

# SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



|   |  |                                      |                                    |  |                           |        |          |
|---|--|--------------------------------------|------------------------------------|--|---------------------------|--------|----------|
| <b>REGISTRATION TYPE</b>  |  | <b>1. ELECTION DATE</b> (mm/dd/yyyy) |                                    | <b>2. MUNICIPALITY</b>                             |                           |        |          |
| ✓ Initial    Amendment  |  | Nov 2018                             |                                    | (If applicable)                                    |                           |        |          |
| <b>3. OFFICE OR POSITION SOUGHT</b>   |  |                                      |                                    |  | <b>4. DISTRICT NUMBER</b> |        |          |
| State Representative  |  |                                      |                                    |  | (If applicable)<br>120    |        |          |
| <b>5. PARTY AFFILIATION</b>   |  |                                      |                                    |  |                           |        |          |
| Republican <input checked="" type="checkbox"/> Democratic    Other (Specify) _____  |  |                                      |                                    |  |                           |        |          |
| <b>6. CANDIDATE NAME</b>  |  |                                      |                                    |  |                           |        |          |
| First Name  |  | MI                                   | Last Name                          |  |                           | Suffix |          |
| Prez  |  |                                      | Palmer                             |  |                           |        |          |
| <b>7. CANDIDATE RESIDENCE ADDRESS</b>   |  |                                      |                                    | <b>8. CANDIDATE MAILING ADDRESS</b> (If different) |                           |        |          |
| Street Address  |  |                                      |                                    | Address  |                           |        |          |
| 44 Curtis Pl  |  |                                      |                                    |  |                           |        |          |
| City  |  | State                                | Zip Code                           | City   |                           | State  | Zip Code |
| Stratford   |  | CT                                   | 06614                              |  |                           |        |          |
| <b>9. CANDIDATE TELEPHONE</b>   |  |                                      | <b>10. CANDIDATE EMAIL ADDRESS</b> |  |                           |        |          |
| (Include Area Code)   |  |                                      |                                    |  |                           |        |          |
| 203    450    9606  |  |                                      | PrezPalmerMBA@gmail.com            |  |                           |        |          |
| <b>11. DESIGNATION OF CAMPAIGN FUNDING SOURCE</b>   |  |                                      |                                    |  |                           |        |          |
| <b>(Check one)</b>  |  |                                      |                                    |  |                           |        |          |
| A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.   |  |                                      |                                    |  |                           |        |          |
| Go to <b>Form 1A</b> and complete <b>pages 2 and 3</b> — 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 <b>Form 1B</b> and complete <b>page 4</b> — Certification of Exemption from Forming a Candidate Committee.  |  |                                      |                                    |  |                           |        |          |
| <b>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.</b> |  |                                      |                                    |  |                           |        |          |
| 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



|   |       |   |  |       |          |
|---|-------|---|--|-------|----------|
| <b>REGISTRATION TYPE</b>  |       | <b>CANDIDATE NAME</b>                     |  |       |          |
| <input type="checkbox"/> Initial <input type="checkbox"/> Amendment |       |   |  |       |          |
| <b>12. COMMITTEE NAME</b>   |       |   |  |       |          |
|   |       |   |  |       |          |
| <b>13. COMMITTEE ADDRESS</b>  |       |   | <b>14. &amp; 15. COMMITTEE EMAIL ADDRESS &amp; WEBSITE</b> |       |          |
| Address   |       |   | Email Address  |       |          |
| City  | State | Zip Code                                  | Website  |       |          |
|   |       |   |  |       |          |
| <b>16. TREASURER NAME</b>   |       |   |  |       |          |
| First Name  |       | MI  | Last Name  |       | Suffix   |
|   |       |   |  |       |          |
| <b>17. TREASURER RESIDENCE ADDRESS</b>                              |       |   | <b>18. TREASURER MAILING ADDRESS (if different)</b>        |       |          |
| Street Address  |       |   | Address  |       |          |
| City  | State | Zip Code                                  | City   | State | Zip Code |
|   |       |   |  |       |          |
| <b>19. TREASURER TELEPHONE</b>                                      |       | <b>20. TREASURER EMAIL ADDRESS</b>        |  |       |          |
| <i>(Include Area Code)</i>  |       |   |  |       |          |
| <b>21. DEPUTY TREASURER NAME</b>                                    |       |   |  |       |          |
| First Name  |       | MI  | Last Name  |       | Suffix   |
|   |       |   |  |       |          |
| <b>22. DEPUTY TREASURER RESIDENCE ADDRESS</b>                       |       |   | <b>23. DEPUTY TREASURER MAILING ADDRESS (if different)</b> |       |          |
| Street Address  |       |   | Address  |       |          |
| City  | State | Zip Code                                  | City   | State | Zip Code |
|   |       |   |  |       |          |
| <b>24. DEPUTY TREASURER TELEPHONE</b>                               |       | <b>25. DEPUTY TREASURER EMAIL ADDRESS</b> |  |       |          |
| <i>(Include Area Code)</i>  |       |   |  |       |          |
| <b>26. DEPOSITORY INSTITUTION NAME</b>                              |       |   |  |       |          |
|   |       |   |  |       |          |
| <b>27. DEPOSITORY INSTITUTION ADDRESS</b>                           |       |   |  |       |          |
| Address   |       |   | City   | State | Zip Code |
|   |       |   |  |       |          |

**NOT APPLICABLE**



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# SEEC FORM 1B

## STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee

Revised September 2016



| REGISTRATION TYPE  | CANDIDATE NAME |
|--|----------------|
| <input checked="" type="checkbox"/> Initial   <input type="checkbox"/> Amendment | Prez Palmer    |

### 12. REASON FOR EXEMPTION 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 solely by a town committee or a political committee formed for a single election or primary and expenditures made on my behalf will be reported by the committee sponsoring my candidacy. The name of this sponsoring committee is:

\_\_\_\_\_

*OR*

**B.** I am funding my campaign entirely from my own personal funds and will not request or receive contributions from other individuals or committees and I understand that if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be responsible for filing financial disclosure statements (SEEC Form 23) according to the same schedule and in the same manner as required of treasurers of candidate committees.

*OR*

**C.** I do not intend to receive or expend funds in excess of one thousand dollars (\$1,000).

*OR*

**D.** I do not intend to receive or expend any funds, including personal funds, for this campaign.

### 13. CERTIFICATION

I hereby certify and state, under penalties of false statement, that this statement of exemption from forming a candidate committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.

Prez Palmer

CANDIDATE SIGNATURE

06/01/2018

DATE (mm/dd/yyyy)