

# SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



File #: 2019-15  
06/07/2019 09:41AM  
3 Pages

ELECTION FILINGS

Susan M. Pawluk, Town Clerk

<b>REGISTRATION TYPE</b>		<b>1. ELECTION DATE</b> (mm/dd/yyyy)		<b>2. MUNICIPALITY</b>	
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment		11/05/2019		(If applicable) Stratford	
<b>3. OFFICE OR POSITION SOUGHT</b>					
Council					
<b>4. DISTRICT NUMBER</b>					
(If applicable) 9					
<b>5. PARTY AFFILIATION</b>					
<input checked="" type="radio"/> Republican <input type="radio"/> Democratic <input type="radio"/> Other (Specify) _____					
<b>6. CANDIDATE NAME</b>					
First Name William		MI	Last Name O'Brien Jr		Suffix
<b>7. CANDIDATE RESIDENCE ADDRESS</b>					
Street Address 450 Chickadee Lane					
City Stratford		State CT	Zip Code 06614	City	Zip Code
<b>8. CANDIDATE MAILING ADDRESS</b> (If different)					
Address					
<b>9. CANDIDATE TELEPHONE</b>					
(Include Area Code) (203) 449-6139					
<b>10. CANDIDATE EMAIL ADDRESS</b>					
billob46@yahoo.com					
<b>11. DESIGNATION OF CAMPAIGN FUNDING SOURCE</b>					
<b>(Check one)</b>					
<input checked="" type="checkbox"/> <b>A.</b> 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>					
<input type="checkbox"/> <b>B.</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>					
<b>Important Notice:</b> 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>					

RECEIVED FOR TOWN CLERK  
SUSAN M. PAWLUK  
2019 JUN -7 AM 9:41  
STRATFORD TOWN CLERK

# SEPEC FORM 1A

## STATE ELECTIONS ENFORCEMENT COMMISSION

### Candidate Committee Registration Statement

Revised September 2016



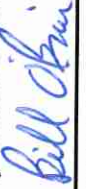
<b>REGISTRATION TYPE</b>		<b>CANDIDATE NAME</b>	
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment		Bill O'Brien	
<b>12. COMMITTEE NAME</b>			
Bill O'Brien for 9th District Council			
<b>13. COMMITTEE ADDRESS</b>		<b>14. &amp; 15. COMMITTEE EMAIL ADDRESS &amp; WEBSITE</b>	
Address 450 Chickadee Lane		Email Address bllob46@yahoo.com	
City Stratford	State CT	Zip Code 06614	Website
<b>16. TREASURER NAME</b>			
First Name James	MI P	Last Name O'Brien	Suffix
<b>17. TREASURER RESIDENCE ADDRESS</b>		<b>18. TREASURER MAILING ADDRESS (if different)</b>	
Street Address 151 Shea Terrace		Address	
City Stratford	State CT	Zip Code 06614	City State Zip Code
<b>19. TREASURER TELEPHONE</b>		<b>20. TREASURER EMAIL ADDRESS</b>	
(Include Area Code) (203) 375-0519			
<b>21. DEPUTY TREASURER NAME</b>			
First Name	MI	Last Name	Suffix
<b>22. DEPUTY TREASURER RESIDENCE ADDRESS</b>		<b>23. DEPUTY TREASURER MAILING ADDRESS (if different)</b>	
Street Address		Address	
City	State	Zip Code	City State Zip Code
<b>24. DEPUTY TREASURER TELEPHONE</b>		<b>25. DEPUTY TREASURER EMAIL ADDRESS</b>	
(Include Area Code)			
<b>26. DEPOSITORY INSTITUTION NAME</b>			
The Milford Bank			
<b>27. DEPOSITORY INSTITUTION ADDRESS</b>			
Address 3651 Main Street		City Stratford	State CT
		Zip Code 06614	

REGISTRATION TYPE	CANDIDATE NAME
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	Bill O'Brien

28. CERTIFICATION

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.



CANDIDATE SIGNATURE \_\_\_\_\_ DATE (mm/dd/yyyy) 06/01/2019

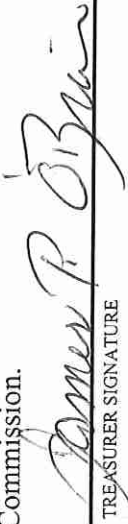
Treasurer

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 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 Statutes, 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.



TREASURER SIGNATURE \_\_\_\_\_ DATE (mm/dd/yyyy) 06/01/2019

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 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 o jurisdiction, any (A) felony involving fraud, forgery, larc under Title 9 of the General Statutes, or that at least eight plea or the completion of any sentence, whichever date is another such felony or offense.

RECEIVED FOR RECORD AT STRATFORD, CT  
6/7/2019 09:41 AM  
*Sharon M. Pankuch*  
Stratford Town Clerk  
ELECTION FILINGS  
File # 2019-15

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

DEPUTY TREASURER SIGNATURE \_\_\_\_\_

DATE (mm/dd/yyyy)

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