SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY			
✓ Initial Amendment	ndment Nov 2018			(If applicable)			
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
				(If applicable)			
State Representative					018		
5. PARTY AFFILIATION							
Republican	✓ Democratic		Other (Spec	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Jillian			М	Gilchrest			
7. CANDIDATE RESIDENC	CE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
329 Fern St				360 N Quaker Ln			
City		State	Zip Code	City	Sta		Zip Code
West Hartford		СТ	06119	West Hartford		СТ	06119
9. CANDIDATE TELEPHO	NE	10. CAN	10. CANDIDATE EMAIL ADDRESS				
(Include Area Code)							
860 933	2596	Jillian.	Gilchrest@	gmail.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 <i>together with</i> either Form 1A, "Registration of Candidate Committee," <i>or</i> Form 1B "Exemption from Forming a Candidate Committee," within 10 days							

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 Amendment	Jillian M Gilchrest						
12. COMMITTEE NAME							
Gilchrest 2018							
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE			
Address				Email Address			
329 Fern St							
City		State	Zip Code 06119	Website			
West Hartford		СТ					
16. TREASURER NAME			•				
First Name			MI	Last Name Suffix			
Judith			S	Lohman			
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different,)		
Street Address				Address			
87 Wood Pond Rd							
City		State	Zip Code	City	State	Zip Code	
West Hartford		СТ	06107				
19. TREASURER TELEPHONE20. TREASURER E			CASURER EN	IAIL ADDRESS			
(Include Area Code)							
860 305 4171 judithlohman@coi			ncast.net				
21. DEPUTY TREASURER NA	AME		1				
First Name			MI	Last Name		Suffix	
llze				Krisst			
22. DEPUTY TREASURER RI	ESIDENCE ADDR	ESS		23. DEPUTY TREASURER MAILING ADDRESS	23. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address				Address			
93 Meadowbrook Rd			52 Fairwood Farms Dr				
City		State	Zip Code	City	State	Zip Code	
West Hartford		СТ	06107	West Hartford	СТ	06107	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS				
(Include Area Code)							
860 521 519	60 521 5193 latvianivy@gmail.com						
26. DEPOSITORY INSTITUT	ION NAME						
People's United Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address 1013 Farmington Avenue, West Hartford, CT 06107							

SEEC FORM 1A

Revised September 2016

Page 3 of 4

REGISTRA	ΓΙΟΝ ΤΥΡΕ	CANDIDATE NAME		
✓ Initial	Amendment	Jillian M Gilchrest		
28. CERTIFICATION				
Candidate				
I hereby certify and state, under penalties of false statement, that all of the designations set forth in this 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.

	Jillian M Gilchrest	12/05/2017
(CANDIDATE SIGNATURE	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 Statues, 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.

Judith S Lohman	12/20/2017
TREASURER SIGNATURE	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 Statues, 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.

Ilze Krisst	12/26/2017
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyy)

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SEEC FORM 1B STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



DECICED ATION TYPE	CANDIDATE NAME		
REGISTRATION TYPE			
12. REASON FOR EXEMP	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE		
I hereby cer	I hereby certify that I am exempt from forming a candidate committee becaus (CHECK ONE)		
□ A. I am one of a slate of candidates whose campaigns are being funded solely v a town corrunt tee or a political committee formed for a single election or primary and expendit and the decomplete and be reported by the committee sponsoring my candidacy. The name of this spin soles committee is:			
	OR		
contributions fro thousand dollars	g my campaign entirely from my own verse al fun is and will not request or receive in other individuals or committees and I to terstation of if I make expenditures exceeding one (\$1,000) that I shall be reconstant for filing financial disclosure statements (SEEC Form 23) same schedule and in the campaigneer as received of treasurers of candidate committees.		
C. I do not inte			
	OR		
D. I do	nd to receive or expend any funds, including personal funds, for this campaign.		
13. CER			
	nd state, under penalties of false statement, that this statement of exemption from forming a ttee, for the reason checked above, is true, accurate and complete to the best of my elief.		
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)		