Departure Date :

PERSONAL INFORMATION

First Name and Middle initial:	Last Name:	
Kevin P	Lembo	
Street Address 1:	Street Address 2:	
11 Redcoat Lane		
City:	State:	Zip:
Guilford	CONNECTICUT	06437
<input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA		
Phone Number:	Email Address:	
(860) 702-3301	kevin.lembo@ct.gov	

OCCUPATION

<input type="checkbox"/> Current Dual Employment	
Current State Position:	Membership:
Executive Branch	Public Agency
Name of Agency:	Title/Position:
Office of the Comptroller	Comptroller
<input type="checkbox"/> If you have held a different state position or left state service in 2015	
<input type="checkbox"/> Previous Dual Employment	
Previous State Position:	Membership:
Name of Agency:	

SPOUSE

If you do not have a Spouse

Spouse First Name and Initial: Spouse Last Name:

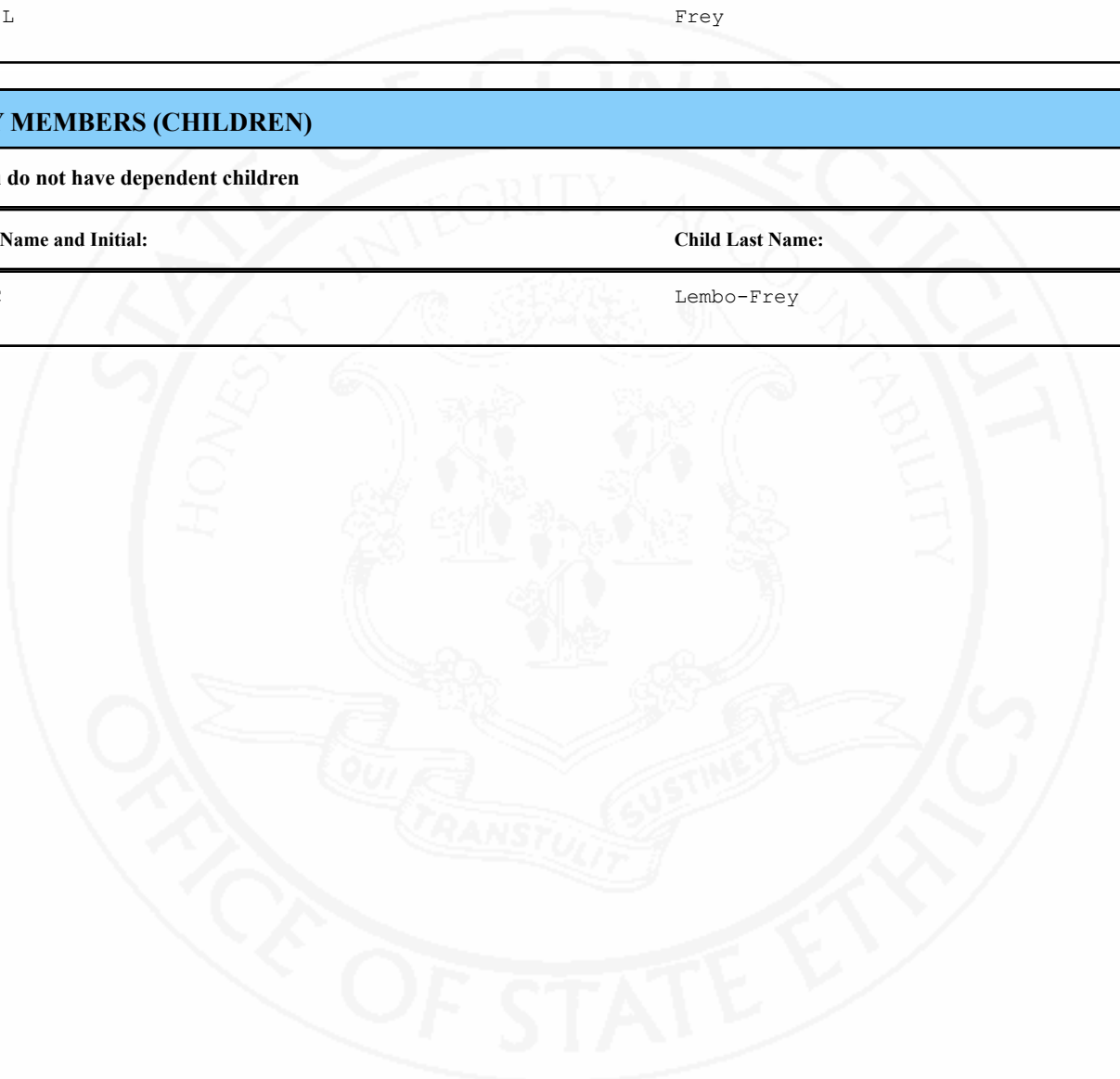
Charles L Frey

FAMILY MEMBERS (CHILDREN)

If you do not have dependent children

Child First Name and Initial: Child Last Name:

Jordan C Lembo-Frey



REAL PROPERTY

If you do not own a property

If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

11 Redcoat Lane

City:

State:

Zip:

Guilford

CONNECTICUT

06437

Country:

Owner or Beneficiary:

Kevin Lembo

Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

2011 Hwy 17N

#1300B

City:

State:

Zip:

Mount Pleasant

SOUTH CAROLINA

29466

Country:

Owner or Beneficiary:

Kevin Lembo

Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

1115 Basildon Road

City:

State:

Zip:

Mount Pleasant

SOUTH CAROLINA

29464

Country:

Owner or Beneficiary:

Charles Frey

Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

BUSINESSES

BUSINESS (WITH WHICH ASSOCIATED)

If you are not associated with any business

BUSINESSES

TRUSTS

If you are not part of a trust

INCOME SOURCES

If you do not have an Income Source(s)

Type Of Income Received:

Salary/Wages

Name of Employer or Other Source:

State of Connecticut

Recipient:

Self

Type Of Income Received:

Salary/Wages

Name of Employer or Other Source:

St. Martin de Porres Academy

Recipient:

Spouse

Type Of Income Received:

Rent

Name of Employer or Other Source:

2011 Hwy 17N, Mount Pleasant, SC

Recipient:

Self

Type Of Income Received:

Rent

Name of Employer or Other Source:

1115 Basildon Rd., Mount Pleasant, SC

Recipient:

Spouse

BLIND TRUST

If you do not have a Blind Trust(s)



SECURITIES

If you had no interest in securities with a fair market value in excess of \$5,000 at any time during the calendar year

Security Name:

0799 Vanguard Total Bond Market Ind F Inst

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

0804 Hartford Capital Apprec HLS Fnd IA

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

0816 JPMorgan Mid Cap Value Fund I

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

0896 Fidelity VIP Contrafund Port 1

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

0897 Fidelity VIP Mid Cap Portfolio I

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

1229 Vanguard Inflation-Protected Securities Fund Inst

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

1438 DFA Real Estate Securities Port Inst

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

1723 American Funds EuroPacific R6

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

1912 American Funds American Mutual Fund - Class R-6

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

Connecticut Stable Value Fund (457 and 403 (b))

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

Euro-Pacific Growth Fund

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

PIMCO Total Return Fund

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

T. Rowe Price Short-Term Bond

Owner or beneficiary if held by another:

Joint

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

The Growth Fund of America

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

Vanguard Explorer

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name :
Wells Fargo Adv Prmr Lg Co Grw Fnd In
Owner or beneficiary if held by another:
Self
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

LEASES

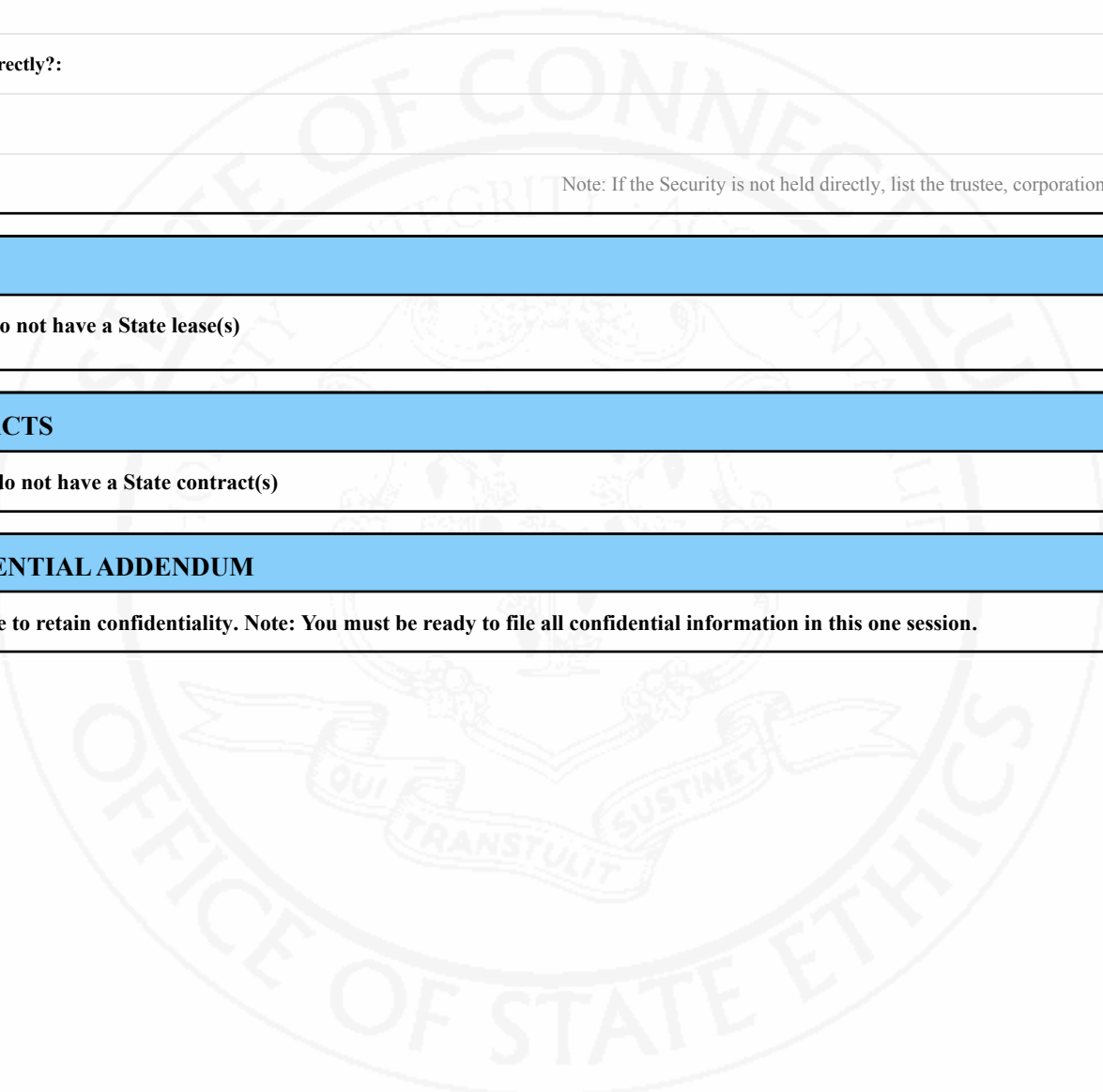
If you do not have a State lease(s)

CONTRACTS

If you do not have a State contract(s)

CONFIDENTIAL ADDENDUM

I choose to retain confidentiality. Note: You must be ready to file all confidential information in this one session.



CERTIFICATION

- I UNDERSTAND that if I fail to file this statement timely and accurately, I may be subject to a penalty of up to \$10,000.
- I UNDERSTAND that all information I provide on this form shall be a matter of public record and may be disclosed by the Office of State ethics upon request, unless exempt from disclosure by General Statutes 1-83(c) or the Freedom of Information Act, Connecticut General Statutes 1-200 *et. seq* if I chose to retain confidentiality on my addendum.
- I UNDERSTAND that if, by reason of impossibility, I am unable to provide the information required by this form, I may petition the Citizen's Ethics Advisory Board for a waiver.
- I UNDERSTAND that I must file with the Office of State Ethics, a report of the payment or reimbursement of "necessary expenses" for lodging and/or out-of-state travel incurred by me, in my capacity as a public official or state employee, for an article, appearance, speech, or for my participation at an event, unless the payment or reimbursement is provided by the State of Connecticut, the federal government or another state government. I FURTHER UNDERSTAND that if, either intentionally or due to gross negligence, I fail to file such a report within thirty (30) days after receiving the payment or reimbursement, I will be required to return the payment or reimbursement and may be subject to a penalty for up to \$10,000.
- I CERTIFY, UNDER PENALTY OF FALSE STATEMENT, that this Annual Statement of Financial Interests, including the Confidential Addendum, is a complete and accurate statement of financial interests, as defined by Connecticut General Statutes 1-83(b)(1), for myself, my spouse, and dependent residing in my household, during the calendar year 2015

I have read and agree to all above certifications.

Name:	Kevin P Lembo
Filed Date and Time:	05/02/2016 10:03 AM