SEEC FORM 1

REGISTRATION BY CANDIDATE

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 3/07

Do Not Mark in This Space For Official Use Only

REGISTRATION TYPE

☑ INITIAL

☐ AMENDED

1. ELECTION DATE (mm/dd/yyyy)	2. OFFICE OR POSITION SOUGHT	3. DISTRICT NUMBER *(if applicable)*
Nov 2010	State Representative	146

4. CANDIDATE NAME

Prefix	First	MI	Last	Suffix
	Gerald	M.	Fox	III

5. CANDIDATE RESIDENCE ADDRESS			6. CANDIDATE MAILING ADDRESS *(if different)*		
Street Address: 66 Fairview Ave			Address:		
City: Stamford	State: CT	Zip Code: 06902	City:	State:	Zip Code:

7. CANDIDATE TELEPHONE *(Include Area Code)*	8. CANDIDATE E-MAIL ADDRESS
(203) 921 — 1266	geraldfox3@optonline.net

9. PARTY AFFILIATION

☐ Republican ☑ Democratic ☐ Other_____

10. DESIGNATION OF CAMPAIGN FUNDING SOURCE *(check one)*

☑ **10a.** I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.
(Go to Form 1A and complete Candidate Registration Statement)

☐ **10b.** 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 Certification of Exemption)

Important Notice: Failure of a candidate to complete this page *together with* either Form 1A, "Registration of Candidate Committee", *or* Form 1B "Certification of 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.

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.

SEEC FORM 1A

REGISTRATION BY CANDIDATE

CANDIDATE COMMITTEE REGISTRATION STATEMENT

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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REGISTRATION TYPE

☑ INITIAL

☐ AMENDED

CANDIDATE NAME

Gerald M. Fox

11. NAME OF COMMITTEE

Fox 2010

12. COMMITTEE ADDRESS

Address	City	State	Zip Code
66 Fairview Ave	Stamford	CT	06902

13. COMMITTEE E-MAIL ADDRESS	14. COMMITTEE WEB SITE ADDRESS

15. TREASURER NAME

Prefix	First	MI	Last	Suffix
	Moira	K.	Lyons	

16. TREASURER RESIDENCE ADDRESS

Street Address	City	State	Zip Code
37 Ocean Dr W	Stamford	CT	06902

17. TREASURER MAILING ADDRESS *(if different)*

Address	City	State	Zip Code

18. TREASURER TELEPHONE *(Include Area Code)*	19. TREASURER E-MAIL ADDRESS
(203) 323 — 0137	mklyons@aol.com

20. DEPUTY TREASURER NAME

Prefix	First	MI	Last	Suffix
	Theresa		Iorfino	

21. DEPUTY TREASURER RESIDENCE ADDRESS

Street Address	City	State	Zip Code
8 Richmond Dr	Darien	CT	06820

22. DEPUTY TREASURER MAILING ADDRESS *(if different)*

Address	City	State	Zip Code
9 Richmond Dr	Darien	CT	06820

23. DEPUTY TREASURER TELEPHONE	24. DEPUTY TREASURER E-MAIL ADDRESS
(203) 979 — 9716	

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SEEC FORM 1A

REGISTRATION BY CANDIDATE
CANDIDATE COMMITTEE REGISTRATION STATEMENT
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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REGISTRATION TYPE
☑ INITIAL
☐ AMENDED

COMMITTEE NAME

Fox 2010

25. DEPOSITORY INSTITUTION NAME

First County Bank

26. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
117 Prospect Street, Stamford, CT 06901			

27. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate 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 my appointment of them to those positions.

Gerald M. Fox — CANDIDATE (SIGNATURE)
05/26/2010 — DATE (mm/dd/yyyy)

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 candidate committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Moira K. Lyons — TREASURER (SIGNATURE)
05/26/2010 — DATE (mm/dd/yyyy)

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 candidate 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 for discharging all of the duties required of the vacating treasurer. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Theresa Iorfino — DEPUTY TREASURER (SIGNATURE)
05/26/2010 — DATE (mm/dd/yyyy)

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SEEC FORM 1B

REGISTRATION BY CANDIDATE

CERTIFICATION OF EXEMPTION FROM FORMING A CANDIDATE COMMITTE

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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REGISTRATION TYPE

☐ INITIAL

☐ AMENDED

CANDIDATE NAME

11. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE ***(check one)***

I hereby certify that I am exempt from forming a candidate committee because:

☐ **11a.** 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

☐ **11b.** I am funding my campaign entirely from my own personal funds and will not request or accept contributions from other individuals or committees and I understand that if I make expenditures exceeding $1,000 that I shall be responsible for filing financial disclosure statements according to the same schedule and in the same manner as required of treasurers of candidate committees.

OR

☐ **11c.** I do not intend to receive or expend funds in excess of $1,000.

OR

☐ **11d.** I do not intend to receive or expend any funds, including personal funds, for this campaign.

12. 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)**

Not Applicable

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