

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 3, 2026 | | (If applicable) | | | |
| 3. OFFICE OR POSITION SOUGHT | | | | | 4. DISTRICT NUMBER | | |
| State Representative | | | | | (If applicable) 064 | | |
| 5. PARTY AFFILIATION | | | | | | | |
| ✓ Republican Democratic Other (Specify) _____ | | | | | | | |
| 6. CANDIDATE NAME | | | | | | | |
| First Name | | MI | Last Name | | | Suffix | |
| Katelynn | | L | Borraiz | | | | |
| 7. CANDIDATE RESIDENCE ADDRESS | | | | 8. CANDIDATE MAILING ADDRESS (If different) | | | |
| Street Address | | | | Address | | | |
| 28 Findlay Rd | | | | PO Box 2071 | | | |
| City | | State | Zip Code | City | | State | Zip Code |
| New Preston | | CT | 06777 | New Preston | | CT | 06777-20 |
| 9. CANDIDATE TELEPHONE | | | 10. CANDIDATE EMAIL ADDRESS | | | | |
| (Include Area Code) | | | | | | | |
| 203 733 2971 | | | Katelynnfor64th@yahoo.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. | | | | | | | |
| <i>Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.</i> | | | | | | | |
| B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee. | | | | | | | |
| <i>Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.</i> | | | | | | | |
| 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. | | | | | | | |
| <i>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.</i> | | | | | | | |

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement

Revised September 2016



| | | | | | |
|---|--|-----------------------|--|---------|-------------------|
| REGISTRATION TYPE | | CANDIDATE NAME | | | |
| ✓ Initial Amendment | | Katelynn L Borraiz | | | |
| 12. COMMITTEE NAME | | | | | |
| Katelynn for 64th | | | | | |
| 13. COMMITTEE ADDRESS | | | 14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE | | |
| Address 5 School House Rd | | | Email Address katelynnfor64th@yahoo.com | | |
| City Northfield | | State CT | Zip Code 06778-2117 | Website | |
| 16. TREASURER NAME | | | | | |
| First Name Joseph | | MI T | Last Name Scott | | Suffix |
| 17. TREASURER RESIDENCE ADDRESS | | | 18. TREASURER MAILING ADDRESS (If different) | | |
| Street Address 5 School House Rd | | | Address | | |
| City Northfield | | State CT | Zip Code 06778 | City | State Zip Code |
| 19. TREASURER TELEPHONE | | | 20. TREASURER EMAIL ADDRESS | | |
| (Include Area Code) 860 778 9020 | | | Treasurerlitchfield@gmail.com | | |
| 21. DEPUTY TREASURER NAME | | | | | |
| First Name | | MI | Last Name | | Suffix |
| 22. DEPUTY TREASURER RESIDENCE ADDRESS | | | 23. DEPUTY TREASURER MAILING ADDRESS (If different) | | |
| Street Address | | | Address | | |
| City | | State | Zip Code | City | State Zip Code |
| 24. DEPUTY TREASURER TELEPHONE | | | 25. DEPUTY TREASURER EMAIL ADDRESS | | |
| (Include Area Code) | | | | | |
| 26. DEPOSITORY INSTITUTION NAME | | | | | |
| Northwest community bank | | | | | |
| 27. DEPOSITORY INSTITUTION ADDRESS | | | | | |
| Address 294 west street, litchfield CT 06759 | | | | | |

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SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee

Revised September 2016



| REGISTRATION TYPE | CANDIDATE NAME |
|---|----------------|
| <input type="checkbox"/> Initial <input type="checkbox"/> Amendment | |

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 solely by a town committee or a political committee formed for a single election or primary and expenditures made on my behalf will be reported by the committee sponsoring my candidacy. The name of this sponsoring committee is:

OR

B. I am funding my campaign entirely from my own personal funds and will not request or receive contributions from other individuals or committees and I understand that if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be responsible for filing financial disclosure statements (SEEC Form 23) according to the same schedule and in the same manner as required of treasurers of candidate committees.

OR

C. I do not intend to receive or expend funds in excess of one thousand dollars (\$1,000).

OR

D. I do not intend to receive or expend any funds, including personal funds, for this campaign.

13. CERTIFICATION

I hereby certify and state, under penalties of false statement, that this statement of exemption from forming a candidate committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.

CANDIDATE SIGNATURE

DATE (mm/dd/yyyy)