

# SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

## Exploratory Committee Registration

Revised September 2016



Page 1 of 4

<b>REGISTRATION TYPE</b>		<b>1. COMMITTEE NAME</b>		
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Michael Rea for Westport		
<b>2. SUBTYPE OF EXPLORATORY COMMITTEE</b> <i>(Office(s) being considered—Check one box)</i>				
<input type="checkbox"/> <b>A. Offices Include Statewide Office &amp; General Assembly</b> Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> <b>B. Offices Include Statewide Offices Only</b> Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> <b>C. Offices Include General Assembly Only</b> Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input checked="" type="checkbox"/> <b>D. Municipal &amp; Other Offices excluding those in Box A, B and C.</b> <u>Westport</u> <i>(Name of municipality—if applicable)</i>				
<b>3. PARTY AFFILIATION</b>			<b>4. ELECTION DATE</b> <i>(mm/dd/yyyy)</i>	
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democrat <input type="checkbox"/> Other <i>(Specify)</i>			Nov 2017	
<b>5. COMMITTEE ADDRESS</b>		<b>6. COMMITTEE EMAIL &amp; WEBSITE</b>		
Address 2 Tupelo Rd		Email Address		
City Westport	State CT	Zip Code 06880	Website	
<b>7. CANDIDATE NAME</b>				
First Name Michael		MI A	Last Name Rea	
<b>8. CANDIDATE RESIDENCE ADDRESS</b>		<b>9. CANDIDATE MAILING ADDRESS</b> <i>(If different)</i>		
Street Address 2 Tupelo Rd		Address		
City Westport		State CT	Zip Code 06880	City
<b>10. CANDIDATE TELEPHONE</b> <i>(Include Area Code)</i>		<b>11. CANDIDATE EMAIL ADDRESS</b>		
203    227    3732		reabof@aol.com		

# SEEC FORM 4

Revised September 2016

Page 2 of 4

REGISTRATION TYPE	COMMITTEE NAME				
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Michael Rea for Westport				
12. TREASURER NAME					
First Name Dee		MI	Last Name Chapman		Suffix
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS (If different)		
Street Address 211 Sturges Hwy			Address		
City Westport	State CT	Zip Code 06880	City	State	Zip Code
15. TREASURER TELEPHONE	16. TREASURER EMAIL ADDRESS				
(Include Area Code) 203 222 4955		lovewestport@gmail.com			
17. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
20. DEPUTY TREASURER TELEPHONE	21. DEPUTY TREASURER EMAIL ADDRESS				
(Include Area Code)					
22. DEPOSITORY INSTITUTION NAME					
Peoples United Bank					
23. DEPOSITORY INSTITUTION ADDRESS					
Address 371 Post Road East, Westport, CT 06880					

# SEEC FORM 4

Revised September 2016

Page 3 of 4

REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Michael Rea for Westport
<b>24. CERTIFICATION</b>	
Candidate	
I hereby certify and state, under penalties of false statement, that all of the designations set forth in this exploratory committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of such position.	
Michael A Rea _____ CANDIDATE SIGNATURE	03/15/2017 _____ DATE (mm/dd/yyyy)
Treasurer	
I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated Treasurer of this exploratory committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations 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.	
I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, 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 treasurer by order of the State Elections Enforcement Commission.	
Dee Chapman _____ TREASURER SIGNATURE	03/15/2017 _____ DATE (mm/dd/yyyy)

# SEEC FORM 4

Revised September 2016

Page 4 of 4

REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Michael Rea for Westport

## 24. CERTIFICATION *continued*

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated Deputy Treasurer of this exploratory committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible to discharge all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations 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.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, 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.

---

DEPUTY TREASURER SIGNATURE

---

DATE (mm/dd/yyyy)

***Notice: 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.***