SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



2. N	IUNICIPA	LITY		

REGISTRATION TYPE	TE (mm/dd/yyyy)		2. MUNICIPALITY					
✓ Initial Amendment	Nov 2018			(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
State Senator					(If applicable 012	e)		
5. PARTY AFFILIATION								
Republican	✔ Democratic		Other (Spe	cify)				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Wesley			D	Jackson				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address				Address				
70 Robin Ln							_	
City		State	Zip Code	City		State	Zip Code	
Guilford		СТ	06437					
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS							
(Include Area Code)								
917 549	4566							
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 N	AME						
✓ Initial I Amendment Wesley D Jac							
12. COMMITTEE NAME							
Wesley Jackson for CT Senate							
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address			Email Address				
70 Robin Ln							
City State		Zip Code 06437	Website				
Guilford		00407					
16. TREASURER NAME							
First Name		MI	Last Name		Suffix		
William			Bodin				
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
78 Willow Rd							
City	State	Zip Code	City	State	Zip Code		
Guilford	СТ	06437					
19. TREASURER TELEPHONE 20. TREASURER			MAIL ADDRESS				
(Include Area Code) 203 444 3101	WRBo	odin@yahoo	o.com				
21. DEPUTY TREASURER NAME							
First Name		MI	Last Name		Suffix		
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRES	S (If differen	<i>t</i>)		
Street Address			Address		,		
City	State	Zip Code	City	State	Zip Code		
24. DEPUTY TREASURER TELEPHONE	25 DEF	IITV TRFAS	SURER EMAIL ADDRESS				
(Include Area Code)	23. DEI	UTTTREAK	SUKER EMAIL ADDRESS				
26. DEPOSITORY INSTITUTION NAME							
People's United							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
22 Leetes Island Road, Branford, CT 06405							
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SEEC FORM 1A Revised September 2016

REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	Wesley D Jackson	
28. CERTIFICATION		
committee registrate this statement inclu	ion statement are true and ac des my certification to the fa	Is se statement, that all of the designations set forth in this candidate ccurate to the best of my knowledge and belief, and further, that fact that any individual designated herein to serve as my treasurer cceptance of my appointment of them to those positions.
Wesley D Jackson		04/17/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
elector in the State requirements as con limitations or restri I certify that I have I certify that I have jurisdiction, any (A under Title 9 of the	of Connecticut. I intend to contained in Chapter 155 throughtions concerning campaign paid any civil penalties or for not been convicted of or pled) felony involving fraud, for General Statues, or that at ledion of any sentence, whicher	I treasurer of this candidate committee. I certify that I am an comply with all the campaign finance registration and disclosure 157 of the General Statutes, and to abide by any prohibitions, contributions and expenditures. Forfeitures assessed pursuant to Chapters 155 to 157, inclusive. The deguilty or nolo contendere to, in a court of competent 159 regery, larceny, embezzlement or bribery, or (B) criminal offense 158 east eight years have elapsed from the date of the conviction or 150 ver date is later, without a subsequent conviction of or plea to
Commission.	ot otherwise barred from ser	rving as a treasurer by order of the State Elections Enforcement
William Bodin		04/17/2018
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve a and accept that, in tautomatically become that I am an elector disclosure requirem	the candidate's designated the event of a vacancy cause me responsible for discharging in the State of Connecticut.	se statement, that I have accepted my appointment by the I deputy treasurer of this candidate committee, and I understand by the treasurer's death, incapacity or resignation, I shall ng all of the duties required of the vacating treasurer. I certify I intend to comply with all the campaign finance registration and r 155 through 157 of the General Statutes, and to abide by any ing campaign contributions and expenditures.
I certify that I have	paid any civil penalties or fo	forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A under Title 9 of the) felony involving fraud, for General Statues, or that at le ion of any sentence, whichey	ed guilty or nolo contendere to, in a court of competent rgery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or ver date is later, without a subsequent conviction of or plea to
I certify that I am n Enforcement Comr		rving 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	12. REASON FOR EXEMPTION 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 town committee or a political committee formed for a single election or primary and expendit and decomplete and be reported by the committee sponsoring my candidacy. The name of this sponsoring 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 reconsitive for filing financial 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)				