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 2018				(If applicable)				
3. OFFICE OR POSITION SOUGHT						4. DISTRICT NUMBER			
State Representative						(If applicable	2)		
5. PARTY AFFILIATION									
✓ Republican Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name					Last Name Su			Suffix	
Brian M			М		Ohler				
7. CANDIDATE RESIDENCI	E ADDRESS				8. CANDIDATE MAILING ADDRESS	(If different)			
Street Address				Address					
27 E Main St				PO Box 681					
City		State	Zip Code		City		State	Zip Code	
Canaan		СТ	06018	5	North Canaan		СТ	06018	
O. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS							

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

1135

307

(Check one)

(Include Area Code)

860

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

mustprotect@gmail.com

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 Brian M Ohler	Brian M Ohler					
12. COMMITTEE NAME						
Ohler 2018						
13. COMMITTEE ADDRESS 4 WEBSITE						
Address		Email Address				
PO Box 681		brian@brianohler.com				
City	State	Zip Code 06018	Website			
North Canaan	СТ		www.brianohler.com			
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Emily			Minacci			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
16 Marilyn Dr						
City	State	Zip Code	City	State	Zip Code	
Canaan	СТ	06018				
19. TREASURER TELEPHONE 20. TREASURER EM			AIL ADDRESS			
(Include Area Code)						
860 824 9986 billemminacci@ms			sn.com			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
			22 PURITY TREACTION MAY ING A PROPERTY			
22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
Succi Addiess			Address			
City	State	Zip Code	City	State	Zip Code	
Cal	~				r	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS			
(menue mea code)						
26. DEPOSITORY INSTITUTION NAME						
Salisbury Bank and Trust Co.						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
100 Main Street, North Canaan, CT 06018						

SEEC FORM 1A Revised September 2016

REGISTRATION TYPE	CANDIDATE NAME	
/ Initial Amendment	Brian M Ohler	
3. CERTIFICATION		
committee registration this statement include	state, under penalties of false statement, that all of the designations set forth in this car on statement are true and accurate to the best of my knowledge and belief, and further, les my certification to the fact that any individual designated herein to serve as my treative indicated to me their acceptance of my appointment of them to those positions.	that
Brian M Ohler	01/12/2018	
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 p I certify that I have n jurisdiction, any (A) under Title 9 of the C	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am a f Connecticut. I intend to comply with all the campaign finance registration and discleration in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions concerning campaign contributions and expenditures. I add any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive to the been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal off General Statues, or that at least eight years have elapsed from the date of the conviction of any sentence, whichever date is later, without a subsequent conviction of or plea or offense.	osure tions, ve.
Commission.	t otherwise barred from serving as a treasurer by order of the State Elections Enforcen	nent
Emily M Minacci	01/12/2018	
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	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated deputy treasurer of this candidate committee, and I understee event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall be responsible for discharging all of the duties required of the vacating treasurer. I cert in the State of Connecticut. I intend to comply with all the campaign finance registrations as contained in Chapter 155 through 157 of the General Statutes, and to abide by a ons or restrictions concerning campaign contributions and expenditures.	ify on and
I certify that I have p	paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive	ve.
jurisdiction, any (A) under Title 9 of the (not been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal off General Statues, or that at least eight years have elapsed from the date of the conviction of any sentence, whichever date is later, without a subsequent conviction of or plea or offense.	n or
I certify that I am no	t otherwise barred from serving as a deputy treasurer by order of the State Elections	
Enforcement Commi		



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 because (CHECK ONE)					
A. I am one of a slate of candidates whose campaigns are being funded soler, y a toy committee or a political committee formed for a single election or primary and expendit to the description of the reported by the committee sponsoring my candidacy. The name of this spaces of committee 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)				