

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised January 2025



RECEIVED
2025 MAY 12 AM 9:00
TOWN AND CITY CLERK
BRISTOL, CT

REGISTRATION TYPE <input checked="" type="radio"/> Initial <input type="radio"/> Amendment		1. ELECTION DATE (mm/dd/yyyy) 11/04/2025		2. MUNICIPALITY (If applicable) Bristol	
3. OFFICE OR POSITION SOUGHT City Council				4. DISTRICT NUMBER (If applicable) 3	
5. PARTY AFFILIATION <input checked="" type="radio"/> Republican <input type="radio"/> Democratic <input type="radio"/> Other (Specify) _____					
6. CANDIDATE NAME					
First Name Cheryl		MI L	Last Name Thibeault		Suffix
7. CANDIDATE RESIDENCE ADDRESS Street Address 73 Yarde Drive			8. CANDIDATE MAILING ADDRESS (If different) Address		
City Bristol		State CT	Zip Code 06010	City	State CT
Zip Code 06010					
9. CANDIDATE TELEPHONE (Include Area Code) 860-877-6819		10. CANDIDATE EMAIL ADDRESS cheryl4council@gmail.com			
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE (Check one)					
<input checked="" type="checkbox"/> 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.					
<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. 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

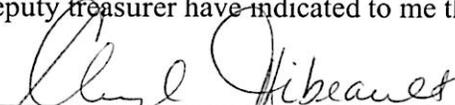
REGISTRATION TYPE		CANDIDATE NAME			
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment		Cheryl Thibeault			
12. COMMITTEE NAME					
Re-Elect Cheryl					
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address 73 Yarde Drive			Email Address cheryl4council@gmail.com		
City Bristol	State CT	Zip Code 06010	Website		
16. TREASURER NAME					
First Name Maryellen		MI	Last Name Cherwinski		Suffix
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address 148 Dino Rd			Address		
City Bristol	State CT	Zip Code 06010	City	State CT	Zip Code 06010
19. TREASURER TELEPHONE		20. TREASURER EMAIL ADDRESS			
(Include Area Code) 860-712-8139		mcherwinski@sbcglobal.net			
21. DEPUTY TREASURER NAME					
First Name Kelley		MI	Last Name Thibeault		Suffix
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 475 Brewster Rd			Address		
City Bristol	State CT	Zip Code 06010	City	State CT	Zip Code 06010
24. DEPUTY TREASURER TELEPHONE		25. DEPUTY TREASURER EMAIL ADDRESS			
(Include Area Code) 203-460-2996		kelleybuccieri@gmail.com			
26. DEPOSITORY INSTITUTION NAME					
Thomaston Savings Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address 120 Farmington Av			City Bristol	State CT	Zip Code 06010

REGISTRATION TYPE	CANDIDATE NAME
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	Cheryl Thibeault

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

5-8-2025
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

5/10/25
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

5/09/2025
DATE (mm/dd/yyyy)

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