

SEEC FORM 20

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

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SUSAN M. PAWLUK

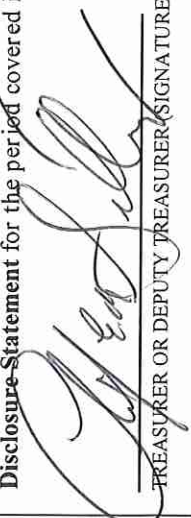
File #: 2019-22
07/08/2019 08:15 AM
17 Pages

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ELECTION FILINGS

Not Mark in This Space For Official Use Only

Susan M. Pawluk, Town Clerk

1. NAME OF COMMITTEE			
Jim Connor 2019			
2. TREASURER NAME			
First Christopher	Last Silhavey		
MI E	Suffix		
3. TREASURER ADDRESS			
Street Address 111 Hickory Woods Lane	City Stratford		
State CT	Zip Code 06614		
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUGHT (Complete only if Candidate Committee)		
11/05/2019	Town Council		
6. DISTRICT NUMBER (if applicable)			
8			
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First James	Last Connor		
MI J	Suffix Jr.		
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 checked="" type="radio"/> July 10 filing	<input 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	<input type="radio"/> 45 days following election not held in November		
<input type="radio"/> Primary	<input type="radio"/> Election		
9. PERIOD COVERED			
Beginning Date 06/10/2019	Ending Date 06/30/2019	thru	
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	
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	
		07/08/2019	
		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.			

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	COLUMN A	COLUMN B
Jim Connor 2019	July 10 Filing	This Period	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	0
12. Balance on hand at the beginning of Reporting Period		0	
13. Contributions Received from Individuals (Sections A and B)		50.00	50.00
14. Receipts from Other Committees (Sections C1 and C2)		0	0
15. Other Monetary Receipts (Sections D through K)		0	0
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)		50.00	50.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)		50.00	50.00
19. Expenses Paid by Committee (Section P)		0	0
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)		50.00	50.00
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)		0	0
24. Refundable Deposit to Telephone Company (Section N)		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)		0	0
27. Expenses Incurred on Committee Credit Card (Section R)		0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		0	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Jim Connor 2019		July 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$ 0	
B. Itemized Contributions from Individuals			
Last Name Silhavey		First Christopher	MI E
Residential Street Address 111 Hickory Woods Lane		City Stratford	State CT
Principal Occupation Technology Consultant		Name of Employer Accenture	Zip Code 06614
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 LI? <i>If yes, list Event #</i>	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		
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 06/15/2019	Aggregate Contributions 50.00
Last Name		First	MI
Residential Street Address		City	State
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		Amount of Contribution
Is this contribution associated with an event reported in Section LI? <i>If yes, list Event #</i>	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		
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	Aggregate Contributions
Last Name		First	MI
Residential Street Address		City	State
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		Amount of Contribution
Is this contribution associated with an event reported in Section LI? <i>If yes, list Event #</i>	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		
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	Aggregate Contributions
Last Name		First	MI
Residential Street Address		City	State
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		Amount of Contribution
Is this contribution associated with an event reported in Section LI? <i>If yes, list Event #</i>	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		
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	Aggregate Contributions
Last Name		First	MI
Residential Street Address		City	State
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		Amount of Contribution
Is this contribution associated with an event reported in Section LI? <i>If yes, list Event #</i>	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		
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	Aggregate Contributions
Last Name		First	MI
Residential Street Address		City	State
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		Amount of Contribution
Is this contribution associated with an event reported in Section LI? <i>If yes, list Event #</i>	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		
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	Aggregate Contributions
Last Name		First	MI
Residential Street Address		City	State
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		Amount of Contribution
Is this contribution associated with an event reported in Section LI? <i>If yes, list Event #</i>	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		
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	Aggregate Contributions
Last Name		First	MI
Residential Street Address		City	State
Principal Occupation		Name of Employer	
SUBTOTAL Section B — This Page		50.00	
TOTAL of additional Section B Pages		-	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		50.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Requisition)		TYPE OF REPORT	
Jim Connor 2019		July 10 Filing	
C1. Contributions from Other Committees			
Name of Committee Name of Treasurer			
Address		Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	
		<input type="radio"/> Yes <input type="radio"/> No	
City	State	Date Received	Aggregate Contributions
	Zip Code		
Name of Committee Name of Treasurer			
Address		Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	
		<input type="radio"/> Yes <input type="radio"/> No	
City	State	Date Received	Aggregate Contributions
	Zip Code		
Name of Committee Name of Treasurer			
Address		Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	
		<input type="radio"/> Yes <input type="radio"/> No	
City	State	Date Received	Aggregate Contributions
	Zip Code		
C2. Reimbursements or Surplus Distributions from other Committees			
Name of Committee Name of Treasurer			
Address		City	State Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type	
		<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	
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution	
Description			
		Amount of Receipt	
		0	
SUBTOTAL Section C — This Page			
-			
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>			
0			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Jim Connor 2019

July 10 Filing

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
Amount Received				
Name of Cosigner/Guarantor (if applicable)		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
Amount Received				
Name of Cosigner/Guarantor (if applicable)		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
Amount Received				
Name of Cosigner/Guarantor (if applicable)		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
Amount Received				

TOTAL SECTION D

0

E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

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

TOTAL SECTION E

0

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
Jim Connor 2019		July 10 Filing
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 <input checked="" type="radio"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i>	Amount
TOTAL SECTION F		0
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)		
Date of Receipt	Date of Receipt	Amount
TOTAL SECTION G		0
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)		
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
TOTAL SECTION H		0
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)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) **TYPE OF REPORT**
Jim Connor 2019 **July 10 Filing**

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

TOTAL SECTION K 0

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)	0
Total Receipts from Entities other than Individuals or Other Committees (Section E)	0 +
Total Amount Transferred from Affiliated Business Treasury (Section F)	0 +
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	0 +
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	0 +
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	0 +
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	0 +

Total of Other Monetary Receipts
 (Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals) 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		July 10 Filing	
L1. Event Information			
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
Subpart 1: (All Committees)			
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="text"/> \$ <input type="radio"/> No			
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)			
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			
Subpart 3: (Town Committees ONLY)			
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="text"/> \$ <input type="radio"/> No			
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
Subpart 1: (All Committees)			
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="text"/> \$ <input type="radio"/> No			
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)			
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			
Subpart 3: (Town Committees ONLY)			
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="text"/> \$ <input type="radio"/> No			
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			0
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			N/A
TOTAL of additional Section L1 Pages			-
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <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 (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Jim Connor 2019		July 10 Filing	
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
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page			
			0
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page			
			0
TOTAL of additional Section L3 Pages			
			-
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN			
			0
<i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Jim Connor 2019		July 10 Filing	
L4. In-Kind Donations Not Considered Contributions			
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 <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event
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 <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event
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 <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event
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 <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate value for this Event
SUBTOTAL Section L4 — This Page		0	
TOTAL of additional Section L4 Pages		-	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21, Column A of Summary Page Totals)		0	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Jim Connor 2019		July 10 Filing	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party			
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			
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate	Fair Market Value of Donation
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			
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate	Fair Market Value of Donation
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			
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate	Fair Market Value of Donation
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			
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate	Fair Market Value of Donation
SUBTOTAL Section L5 — This Page			0
TOTAL of additional Section L5 Pages			-
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY (Enter total on Line 22, Column A of Summary Page Totals)			0

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Jim Connor 2019

July 10 Filing

M. In-Kind Contributions

Name		City		State	Zip Code
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				
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			Fair Market Value of this Contribution

Name		City		State	Zip Code
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				
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			Fair Market Value of this Contribution

Name		City		State	Zip Code
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				
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			Fair Market Value of this Contribution

SUBTOTAL Section M — This Page 0					
TOTAL of additional Section M Pages -					
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals) 0					

N. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State	Zip Code
Name of Telephone Company		City	State	Zip Code
TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals) 0				Amount of Deposit

IV. EXPENDITURES (Sections P--T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Jim Connor 2019		July 10 Filing	
Q. Campaign Expenses Paid by Candidate			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			
Street Address	City	Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			
Street Address	City	Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			
Street Address	City	Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			
Street Address	City	Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			
Street Address	City	Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Purpose of Expenditure (by code)	Description	Event #	Amount
SUBTOTAL Section Q --- This Page			0
TOTAL of additional Section Q Pages			-
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals)			0

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Depository)		TYPE OF REPORT	
Jim Connor 2019		July 10 Filing	
S. Expenses Incurred by Committee but Not Paid During this Period			
Name of Creditor			
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S 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	
Name of Creditor			
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S 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	
Name of Creditor			
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S 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	
SUBTOTAL Section S-This Page		0	
TOTAL of additional Section S Pages		-	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID			
(Enter total on Line 28, Column A of Summary Page Totals)			
Previously reported Expenses Unpaid and still Outstanding		0	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID			
(Enter total on Line 28a, Column A of Summary Page Totals)			
SUBTOTAL Section S-This Page		0	
TOTAL of additional Section S Pages		-	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID			
(Enter total on Line 28, Column A of Summary Page Totals)			
Previously reported Expenses Unpaid and still Outstanding		0	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID			
(Enter total on Line 28a, Column A of Summary Page Totals)			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Jim Connor 2019		July 10 Filing	
T. Itemization of Reimbursements and Secondary Payees			
Last Name of Worker/Consultant		First	MI
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Date of Payment to Vendor, Person or Entity	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State
Payment to Reimburse Committee Worker/Consultant as reported in Section P:		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
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"/> <input type="radio"/> <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
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Date of Payment to Vendor, Person or Entity	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State
Payment to Reimburse Committee Worker/Consultant as reported in Section P:		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
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"/> <input type="radio"/> <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
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Date of Payment to Vendor, Person or Entity	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State
Payment to Reimburse Committee Worker/Consultant as reported in Section P:		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
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"/> <input type="radio"/> <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
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Date of Payment to Vendor, Person or Entity	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State
Payment to Reimburse Committee Worker/Consultant as reported in Section P:		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
SUBTOTAL Section T — This Page 0			
TOTAL of additional Section T Pages -			
CONSULTANTS 0			

TOTAL OF ALL

RECEIVED FOR RECORD AT STRATFORD, CT
7/8/2019 08:15 AM

Steven M. Pawluch

Stratford Town Clerk

ELECTION FILINGS
File # 2019-22

RECEIVED FOR RECORD
SUSAN M. FOWLER

2019 JUL -8 AM 8:15

STPAITFORD TOWN CL