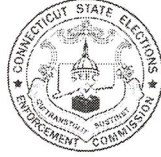


SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION Registration by Candidate

Revised January 2025



Page 1 of 4

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TOWN AND CITY CLERK
BRISTOL, CT

REGISTRATION TYPE		1. ELECTION DATE (mm/dd/yyyy)		2. MUNICIPALITY	
☒ Initial ☐ Amendment		11/04/2025		(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
Jennifer		A	St. John		
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)		
Street Address			Address		
345 W. Washington St					
City	State	Zip Code	City	State	Zip Code
Bristol	CT	06010			
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS			
(Include Area Code)					
860-212-3968		Jenniferstjohn01@yahoo.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.					

SEEC FORM 1A
STATE ELECTIONS ENFORCEMENT COMMISSION
Candidate Committee Registration Statement
 Revised January 2025



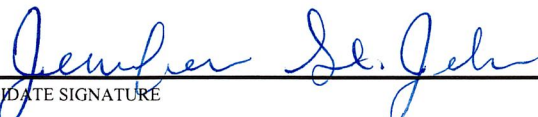
REGISTRATION TYPE		CANDIDATE NAME			
☒ Initial ☐ Amendment		Jennifer St. John			
12. COMMITTEE NAME					
St. John for Bristol Families					
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address			Email Address		
345 W. Washington St			Jenniferstjohn01@gmail.com		
City	State	Zip Code	Website		
Bristol	CT	06010	N/A		
16. TREASURER NAME					
First Name		MI	Last Name		Suffix
Stephanie			Daniele		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
141 Frederick St Apt 1					
City	State	Zip Code	City	State	Zip Code
Bristol	CT	06010			
19. TREASURER TELEPHONE		20. TREASURER EMAIL ADDRESS			
(Include Area Code)					
203-895-6381		S.danielepaczkoski@gmail.com			
21. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
Justin		A	St. John		
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
345 W. Washington St					
City	State	Zip Code	City	State	Zip Code
Bristol	CT	06010			
24. DEPUTY TREASURER TELEPHONE		25. DEPUTY TREASURER EMAIL ADDRESS			
(Include Area Code)					
860-940-8578		JAS+John0927@yahoo.com			
26. DEPOSITORY INSTITUTION NAME					
Thomaston Savings Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address			City	State	Zip Code
120 Farmington Ave			Bristol	CT	06010

REGISTRATION TYPE	CANDIDATE NAME
☒ Initial ☐ Amendment	Jennifer St. John

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

05/01/2025
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

5/1/2025
DATE (mm/dd/yyyy)

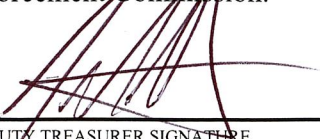
Deputy Treasurer

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

5/1/25
DATE (mm/dd/yyyy)