SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	WEN.	/T~COM						
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			(איציי)	2. MUNICIPALITY				
✓ Initial Amendment				(If applicable)				
Nov 2018								
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
					(If applicable)			
State Representative					005			
5. PARTY AFFILIATION								
Republican • Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI	Last Name				Suffix
Brandon			L	McGee	McGee Jr			Jr
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address	Address			
43 Warren St								
City		State	Zip Code	City			State	Zip Code
Hartford		CT	06120			ļ		
9. CANDIDATE TELEPHONE 10. CANDIDA				EMAIL ADDRESS				
Include Area Code)								
860 578 2979 Brandonleemo				gee@gmail.com				

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

(Check one)

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

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

Revised September 2016



EGISTRATION TYPE CANDIDATE NAME						
✓ Initial I Amendment Brandon L McG	Brandon L McGee Jr					
12. COMMITTEE NAME	12. COMMITTEE NAME					
Re-Elect B. McGee						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address			
192 Palm St			brandonleemcgee@gmail.com			
City State Zip 06			Website			
Hartford	CT					
16. TREASURER NAME	16. TREASURER NAME					
First Name		MI	Last Name Suffix			
Ayesha			Clarke			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
192 Palm St						
City	State	Zip Code	City	State	Zip Code	
Hartford	СТ	06112				
19. TREASURER TELEPHONE 20. TREASURER EM			MAIL ADDRESS			
(Include Area Code)						
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
City	State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER			SURER EMAIL ADDRESS			
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
TD Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
203 Trumbull Street, Hartford, CT 06106						

DEPUTY TREASURER SIGNATURE

Revised Sep	Revised September 2016					
REGISTRA	TION TYPE	CANDIDATE NAME				
✓ Initial	Amendment	Brandon L McGee Jr				
28. CERTIF	ICATION					
comn this si or dej Brar	nittee registration tatement includ	ate, under penalties of false statement, that all of the designations set forth in this candidate in statement are true and accurate to the best of my knowledge and belief, and further, that is my certification to the fact that any individual designated herein to serve as my treasurer we indicated to me their acceptance of my appointment of them to those positions. 12/18/2017 DATE (mm/dd/yyyy)				
T						
candi electo requii	date to serve as or in the State of rements as contains.	ate, under penalties of false statement, that I have accepted my appointment by the he candidate's designated treasurer of this candidate committee. I certify that I am an Connecticut. I intend to comply with all the campaign finance registration and disclosure ined in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ons concerning campaign contributions and expenditures.				
I certi	fy that I have p	id any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.				
jurisd under plea c anoth	iction, any (A) Title 9 of the Cor the completion er such felony of					
	ify that I am not nission.	otherwise barred from serving as a treasurer by order of the State Elections Enforcement				
Ayes	ha Clarke	12/13/2017				
TREAS	URER SIGNATURE	DATE (mm/dd/yyyy)				
candicand and acautom that I discloperate discourage and the control of the candidate and the candidat	by certify and s date to serve as ccept that, in the natically becom am an elector in source requirement bitions, limitation	ate, under penalties of false statement, that I have accepted my appointment by the he candidate's designated deputy treasurer of this candidate committee, and I understand event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall responsible for discharging all of the duties required of the vacating treasurer. I certify the State of Connecticut. I intend to comply with all the campaign finance registration and ts as contained in Chapter 155 through 157 of the General Statutes, and to abide by any ns 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.						
jurisd under plea c	iction, any (A) Title 9 of the (t been convicted of or pled guilty or nolo contendere to, in a court of competent elony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense eneral Statues, or that at least eight years have elapsed from the date of the conviction or of any sentence, whichever date is later, without a subsequent conviction of or plea to offense.				
	ify that I am not cement Commi	otherwise barred from serving as a deputy treasurer by order of the State Elections sion.				

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 because (CHECK ONE)					
A. I am one of a slate of candidates whose campaigns are being funded soler, y a toy committee or a political committee formed for a single election or primary and expendit to the temporal be reported by the committee sponsoring my candidacy. The name of this sponsor committee 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 reconsitive for filing financial 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)				