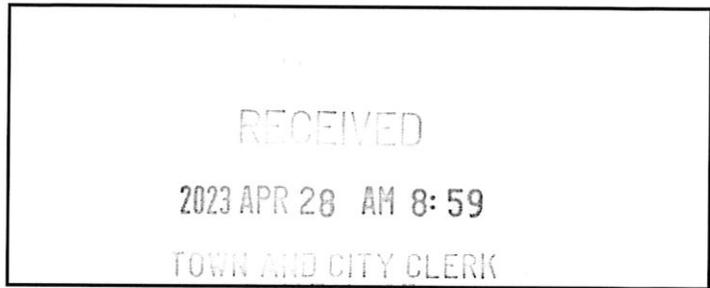


SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised January 2021



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)	2. MUNICIPALITY
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	11/07/2023	(If applicable) BRISTOL

3. OFFICE OR POSITION SOUGHT	4. DISTRICT NUMBER
CITY COUNCIL	(If applicable) 1

5. PARTY AFFILIATION

Republican Democratic Other (Specify) _____

6. CANDIDATE NAME

First Name	MI	Last Name	Suffix
KIMBERLY	A	CARON	

7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)		
Street Address			Address		
69 MASSACHUSETTS DRIVE					
City	State	Zip Code	City	State	Zip Code
BRISTOL	CT	06010			

9. CANDIDATE TELEPHONE	10. CANDIDATE EMAIL ADDRESS
(Include Area Code)	
860-798-3143	KIMBERLY.CARON@ICLOUD.COM

11. 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="radio"/> Initial <input type="radio"/> Amendment	KIMBERLY A. CARON

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

4/27/2023
DATE (mm/dd/yyyy)

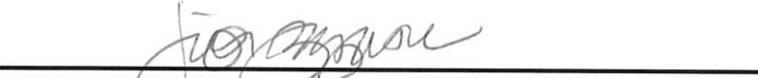
Treasurer

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

4/27/2023
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

4/27/2023
DATE (mm/dd/yyyy)

SEEC FORM 1 INSTRUCTIONS

Registration Type: Check the type of filing that the current document refers to, either *Initial* or *Amendment*. Check **Initial** registration statement if this is the first registration statement of the candidate for the election indicated on Line 1. Check **Amendment** if changes are being made by the candidate to information on a previously filed registration statement.

1. **Election Date:** Provide the date of the primary or election for which the candidate is registering. If you may be in *both* a primary and election, enter the date of the election.
2. **Municipality:** Provide the name of the city or town in which the candidate is running for elective office — *only applicable to municipal candidates*.
3. **Office or Position Sought:** Provide the name of the public office sought by the candidate (*e.g. Governor*) or, in the instance of a town committee primary, the position sought (*e.g. Town Committee member*).
4. **District Number:** Provide the district number, if applicable, for the office being sought by the candidate.
5. **Party Affiliation:** Check the appropriate box to indicate the candidate's political party affiliation. If the candidate checks "Other," indicate the name of the other party affiliation (Name of a Minor Party, Petitioning or None).
6. **Candidate Name:** Provide the full name of the candidate.
7. **Candidate Residence Address:** Provide the residential street address of the candidate. The candidate may enter an alternate address in lieu of a residential address *only* if they are in the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or have protected address status under General Statutes §1-217. *Business Addresses or Post Office Boxes are not acceptable for residential street address.*
8. **Candidate Mailing Address:** Provide the mailing address of the candidate if different from the Residence Address on Line 7.
9. **Candidate Telephone:** Provide the phone number of the candidate, including area code.
10. **Candidate Email Address:** Provide the email address of the candidate. *Completion of this information is encouraged in order to disseminate important communications in the most efficient and timely manner.*
11. **Designation of Funding Source:** Check the appropriate box. Each candidate must either designate a single candidate committee to fund their campaign **OR** claim an exemption from forming a candidate committee.
 - A. Candidate checks box A if they are designating a candidate committee.
Complete SEEC Form 1A "Candidate Committee Registration Statement."
 - B. Candidate checks box B if they are declaring an exemption from forming a candidate committee.
Complete SEEC Form 1B "Certificate of Exemption from Forming a Candidate Committee."

ALL candidates MUST complete a SEEC Form 1 accompanied by
either a SEEC Form 1A *or* 1B.

Registration Statements will be returned for incomplete information.

SEEC FORM 1A INSTRUCTIONS

Registration Type: Check the type of filing that the current document refers to, either *Initial* or *Amendment*. Check **Initial** if this is the first candidate committee registration statement for the election indicated on Line 1 of the SEEC Form 1. Check **Amendment** if changes are being made by the candidate to information on a previously filed candidate committee registration statement.

Candidate Name: Provide the candidate's name for reference purposes in order that the filing repository can reconnect these pages with the SEEC Form 1 should the two become separated.

CERTIFICATION

28. **Certification:** The certifications, which are made under penalties of false statement, **must** be signed and dated by the candidate, campaign treasurer and deputy treasurer, if the candidate has designated an individual to serve as deputy treasurer. Registration statements will be returned unless signed by all parties.