SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
✓ Initial Amendmen	Nov 2018			(lf applicable)			
3. OFFICE OR POSITION	SOUGHT			I	4. DISTRICT NUMBER		
				(If applicable)			
State Representative				120			
5. PARTY AFFILIATION							
Republican $\vec{\bullet}$ Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Prez				Palmer			
7. CANDIDATE RESIDEN	CE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
44 Curtis Pl							
City		State	Zip Code	City		State	Zip Code
Stratford		СТ	06614				
9. CANDIDATE TELEPHO	DNE	10. CAN	NDIDATE EN	1AIL ADDRESS			
(Include Area Code)							
203 450 9606 PrezPalmerMBA@			@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							

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

REGISTRA	ATION TYPE	CANDIDATE NA	AME				
🗖 Initial	☐ Amendment						
12. COMM	TTEE NAME						
13. COMM	TTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS &	WEBSITE	2
Address				Email Address			
City			State	Zip Code	Website		
16. TREASU	JRER NAME						
First Name				MI	Last Name		Suffix
17. TREASU	URER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (gerent)		
Street Address					Address		
City			State	Zip Code	City		Zip Code
19. TREASU	URER TELEPHON	(E	20. TRI	EASURER EN	AAIL ADDRESS		
(Include Area Co	ode)						
	Y TREASURER NA	AME		`			
First Name				MI	Last N		Suffix
	Y TREASURER RI	ESIDENCE ADDR	ESS		3. DF U TREASURER MAILING ADDRI	ESS (If differe	ent)
Street Address				X			
City			Stat	Zip Code	City	State	Zip Code
24. DEPUTY TREASUR EPHONE 25. N. PUTY TREASURER EMAIL ADDRESS							
(Include Area Code)							
26. DEPOSIA VY. VIITUL IN NALZE							
27. DEPOSIL RY IN STUTION ADDRESS							
Address					City	State	Zip Code

SEEC FORM 1A Revised September 2016

REGISTR	ATION TYPE	CANDIDATE NAME
Initial	Amendment	
28. CERTII	FICATION	
com	mittee registratio	state, under penalties of false statement, that all of the designations set forth in this candidate on statement are true and accurate to the best of my knowledge and belief, and further, that es my certification to the fact that any individual designated herein to serve as my treasurer
		ave indicated to me their acceptance of my appointment of them to the sitions.
CANI	DIDATE SIGNATURE	DATE (mm/Thyyyy)
Freasurer		
cand elect requ limit I cer J cer juris unde plea	lidate to serve as tor in the State of irements as cont tations or restrict tify that I have p tify that I have n diction, any (A) er Title 9 of the C	on of any sentence which ever ate is later, without a subsequent conviction of or plea to
I cer	tify that I am not mission.	
TREA	ASURER S ATU	DATE (mm/dd/yyyy)
autor that discl proh	ac of a contract of the math ly become I am an elector in losure requirement ibitions, limitation	, under penalties of false statement, that I have accepted my appointment by the candidate's designated deputy treasurer of this candidate committee, and I understand e event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall e responsible for discharging all of the duties required of the vacating treasurer. I certify in the State of Connecticut. I intend to comply with all the campaign finance registration and ints as contained in Chapter 155 through 157 of the General Statutes, and to abide by any cons or restrictions concerning campaign contributions and expenditures.
I cer juris	tify that I have n diction, any (A)	ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or

jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense 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 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.

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SEEC FORM 1B STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



REGISTRAT	REGISTRATION TYPE CANDIDATE NAME					
✓ Initial	Initial Amendment Prez Palmer					
12. REASON	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE					
I h	I hereby certify that I am exempt from forming a candidate committee because: (CHECK ONE)					
politic	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				
contri thousa	 ✔ 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 d	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.						
Pre	z Palmer		06/01/2018			
CANDID	ATE SIGNATURE		DATE (mm/dd/yyyy)			