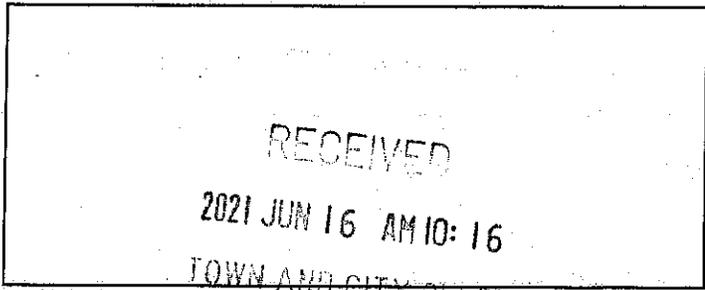
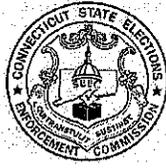


# SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised January 2021



|   |   |  |
|---|---|--|
| REGISTRATION TYPE<br><input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment | 1. ELECTION DATE (month/day/year)<br>11/02/2021 | 2. MUNICIPALITY (If applicable)<br>Bristol |
|---|---|--|

|  |   |
|--|---|
| 3. OFFICE OR POSITION SOUGHT<br>City Council | 4. DISTRICT NUMBER (If applicable)<br>2 |
|--|---|

|   |
|---|
| 5. PARTY AFFILIATION<br><input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other (Specify) _____ |
|---|

|                          |         |                    |        |
|--------------------------|---------|--------------------|--------|
| 6. CANDIDATE NAME        |         |                    |        |
| First Name<br>Jacqueline | MI<br>A | Last Name<br>Olsen | Suffix |

|                                  |             |   |          |
|----------------------------------|-------------|---|----------|
| 7. CANDIDATE RESIDENCE ADDRESS   |             | 8. CANDIDATE MAILING ADDRESS (If different) |          |
| Street Address<br>370 Willis St. |             | Address                                     |          |
| City<br>Bristol                  | State<br>CT | Zip Code<br>06010                           | City     |
|                                  |             |   | State    |
|                                  |             |   | Zip Code |

|  |  |
|--|--|
| 9. CANDIDATE TELEPHONE (Include Area Code)<br>(352) 551-8745 | 10. CANDIDATE EMAIL ADDRESS<br>jacqueolsen49@gmail.com |
|--|--|

|   |
|---|
| 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE<br>(Check one)<br><input checked="" type="checkbox"/> A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.<br><i>Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.</i><br><input type="checkbox"/> B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.<br><i>Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.</i> |
|---|

**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.*

# SEEC FORM 1A

## STATE ELECTIONS ENFORCEMENT COMMISSION

### Candidate Committee Registration Statement

Revised January 2021



**REGISTRATION TYPE**      **CANDIDATE NAME**

Initial     Amendment

Jacqueline A. Olsen

**12. COMMITTEE NAME**

~~Jacky O'Brien~~ ~~Jacky O'Brien~~ ~~City Council~~  
 Jacky O'Brien City Council

**13. COMMITTEE ADDRESS**      **14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE**

Address: c/o Zachary Ramalho  
 70 Eugene Ave  
 City: Bristol    State: CT    Zip Code: 06010

Email Address:    Website:

**16. TREASURER NAME**

First Name: Zachary    MI:    Last Name: Ramalho    Suffix:

**17. TREASURER RESIDENCE ADDRESS**      **18. TREASURER MAILING ADDRESS (if different)**

Street Address: 70 Eugene Ave  
 City: Bristol    State: CT    Zip Code: 06010

Address:    City:    State:    Zip Code:

**19. TREASURER TELEPHONE**      **20. TREASURER EMAIL ADDRESS**

(Include Area Code)  
 (860) 863-8388

zachramalho@ymail.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:    City:    State:    Zip Code:

Address:    City:    State:    Zip Code:

**24. DEPUTY TREASURER TELEPHONE**      **25. DEPUTY TREASURER EMAIL ADDRESS**

(Include Area Code)

**26. DEPOSITORY INSTITUTION NAME**

TORRINGTON SAVINGS Bank

**27. DEPOSITORY INSTITUTION ADDRESS**

Address: 888 Farmington Ave.

City: Bristol    State: CT    Zip Code: 06010

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# SEEC FORM 1B

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

Revised January 2021



| 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)