### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

### Registration by Candidate

Revised September 2016



		W + CO.					
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY			
✓ Initial   Amendment	nendment Nov 2018			(If applicable)			
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER			
State Senator				(If applicable) 001			
5. PARTY AFFILIATION							
✓ Republican Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Barbara			J	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. CANDIDA			DIDATE EN	MAIL 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 Ruh	nitial   Amendment   Barbara J Ruhe					
12. COMMITTEE NAME						
Ruhe 2018						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address			Email Address			
	915 Silas Deane Hwy bjruhe@snet.net					
City	State	Zip Code 06109	Website			
Wethersfield	CT	00103				
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Elena			Bolorin Colon			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If differen	t)		
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 EMA			MAIL ADDRESS			
(Include Area Code)						
860 513 5650 Salseramom@yahoo.com						
21. DEPUTY TREASURER NAME					1	
First Name MI			Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
Street Address			Address			
	a	Ta: 0.1		Lac	Zip Code	
City	State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			SURER EMAIL ADDRESS			
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
Webster Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
1039 Silas Deane Highway, Wethersfield,	CT 0610	)9				

SEEC FORM 1A Revised September 2016

REGISTRA	TION TYPE	CANDIDATE NAME	
✓ Initial	Amendment	Barbara J Ruhe	
28. CERTIF	ICATION		
comm this s	nittee registration tatement includ	on statement are true and accurate to es my certification to the fact that are	ent, that all of the designations set forth in this candidate the best of my knowledge and belief, and further, that ny individual designated herein to serve as my treasurer to of my appointment of them to those positions.
Barl	oara J Ruhe		05/23/2018
CAND	IDATE SIGNATURE		DATE (mm/dd/yyyy)
candi electo requi limita I cert I cert jurisd under plea o anoth	date to serve as or in the State or rements as contations or restrict ify that I have p liction, any (A). Title 9 of the Cor the completic er such felony of	the candidate's designated treasurer f Connecticut. I intend to comply wained in Chapter 155 through 157 of ions concerning campaign contribute aid any civil penalties or forfeitures of been convicted of or pled guilty of felony involving fraud, forgery, largue General Statues, or that at least eight on of any sentence, whichever date is or offense.	assessed pursuant to Chapters 155 to 157, inclusive.  or nolo contendere to, in a court of competent eny, 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
	ify that I am not nission.	otherwise barred from serving as a	treasurer by order of the State Elections Enforcement
Elena Bolorin Colon			05/23/2018
TREAS	SURER SIGNATURE		DATE (mm/dd/yyyy)
candi and a auton that I discle prohi I cert I cert jurisd under plea canoth	eby certify and so date to serve as eccept that, in the natically become am an elector in osure requirement bitions, limitation ify that I have policition, any (A) Title 9 of the Correct the completion er such felony of	the candidate's designated deputy to event of a vacancy caused by the to event of the State of Connecticut. I intendents as contained in Chapter 155 through the consideration of the conservation of the conservation of the convicted of the	ent, that I have accepted my appointment by the reasurer of this candidate committee, and I understand reasurer'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.  assessed pursuant to Chapters 155 to 157, inclusive.  or nolo contendere to, in a court of competent teny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or is later, without a subsequent conviction of or plea to deputy treasurer by order of the State Elections
DEPUT	ΓΥ TREASURER SIGNA	TURE	DATE (mm/dd/yyyy)



# **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)					
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 temporal be reported by the committee sponsoring my candidacy. The name of this sponsor committee is:						
		OR				
con thou	tributions from cusand dollars (\$	ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand a if I make expenditures exceeding one 1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) me schedule and in the tank manner as record of treasurers of candidate committees.				
C. I do not intend to receive experiments of one thousand dollars (\$1,000).						
□ 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 se, for the reason checked above, is true, accurate and complete to the best of my ef.				
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				