

# SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



Received by SEEC

02/02/2024 12:21 PM

|   |       |                                      |  |                           |          |
|---|-------|--------------------------------------|--|---------------------------|----------|
| <b>REGISTRATION TYPE</b>  |       | <b>1. ELECTION DATE</b> (mm/dd/yyyy) |  | <b>2. MUNICIPALITY</b>    |          |
| ✓ Initial   Amendment   |       | Nov 5, 2024                          |  | (If applicable)           |          |
| <b>3. OFFICE OR POSITION SOUGHT</b>   |       |                                      |  | <b>4. DISTRICT NUMBER</b> |          |
| State Representative  |       |                                      |  | (If applicable)<br>126    |          |
| <b>5. PARTY AFFILIATION</b>   |       |                                      |  |                           |          |
| Republican    ✓ Democratic    Other (Specify) _____   |       |                                      |  |                           |          |
| <b>6. CANDIDATE NAME</b>  |       |                                      |  |                           |          |
| First Name  |       | MI                                   | Last Name  |                           | Suffix   |
| Fred  |       | D                                    | Gee  |                           | Jr       |
| <b>7. CANDIDATE RESIDENCE ADDRESS</b>   |       |                                      | <b>8. CANDIDATE MAILING ADDRESS</b> (If different) |                           |          |
| Street Address  |       |                                      | Address  |                           |          |
| 185 Hillcrest Rd  |       |                                      |  |                           |          |
| City  | State | Zip Code                             | City   | State                     | Zip Code |
| Bridgeport  | CT    | 06606                                |  |                           |          |
| <b>9. CANDIDATE TELEPHONE</b>   |       |                                      | <b>10. CANDIDATE EMAIL ADDRESS</b>                 |                           |          |
| (Include Area Code)   |       |                                      |  |                           |          |
| 203      400      2825  |       |                                      | fdgee@me.com                                       |                           |          |
| <b>11. DESIGNATION OF CAMPAIGN FUNDING SOURCE</b>   |       |                                      |  |                           |          |
| <b>(Check one)</b>  |       |                                      |  |                           |          |
| ✓   <b>A.</b> I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.  |       |                                      |  |                           |          |
| <i>Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.</i>   |       |                                      |  |                           |          |
| <b>B.</b> I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.   |       |                                      |  |                           |          |
| <i>Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.</i>   |       |                                      |  |                           |          |
| <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> |       |                                      |  |                           |          |
| <i>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.</i>   |       |                                      |  |                           |          |

# SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

## Candidate Committee Registration Statement

Revised September 2016



| REGISTRATION TYPE                            |                                    | CANDIDATE NAME                     |   |         |                   |
|--|------------------------------------|------------------------------------|---|---------|-------------------|
| <input checked="" type="checkbox"/> Initial  | <input type="checkbox"/> Amendment | Fred D Gee Jr                      |   |         |                   |
| 12. COMMITTEE NAME                           |                                    |                                    |   |         |                   |
| Re-Elect State Rep Fred Gee                  |                                    |                                    |   |         |                   |
| 13. COMMITTEE ADDRESS                        |                                    |                                    | 14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE         |         |                   |
| Address<br>185 Hillcrest Rd                  |                                    |                                    | Email Address<br>fdgee@me.com                       |         |                   |
| City<br>Bridgeport                           |                                    | State<br>CT                        | Zip Code<br>06606                                   | Website |                   |
| 16. TREASURER NAME                           |                                    |                                    |   |         |                   |
| First Name<br>Constance                      |                                    | MI<br>E                            | Last Name<br>Vickers                                |         | Suffix            |
| 17. TREASURER RESIDENCE ADDRESS              |                                    |                                    | 18. TREASURER MAILING ADDRESS (If different)        |         |                   |
| Street Address<br>881 Lafayette Blvd Unit 1B |                                    |                                    | Address   |         |                   |
| City<br>Bridgeport                           |                                    | State<br>CT                        | Zip Code<br>06604                                   | City    | State<br>Zip Code |
| 19. TREASURER TELEPHONE                      |                                    | 20. TREASURER EMAIL ADDRESS        |   |         |                   |
| (Include Area Code)<br>203 414 6180          |                                    | ce.vickers90@gmail.com             |   |         |                   |
| 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<br>Zip Code |
| 24. DEPUTY TREASURER TELEPHONE               |                                    | 25. DEPUTY TREASURER EMAIL ADDRESS |   |         |                   |
| (Include Area Code)                          |                                    |                                    |   |         |                   |
| 26. DEPOSITORY INSTITUTION NAME              |                                    |                                    |   |         |                   |
| M&T Bank                                     |                                    |                                    |   |         |                   |
| 27. DEPOSITORY INSTITUTION ADDRESS           |                                    |                                    |   |         |                   |
| Address<br>850 Main St Bridgeport, CT 06604  |                                    |                                    |   |         |                   |



**THIS PAGE INTENTIONALLY LEFT BLANK**

# SEEC FORM 1B

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

Revised September 2016



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

### 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.

\_\_\_\_\_  
CANDIDATE SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)