

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised January 2016



TOWN & CITY CLERK
HARTFORD
2019 JUN 19 PM 3:32
John G. [Signature]

REGISTRATION TYPE <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	1. ELECTION DATE (mm/dd/yyyy) 11-5-19	2. OFFICE OR POSITION SOUGHT City Council	3. DISTRICT NUMBER <i>(If applicable)</i> N/A
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4. PARTY AFFILIATION
 Republican Democratic Other (Specify) _____

5. CANDIDATE NAME

First Name Shirley	MI	Last Name SURGEON	Suffix MS.
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6. CANDIDATE RESIDENCE ADDRESS			7. CANDIDATE MAILING ADDRESS (If different)		
Street Address 160 Adams st			Address Hartford 160 Adams Street		
City Hartford	State CT	Zip Code 06112	City Hartford	State CT	Zip Code 06112

8. CANDIDATE TELEPHONE <i>(Include Area Code)</i> (860) 306-1158	9. CANDIDATE EMAIL ADDRESS SURGEON4Council@gmail.com
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10. 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 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.

REGISTRATION TYPE	CANDIDATE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Shirley Surgeon

27. CERTIFICATION

Candidate

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.



CANDIDATE SIGNATURE

6/19/19

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 candidate 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.



TREASURER SIGNATURE

6/19/19

DATE (mm/dd/yyyy)

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 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 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

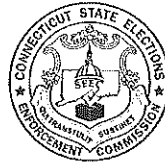
06/19/2019

DATE (mm/dd/yyyy)

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION Candidate Committee Registration Statement

Revised January 2016



REGISTRATION TYPE		CANDIDATE NAME			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Surgeon 4 Council Shirley Surgeon			
11. COMMITTEE NAME					
Surgeon 4 Council					
12. COMMITTEE ADDRESS			13. & 14. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address 160 Adams Street			Email Address Surgeon4Council@gmail.com		
City Hartford		State CT	Zip Code 06112	Website	
15. TREASURER NAME					
First Name Jeffrey A. Stewart		MI A	Last Name Stewart		Suffix MR.
16. TREASURER RESIDENCE ADDRESS			17. TREASURER MAILING ADDRESS (if different)		
Street Address 30 Belden Street			Address 30 Belden Street		
City Hartford		State CT	Zip Code 06120	City Hartford	State CT
Zip Code 06120					
18. TREASURER TELEPHONE			19. TREASURER EMAIL ADDRESS		
(Include Area Code) (860) 729-5592			JStew59@aol.com		
20. DEPUTY TREASURER NAME					
First Name Paul		MI -	Last Name Basch		Suffix MR.
21. DEPUTY TREASURER RESIDENCE ADDRESS			22. DEPUTY TREASURER MAILING ADDRESS (if different)		
Street Address 31 Woodland St. (2F)			Address 31 Woodland St. (2F)		
City Hartford		State CT	Zip Code 06105	City Hartford	State CT
Zip Code 06105					
23. DEPUTY TREASURER TELEPHONE			24. DEPUTY TREASURER EMAIL ADDRESS		
(Include Area Code) (860) 560-1209			_____		
25. DEPOSITORY INSTITUTION NAME					
BANK of America					
26. DEPOSITORY INSTITUTION ADDRESS					
Address 919 Albany Ave			City Hartford		State CT
Zip Code 06112					