

# SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised January 2021



TOWN & CITY CLERK  
HARTFORD  
2023 APR 19 AM 10:49  
*Shirley M. [Signature]*

<b>REGISTRATION TYPE</b>		<b>1. ELECTION DATE</b> (mm/dd/yyyy)		<b>2. MUNICIPALITY</b>			
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment		November 7, 2023		(If applicable) Hartford			
<b>3. OFFICE OR POSITION SOUGHT</b>						<b>4. DISTRICT NUMBER</b>	
Hartford Court of Common Council						(If applicable)	
<b>5. PARTY AFFILIATION</b>							
<input type="radio"/> Republican <input checked="" type="radio"/> Democratic <input type="radio"/> Other (Specify) _____							
<b>6. CANDIDATE NAME</b>							
First Name			MI	Last Name			Suffix
Shirley				Surgeon			
<b>7. CANDIDATE RESIDENCE ADDRESS</b>				<b>8. CANDIDATE MAILING ADDRESS</b> (If different)			
Street Address				Address			
160 Adam Street				160 Adam Street			
City		State	Zip Code	City		State	Zip Code
Hartford		CT	06112	Hartford		CT	06112
<b>9. CANDIDATE TELEPHONE</b>			<b>10. CANDIDATE EMAIL ADDRESS</b>				
(Include Area Code) 860-306-1158			Surgeon4Council@gmail.com				
<b>11. DESIGNATION OF CAMPAIGN FUNDING SOURCE</b>							
(Check one)							
<input checked="" type="checkbox"/> <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>							
<input type="checkbox"/> <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 January 2021



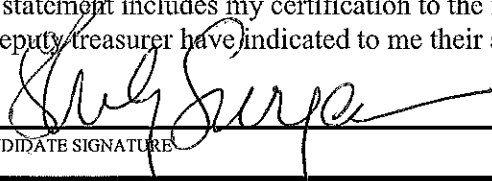
<b>REGISTRATION TYPE</b>		<b>CANDIDATE NAME</b>			
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment		Shirley Surgeon			
<b>12. COMMITTEE NAME</b>					
Surgeon for City Council					
<b>13. COMMITTEE ADDRESS</b>			<b>14. &amp; 15. COMMITTEE EMAIL ADDRESS &amp; WEBSITE</b>		
Address 38 Ashley Street			Email Address surgeon4council@gmail.com		
City Hartford	State CT	Zip Code 06105	Website		
<b>16. TREASURER NAME</b>					
First Name Devonshire "Tony"		MI	Last Name Mein		Suffix
<b>17. TREASURER RESIDENCE ADDRESS</b>			<b>18. TREASURER MAILING ADDRESS (if different)</b>		
Street Address 38 Ashley Street			Address 38 Ashley Street		
City Hartford	State CT	Zip Code 06105	City Hartford	State CT	Zip Code 06105
<b>19. TREASURER TELEPHONE</b>		<b>20. TREASURER EMAIL ADDRESS</b>			
(Include Area Code) 860-778-9983		dmein@comcast.net			
<b>21. DEPUTY TREASURER NAME</b>					
First Name Octavia		MI	Last Name Rodney		Suffix
<b>22. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>23. DEPUTY TREASURER MAILING ADDRESS (if different)</b>		
Street Address 208 Cornwall Street			Address 208 Cornwall Street		
City Hartford	State CT	Zip Code 06110	City Hartford	State CT	Zip Code 06112
<b>24. DEPUTY TREASURER TELEPHONE</b>		<b>25. DEPUTY TREASURER EMAIL ADDRESS</b>			
(Include Area Code) 718-737-4422		geooctavia@yahoo.com			
<b>26. DEPOSITORY INSTITUTION NAME</b>					
CENCAP Federal Credit Union					
<b>27. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 2775 Main Street			City Hartford	State CT	Zip Code 06120

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

**28. 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

April 17, 2023  
\_\_\_\_\_  
DATE (mm/dd/yyyy)

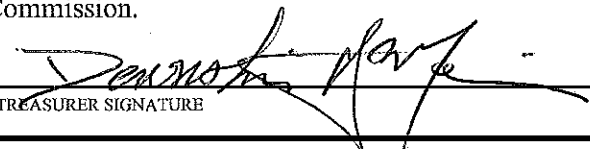
Treasurer

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

April 17, 2023  
\_\_\_\_\_  
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

April 17, 2023  
\_\_\_\_\_  
DATE (mm/dd/yyyy)