SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



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REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY			
✓ Initial Amendment	Nov 2016			(If applicable)			
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER			
State Senator					(If applicable	?)	
5. PARTY AFFILIATION							
✓ Republican Democratic Other (Specify)				ifs)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Barbara				Ruhe			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
79 Main St				915 Silas Deane Hwy			
City		State	Zip Code	City		State	Zip Code
Wethersfield		СТ	06109	Wethersfield		СТ	06109
9. CANDIDATE TELEPHONE 10. CANDI			DIDATE EN	IAIL ADDRESS			
(Include Area Code)							
860 997	5619	bjruhe@snet.net					

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 September 2016



REGISTRATION TYPE CANDIDATE NAME						
✓ Initial I Amendment Barbara J Ruhe						
12. COMMITTEE NAME						
Ruhe 2016						
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address	Email Address					
915 Silas Deane Hwy			bjruhe@snet.net			
City	State	Zip Code 06109	Website			
Wethersfield CT						
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
elena			Bolorin Colon			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
117 Downey Dr			915 Silas Deane Hwy			
City	State	Zip Code	City	State	Zip Code	
Manchester	СТ	06040	Wethersfield	СТ	06109	
19. TREASURER TELEPHONE 20. TREASURER EN			MAIL ADDRESS			
(Include Area Code)						
860 513 5650 elenabolorin@yaho			noo.com			
21. DEPUTY TREASURER NAME		l v a	Tr. ov		I a or	
First Name		MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
City	Stata	Zin Codo	City	State	Zip Code	
City	State	Zip Code	City	State	Zip Code	
		SURER EMAIL ADDRESS				
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
Webster Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
1160 Silas Deane Highway, Wethersfield, CT 06109						

SEEC FORM 1A Revised September 2016

REGISTRATION TYPE	CANDIDATE NAME	
/ Initial Amendment	Barbara J Ruhe	
8. CERTIFICATION		
committee registration this statement include	on statement are true and accurate to es my certification to the fact that an	ent, that all of the designations set forth in this candidate the best of my knowledge and belief, and further, that my individual designated herein to serve as my treasurer to of my appointment of them to those positions.
Barbara J Ruhe		05/25/2016
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State of requirements as contalimitations or restrict. I certify that I have pure I certify that I have not jurisdiction, any (A) under Title 9 of the C	the candidate's designated treasurer. Connecticut. I intend to comply wained in Chapter 155 through 157 or ions concerning campaign contribute aid any civil penalties or forfeitures of been convicted of or pled guilty of felony involving fraud, forgery, large General Statues, or that at least eight n of any sentence, whichever date in	ent, that I have accepted my appointment by the r of this candidate committee. I certify that I am an rith all the campaign finance registration and disclosure f the General Statutes, and to abide by any prohibitions, tions and expenditures. assessed pursuant to Chapters 155 to 157, inclusive. or nolo contendere to, in a court of competent ceny, embezzlement or bribery, or (B) criminal offense tyears have elapsed from the date of the conviction or s later, without a subsequent conviction of or plea to
Commission.	otherwise barred from serving as a	treasurer by order of the State Elections Enforcement
elena Bolorin Colon		05/25/2016
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in the automatically becom that I am an elector in disclosure requireme	the candidate's designated deputy to event of a vacancy caused by the te responsible for discharging all of the State of Connecticut. I intendents as contained in Chapter 155 through	ent, that I have accepted my appointment by the reasurer of this candidate committee, and I understand treasurer's death, incapacity or resignation, I shall the duties required of the vacating treasurer. I certify to comply with all the campaign finance registration and ough 157 of the General Statutes, and to abide by any aign contributions and expenditures.
I certify that I have p	aid any civil penalties or forfeitures	assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the (felony involving fraud, forgery, lard feneral Statues, or that at least eight n of any sentence, whichever date i	or nolo contendere to, in a court of competent ceny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or s later, without a subsequent conviction of or plea to
another such felony of		
•	otherwise barred from serving as a	deputy treasurer by order of the State Elections



SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION **Certification of Exemption From Forming**





REGISTR	ATION TYPE	CANDIDATE NAME			
☐ Initial	☐ Amendment				
12. REASO	N FOR EXEMPTION	ON FROM FORMING A CANDIDATE COMMITTEE			
	I hereby certify that I am exempt from forming a candidate committee becaus (CHECK ONE)				
poli	itical committee	ate of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expenditure and decomy behavioral be amittee sponsoring my candidacy. The name of this sponsor countries is:			
		OR			
con	tributions from cusand dollars (\$	by campaign entirely from my own, erscall fun is and will not request or receive other individuals or committees and I to derstate it if I make expenditures exceeding one 1,000) that I shall be reconstructed for filing francial disclosure statements (SEEC Form 23) me schedule and in the annumancer as record of treasurers of candidate committees. **OR** *			
☐ C.	I do not intend	to receive experiences funds in excess of one thousand dollars (\$1,000). OR			
□ D.	I do nd	to sceive or expend any funds, including personal funds, for this campaign.			
13. CER					
can		state, under penalties of false statement, that this statement of exemption from forming a e, for the reason checked above, is true, accurate and complete to the best of my ef.			
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)			