

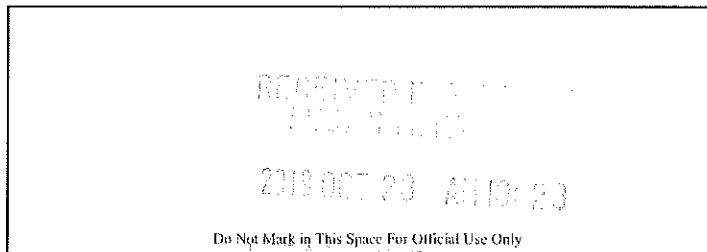
# SEEC FORM 20

## Itemized Campaign Finance Disclosure Statement



File #: 2019-115  
10/28/2019 10:23 AM  
21 Pages

ELECTION FILINGS



Susan M. Pawluk, Town Clerk

**COVER PAGE**

**1. NAME OF COMMITTEE**

Jim Connor 2019

**2. TREASURER NAME**

First Christopher	MI E	Last Silhavey	Suffix
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**3. TREASURER ADDRESS**

Street Address 111 Hickory Woods Lane	City Stratford	State CT	Zip Code 06614
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**4. ELECTION/REFERENDUM DATE**    **5. OFFICE SOUGHT** (Complete only if Candidate Committee)    **6. DISTRICT NUMBER**

(mm/dd/yyyy) 11/05/2019	Town Council	(if applicable) 8
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**7. CANDIDATE NAME** (Complete only if Candidate or Exploratory Committee)

First James	MI J	Last Connor	Suffix Jr.
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**8. TYPE OF REPORT** (Check One Box)

- |                                                                                                                       |                                                                                   |                                                    |                                                                        |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------|
| <input type="radio"/> January 10 filing                                                                               | <input type="radio"/> 7th day preceding primary                                   | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="radio"/> April 10 filing                                                                                 | <input type="radio"/> 30 days following primary                                   | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to                                     |
| <input type="radio"/> July 10 filing                                                                                  | <input checked="" type="radio"/> 7th day preceding election                       | <input type="radio"/> Deficit                      | Type of Report:                                                        |
| <input type="radio"/> October 10 filing                                                                               | <input type="radio"/> 12th day preceding election (State Central Committees Only) | <input type="radio"/> Termination                  | _____                                                                  |
| <input type="radio"/> 24 Hour Independent Expenditure<br><input type="radio"/> Primary <input type="radio"/> Election | <input type="radio"/> 45 days following election not held in November             |                                                    |                                                                        |

**9. PERIOD COVERED**

Beginning Date	Ending Date
10/01/2019	thru 10/27/2019

**10. CERTIFICATION**

I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

	Christopher E. Silhavey	10/28/2019
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)

*A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.*

**SEEC FORM 20**

**Itemized Campaign Finance Disclosure Statement**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Revised January 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	3,110.00	
13. Contributions Received from Individuals (Sections A and B)	1,550.00	4,660.00
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	250.00	250.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	4,910.00	4,910.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	4,910.00	4,910.00
19. Expenses Paid by Committee (Section P)	4,803.98	4,803.98
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	106.02	106.02
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	157.74	1,157.74
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	253.10	253.10
27. Expenses Incurred on Committee Credit Card (Section R)	N/A	N/A
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	432.82	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	432.82	

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Jim Connor 2019				7th Day Preceding Election	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>	
				\$ 0	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Schlager		First Albert		MJ J	
Residential Street Address 109A Creek Lane		City Stratford		State CT	Zip Code 06614
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/01/2019	Aggregate Contributions 50.00		
Last Name Kurmay		First F. Paul		MI	
Residential Street Address 45 Alexandra Drive		City Stratford		State CT	Zip Code 06614
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 200.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/04/2019	Aggregate Contributions 200.00		
Last Name Connor		First Kathleen		MI M	
Residential Street Address 71B River Bend Road		City Stratford		State CT	Zip Code 06614
Principal Occupation Certified Teacher		Name of Employer Maharishi Foundation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/09/2019	Aggregate Contributions 250.00		
<b>SUBTOTAL Section B — This Page</b>				500.00	
<b>TOTAL of additional Section B Pages</b>				1,050.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				1,550.00	

Section B ADDITIONAL PAGE 1 of 3

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Jim Connor 2019		7th Day Preceding Election	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$ 0	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Tsichlas		First Andy	MI MI
Residential Street Address 240 Chapel Street		City Stratford	State CT Zip Code 06614
Principal Occupation Restaurant Owner		Name of Employer Paradise Pizza	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/09/2019	Aggregate Contributions 250.00
Last Name Clymer		First Everett	MI 5
Residential Street Address 89B South Trail		City Stratford	State CT Zip Code 06614
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/09/2019	Aggregate Contributions 100.00
Last Name Florek		First John	MI A
Residential Street Address 264 Victoria Lawn		City Stratford	State CT Zip Code 06615
Principal Occupation Attorney		Name of Employer Florek and O'Neill	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 200.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/12/2019	Aggregate Contributions 200.00
<b>SUBTOTAL Section B — This Page</b>		550.00	
<b>TOTAL of additional Section B Pages</b>		1,050.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		1,550.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Jim Connor 2019				7th Day Preceding Election	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$ 0	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Glad		First Amy		MI H	
Residential Street Address 80 Candlewood Road		City Stratford		State CT	Zip Code 06614
Principal Occupation Manager		Name of Employer Terex Corporation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> 50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/19/2019	50.00		
Last Name Malloy		First Thomas		MI J	
Residential Street Address 246 Turtle Road		City Woodbury		State CT	Zip Code 06798
Principal Occupation Sales		Name of Employer Risk Protection International LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> 125.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input checked="" type="radio"/> Money Order		10/20/2019	125.00		
Last Name Schlager		First Albert		MI J	
Residential Street Address 109A Creek Lane		City Stratford		State CT	Zip Code 06614
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> 25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/23/2019	75.00		
<b>SUBTOTAL Section B — This Page</b>				200.00	
<b>TOTAL of additional Section B Pages</b>				1,050.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				1,550.00	

Section B ADDITIONAL PAGE 3 of 3

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Jim Connor 2019				7th Day Preceding Election	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$ 0	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Silhavey		First Christopher		MI E	
Residential Street Address 111 Hickory Woods Lane		City Stratford		State CT	Zip Code 06614
Principal Occupation Technology Consultant		Name of Employer Accenture			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b> 200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/25/2019	Aggregate Contributions 250.00		
Last Name Feehan		First Karen		MI L	
Residential Street Address 160 Founders Way		City Stratford		State CT	Zip Code 06614
Principal Occupation Treasurer		Name of Employer NEFEA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b> 100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/20/2019	Aggregate Contributions 100.00		
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions		
<b>SUBTOTAL Section B — This Page</b>		300.00			
<b>TOTAL of additional Section B Pages</b>		1,050.00			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		1,550.00			

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
Jim Connor 2019						7th Day Preceding Election	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type			Amount of Receipt		
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type			Amount of Receipt		
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
<b>SUBTOTAL Section C — This Page</b>						0	
<b>TOTAL of additional Section C Pages</b>						N/A	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>						0	

# I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Jim Connor 2019	7th Day Preceding Election

### D. Loans Received this Period

Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				Amount Received
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				Amount Received
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				Amount Received
Street Address	City	State	Zip Code	

<b>TOTAL SECTION D</b>	0
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### E. Receipts from Entities other than Individuals or Other Committees *(Referendum Committees ONLY)*

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	

<b>TOTAL SECTION E</b>	0
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**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Jim Connor 2019	7th Day Preceding Election

**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount
<b>TOTAL SECTION F</b>			0

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)**

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
<b>TOTAL SECTION G</b>		0

**H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of payment:	Amount
10/10/2019	<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	250.00
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
<b>TOTAL SECTION H</b>		250.00

**I. Anonymous Contributions**

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

**I. MONETARY RECEIPTS (Sections A—K)**

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Jim Connor 2019	7th Day Preceding Election

**J. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received	Amount	
Street Address	City	State	Zip Code
Name of Institution	Date Received	Amount	
Street Address	City	State	Zip Code

**TOTAL SECTION J** 0

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			

**TOTAL SECTION K** 0

**SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)**

<b>Total Loans Received this Period (Section D)</b>		0
<b>Total Receipts from Entities other than Individuals or Other Committees (Section E)</b>	+	0
<b>Total Amount Transferred from Affiliated Business Treasury (Section F)</b>	+	0
<b>Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)</b>	+	0
<b>Total Amount of Personal Funds of the Candidate Received this Period (Section H)</b>	+	250.00
<b>Total Amount of Interest from Deposits in Authorized Accounts (Section J)</b>	+	0
<b>Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)</b>	+	0
<b>Total of Other Monetary Receipts</b> <i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i>		250.00

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Jim Connor 2019			7th Day Preceding Election	
<b>L1. Event Information</b>				
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence? <input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="radio"/> No				
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> No				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input type="radio"/> No <span style="float: right;">→ \$ <input style="width: 50px;" type="text"/></span>				
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> No				
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input type="radio"/> No <span style="float: right;">→ \$ <input style="width: 50px;" type="text"/></span>				
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence? <input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="radio"/> No				
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> No				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input type="radio"/> No <span style="float: right;">→ \$ <input style="width: 50px;" type="text"/></span>				
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> No				
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input type="radio"/> No <span style="float: right;">→ \$ <input style="width: 50px;" type="text"/></span>				
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>			0	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>			0	
<b>TOTAL of additional Section L1 Pages</b>			N/A	
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			0	

## II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Jim Connor 2019	7th Day Preceding Election

### L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	

<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>	0
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>	0
<b>TOTAL of additional Section L3 Pages</b>	N/A
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>	0

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Jim Connor 2019				7th Day Preceding Election	
<b>L4. In-Kind Donations Not Considered Contributions</b>					
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:	Description of Donation				Fair Market Value of Donation
<input type="radio"/> Business Entity					
<input checked="" type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event		
<input type="radio"/> Sole Proprietorship					
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:	Description of Donation				Fair Market Value of Donation
<input type="radio"/> Business Entity					
<input type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event		
<input type="radio"/> Sole Proprietorship					
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:	Description of Donation				Fair Market Value of Donation
<input type="radio"/> Business Entity					
<input type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event		
<input type="radio"/> Sole Proprietorship					
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:	Description of Donation				Fair Market Value of Donation
<input type="radio"/> Business Entity					
<input type="radio"/> Individual	Date Received	Event #	Aggregate value for this Event		
<input type="radio"/> Sole Proprietorship					
<b>SUBTOTAL Section L4 — This Page</b>					0
<b>TOTAL of additional Section L4 Pages</b>					N/A
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>					0

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Jim Connor 2019				7th Day Preceding Election	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>					
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>			
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>			
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>			
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>			
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>			
<b>SUBTOTAL Section L5 — This Page</b>			0		
<b>TOTAL of additional Section L5 Pages</b>			N/A		
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			0		

### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Jim Connor 2019				7th Day Preceding Election			
<b>M. In-Kind Contributions</b>							
Name Meral B. Prewitt							
Street Address 575 Peters Lane				City Stratford		State CT	Zip Code 06614
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received 10/23/2019	Aggregate Contributions 197.74	Description of In-Kind Contribution Stamps, Labels, Envelopes, Copies			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>  157.74	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>					
<b>SUBTOTAL Section M — This Page</b>						157.74	
<b>TOTAL of additional Section M Pages</b>						N/A	
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)</b>						157.74	
<b>N. Refundable Deposit to Telephone Company</b>							
Last Name of Individual				First		MI	Date Deposit Made
Residential Street Address				City		State	Zip Code
Name of Telephone Company							<b>Amount of Deposit</b>
Street Address				City		State	
<b>TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)</b>						0	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Jim Connor 2019				7th Day Preceding Election	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment	Method of Payment:	
Premier Graphics			10/03/2019	<input checked="" type="radio"/> Check # <u>1001</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
860 Honeyspot Road		Stratford		CT	06615
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-DM	Mailing			725.24	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Premier Graphics			10/09/2019	<input checked="" type="radio"/> Check # <u>1003</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
890 Honeyspot Road		Stratford		CT	06615
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-DM	Printing and postage for Postcard #1			1,181.21	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Red November Strategies			10/16/2019	<input checked="" type="radio"/> Check # <u>1004</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
65 Railroad Avenue, Apt. 2H		Milford		CT	06460
Purpose of Expenditure (by code)	Description	Event #		Amount	
PRNT	Design work for Postcard #1			212.70	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Louis A. DeCilio			10/25/2019	<input checked="" type="radio"/> Check # <u>1006</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
160 Timber Ridge Road		Stratford		CT	06614
Purpose of Expenditure (by code)	Description	Event #		Amount	
RMB	Reimbursement for Postcard #2, #3 Payment			2,674.21	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			4,793.36		
<b>TOTAL of additional Section P Pages</b>			10.62		
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b>			4,803.98		
<i>(Enter total on Line 19, Column A of Summary Page Totals)</i>					



NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Jim Connor 2019				7th Day Preceding Election	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Caren J. Silhavey			Oct 26, 2019		<input checked="" type="radio"/> Check # 1007 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
25 Morning Glory Terrace		Stratford		CT	06614
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
RMB	Reimbursement for purchase of envelopes				10.62
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
					<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
					<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
					<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				10.62	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Jim Connor 2019			7th Day Preceding Election		
<b>Q. Campaign Expenses Paid by Candidate</b>					
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?	
Staples			10/22/2019	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Street Address		City	State	Zip Code	
3 Armstrong Road		Shelton	CT	06484	
Purpose of Expenditure (by code)	Description	Event #	Amount		
A-DM	Copies and folding		253.10		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?	
				<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #	Amount		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?	
				<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #	Amount		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?	
				<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #	Amount		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?	
				<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #	Amount		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?	
				<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #	Amount		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?	
				<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #	Amount		
<b>SUBTOTAL Section Q — This Page</b>			253.10		
<b>TOTAL of additional Section Q Pages</b>			N/A		
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> (Enter total on Line 26, Column A of Summary Page Totals)			253.10		

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Jim Connor 2019	7th Day Preceding Election

#### R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:
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Name of Vendor, Person or Entity	Date of Transaction
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
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Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
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Name of Vendor, Person or Entity	Date of Transaction
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
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Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
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Name of Vendor, Person or Entity	Date of Transaction
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
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Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
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<b>SUBTOTAL Section R — This Page</b>	0
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<b>TOTAL of additional Section R Pages</b>	N/A
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<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>	0
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Jim Connor 2019				
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>				
Name of Creditor			Date Incurred	
Christopher E. Silhavy			10/26/2019	
Street Address		City	State	Zip Code
111 Hickory Woods Lane		Stratford	CT	06614
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred <i>(Estimate or Actual)</i>
A-DM	Labels, Stamps, Envelopes			
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>			432.82
	<input type="radio"/> None of the below <input type="radio"/> Independent <input checked="checked" type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Creditor			Date Incurred	
Street Address			City	State Zip Code
Purpose of Expenditure (by code)			Description	Event #
Expenditure # <i>(if applicable)</i>			Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>	
			<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)	
Name of Creditor			Date Incurred	
Street Address			City	State Zip Code
Purpose of Expenditure (by code)			Description	Event #
Expenditure # <i>(if applicable)</i>			Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>	
			<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)	
<b>SUBTOTAL Section S-This Page</b>			432.82	
<b>TOTAL of additional Section S Pages</b>			N/A	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>			432.82	
<b>Previously reported Expenses Unpaid and still Outstanding</b>			0	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>			432.82	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Jim Connor 2019				7th Day Preceding Election			
<b>T. Itemization of Reimbursements and Secondary Payees</b>							
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor, Person or Entity	
DeCilio			Louis		A	10/24/2019	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
Premier Graphics					<input checked="" type="radio"/> Check # 1006 <input type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code	
860 Honeyspot Road			Stratford		CT	06614	
Purpose of Expenditure (by code)	Description			Event #		Amount	
A-DM	Printing and postage for Postcards #2, #3					2,674.21	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor, Person or Entity	
Silhavey			Caren		J	10/18/2019	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
Staples					<input checked="" type="radio"/> Check # 1007 <input type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code	
3 Armstrong Drive			Shelton		CT	06484	
Purpose of Expenditure (by code)	Description			Event #		Amount	
OFFICE	Envelopes					10.62	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
					<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
RECEIVED FOR RECORD AT STRATFORD, CT 10/28/2019 10:23 AM <i>Aileen M. Pawlinski</i> Stratford Town Clerk				SUBTOTAL Section T — This Page		2,684.83	
ELECTION FILINGS File # 2019-115				TOTAL of additional Section T Pages		N/A	
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>						<b>2,684.83</b>	