SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Amendment

A OFFICE OF POCKETON CONCUE

Revised September 2016

REGISTRATION TYPE

✓ Initial



1. ELECTION DATE (mm/dd/

Nov 2018

ION			
	A MUNICIPALITY		=
(עעעע	2. MUNICIPALITY		
	(If applicable)		
		4. DISTRICT NUMBER	
		(If applicable)	_
		120	
		·	

5. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER			
State Representative				(If applicable))		
5. PARTY AFFILIATION							
✓ Republican Democratic (Other (Specify)					
6. CANDIDATE NAME							
First Name		MI	Last Name			Suffix	
Jim		Е	Feehan				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
930 Beaver Dam Rd							
City	State	Zip Code	City		State	Zip Code	
Stratford	СТ	06614					
9. CANDIDATE TELEPHONE 10. CANDID			IAIL ADDRESS				
(Include Area Code)							
203 386 8922	jfeehaı	n@nefea.co	om				

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



REGISTRATION TYPE CANDIDATE NA	AME					
✓ Initial I Amendment Jim E Feehan						
12. COMMITTEE NAME						
Feehan for 120						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address			
48 Sunnybank Ave	La.	7: 0.1	William			
City	State	Zip Code 06614	Website			
Stratford	CT					
16. TREASURER NAME		T	In the second		T = ==	
First Name		MI	Last Name		Suffix	
David			Fuller			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different	")		
Street Address			Address			
48 Sunnybank Ave		_		•		
City	State	Zip Code 06614	City	State	Zip Code	
Stratford	CT	00014				
19. TREASURER TELEPHONE 20. TREASURER EM			AAIL ADDRESS			
(Include Area Code)						
203 895 2124 davefuller84@gm			ail.com			
21. DEPUTY TREASURER NAME		La			T a ar	
First Name		MI G	Last Name		Suffix	
Thomas		G	Cotter			
			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
42 Pauline St			Addition			
City	State	Zip Code	City	State	Zip Code	
		06615	City	State	Zip code	
Stratford	СТ					
24. DEPUTY TREASURER TELEPHONE						
Include Area Code) 203 814 7545 tgc@thomascotterlaw.com						
250 011 1010						
26. DEPOSITORY INSTITUTION NAME						
Milford Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address 3651 Main Street, Stratford, CT 06614						
3031 Main Street, Stratiord, C1 00014						

SEEC FORM 1A

Revised September 2016		
REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	Jim E Feehan	
28. CERTIFICATION		
committee registrati this statement include	on statement are true and accurate to des my certification to the fact that ar	ent, that all of the designations set forth in this candidate the best of my knowledge and belief, and further, that my individual designated herein to serve as my treasurer to of my appointment of them to those positions.
Jim E Feehan		05/14/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
I certify that I have purisdiction, any (A) under Title 9 of the plea or the completion another such felony	tained in Chapter 155 through 157 of ctions concerning campaign contribute paid any civil penalties or forfeitures not been convicted of or pled guilty of felony involving fraud, forgery, large General Statues, or that at least eight on of any sentence, whichever date is or offense.	ith all the campaign finance registration and disclosure the General Statutes, and to abide by any prohibitions, ions and expenditures. assessed pursuant to Chapters 155 to 157, inclusive. or nolo contendere to, in a court of competent eny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or a later, without a subsequent conviction of or plea to treasurer by order of the State Elections Enforcement 05/14/2018 DATE (mm/dd/yyyy)
candidate to serve as and accept that, in the automatically become that I am an elector disclosure requirement prohibitions, limitated I certify that I have provided the serve as an acceptance of the serve as a serve	s the candidate's designated deputy to ne event of a vacancy caused by the to ne responsible for discharging all of to in the State of Connecticut. I intend ents as contained in Chapter 155 thro- ions or restrictions concerning campa paid any civil penalties or forfeitures	ent, that I have accepted my appointment by the reasurer of this candidate committee, and I understand reasurer's death, incapacity or resignation, I shall he duties required of the vacating treasurer. I certify to comply with all the campaign finance registration and ugh 157 of the General Statutes, and to abide by any aign contributions and expenditures. assessed pursuant to Chapters 155 to 157, inclusive.

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.

under Title 9 of the General Statues, 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

Thomas G Cotter	05/14/2018

DEPUTY TREASURER SIGNATURE

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)				
poli	A. I am one of a slate of candidates whose campaigns are being funded solely v a tow committee or a political committee formed for a single election or primary and expendit to the decomposition of the property of the committee sponsoring my candidacy. The name of this spaces countries:				
		OR			
con	tributions from cusand dollars (\$2)	ny campaign entirely from my own, ersc. I fun is a d will not request or receive other individuals or committees and I to derst. It if I make expenditures exceeding one 1,000) that I shall be reconstruction for filing financial disclosure statements (SEEC Form 23) me schedule and in the annual area as record of treasurers of candidate committees. OR			
☐ C.	C. I do not intend to receive experiments in excess of one thousand dollars (\$1,000).				
D. I do and to seeive 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)			