Page 1 of 17

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement



File #: 2019-103 10/09/2019 08:08 AM 33 Pages ELECTION FILINGS

RECEIVED FOR RECORD SUSAN M. PAWLUK

2019 OCT -9 AM 8: 08

Do Not Mark in This Space For Official Use Only

Susan M. Pawluk, Town Clerk VER PAGE

1. NAME OF COMMITTEE								
Jim Connor 2019								
2. TREASURER NAME								
First Christopher		мі Е	La S	ist ilhavey				Suffix
3. TREASURER ADDRESS								
Street Address			City			State	Zip C	ode -
111 Hickory Woods Lane			Stratf	ord		СТ	066	514
4. ELECTION/REFERENDUM DATE	EFERENDUM DATE 5. OFFICE SOUGHT (Complete only if Candidate Committee) 6. I			6. DIST	RICT NUMBER			
(mm/dd/yyyy) 11/05/2019	Town Council						(if applicabl	8
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)						
First		MI	La	ist				Suffix
James		J	(Connor				Jr.
8. TYPE OF REPORT (Check One Box)								
O January 10 filing	7th day preced	ding primar	У	7th day preceding referendum		nitial Cor		r Disbursement
April 10 filing	◯30 days follow	30 days following primary			Amendment to			
July 10 filing	○7th day preced	○7th day preceding election ○ Deficit Type of Report			eport:			
October 10 filing	12th day prece			Termination	_			·
O24 Hour Independent Expenditure Primary Election	O45 days follow not held in No		n					
9. PERIOD COVERED								
	Beginning Dat	te		Ending Date				
	07/01/2019		t	hru 09/30/2019				
-			- :					
10, CERTIFICATION								
I hereby certify and state, under population by the permitted by the permi		rue, accui	rate and	d complete.	nis Ite n	nized Ca	mpaign F	inance
(Stant July		_	Christo	opher E. Silhavey			10/07/	2019
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)		PRINT N	IAME OF SIGNER			DATE	mm/dd/yyyy)
A person who is				ully violated any provisions of th ty or imprisonment or both.	е сатр	oaign fin	ance stati	ites

SEEC FORM 20

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) Jim Connor 2019	TYPE OF REPORT October 10th Filing			
	COLUMN A This Period	COLUMN B Aggregate		
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	50.00			
13. Contributions Received from Individuals (Sections A and B)	3,060.00	3,110.00		
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. Per Public Act 11-48, effective January 1, 2012 Section L2. removed				
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	3,060.00	3,110.00		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	3,110.00	3,110.00		
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)	3,110.00	3,110.00		
21. In-Kind Donations not Considered Contributions Received (Section L4)	О	0		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0		
23. In-Kind Contributions Received (Section M)	1,000	1,000		
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)	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			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Jim Connor 2019			October 10th Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 0			
B. Itemized Co	ontri	butions from Indivi	duals			
Last Name Ahlberg		First Kurt				M M
				State	1 -	Code
85 Coach House Road Stratford G				СТ	06	614
Principal Occupation Attornov		Name of Employer Law Office of Kurt	M Ablbera			
Attorney						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Yes Is contributor a principal of a fyves, indicate which bra of government the contra	anch o	r branches	No No			
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 08/29/2019	50.00			
Last Name]	First	<u> </u>			MI
Aldrich		Barbara				j
Residential Street Address 100 Parrott Drive, Unit #304	City	elton		State CT	Zip (Code 484
Principal Occupation	1	Name of Employer				
Retired Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a contributor of special contribution of the contribution of the contributor of special contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? One will be contributor of the contributor of th				f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? If yes, list Event # 20190829A Is contributor a principal of a lf yes, indicate which brate of government the contral of government the government that government the government that government the government the government that government the government t	anch o	contractor or prospective state or branches	te contractor? Yes No			
Method of Contribution:	400 15 0	Date Received	Aggregate Contributions	1		
OCash	y Orde	er 08/29/2019	100.00			
Last Name]	First				MI
Almeraris		Leslie				Α
Residential Street Address	City	FC 1		State	1 '	Code
8 Lamplight Lane	Mil	lford		СТ	06	460
Principal Occupation Business Development		Name of Employer Yale New Haven H	ealth			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Substitution 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? Yes No			/, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 20190829A 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: © Executive © Legislative						
Method of Contribution:		Date Received	Aggregate Contributions			
	y Orde	er 08/29/2019	40.00			
SUB	тот	AL Section B — This	Page 190.00			
TOTA	Lof	additional Section B I	Pages 2,870.00			
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A olumn A of Summary Page				

Section B ADDITIONAL PAGE 1 of 15

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Jim Connor 2019			October 10th Filing			
A. Total Contributions from Small Contributors-l (See instructions for definition of Small Contributor)	The Court of the C	this Period ONLY BTOTAL SECTION A	§ 0			
R. Itemiz	ved Cont	ributions from Indivi	dnale			
Last Name	ou conti	First	arei is		Мі	
Andrews		Thomas			Р	
Residential Street Address 22 Regina Street	City	y rumbull		State	Zip Code 06611	
Principal Occupation Retired		Name of Employer Retired				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is a	a candidate for a chief executive associated with have a contract Yes ONo	e officer of a municipality with said municipality	y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 2090829A Section L1? No If yes, indicate when the section of government the section associated with an event reported in Section L1?	hich branch		e contractor? Yes OLegislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Or	Date Received der 08/29/2019	Aggregate Contributions			
Last Name Benson		First James			A A	
Residential Street Address 235 Pilgrim Lane	City St	, tratford		State CT	Zip Code 06614	
Principal Occupation Agent	·	Name of Employer Merit Insurance				
	ss he/she is a	candidate for a chief executive ssociated with have a contract Yes No		/, Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? Yes Is contributor a princ If yes, indicate we of government the properties of the section L1?	vhich branch		e contractor? Yes No			
Method of Contribution:			Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Oro	00/00/0040	50.00			
Last Name Bigley		First Mary Beth			MI	
Residential Street Address 230 Judith Terrace	City St	tratford		State CT	Zip Code 06614	
Principal Occupation	I	Name of Employer		L	<u> </u>	
Mortgage Loan Originator		Main Street Mortga	ige			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is a	candidate for a chief executive ssociated with have a contract Yes No	e officer of a municipality with said municipality	40.0	unt of Contribution O	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? If yes, list Event # 20190829A	hich branch		contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Maney Or		Aggregate Contributions 40.00			
Comment of the Control of the Contro						
		TAL Section B — This	rage	,		
		f additional Section B P	**************************************			
TOTAL OF ALL CONTRIBUTIONS (Enter total o		NDIVIDUALS (Sections A Column A of Summary Page T				

Section B ADDITIONAL PAGE 2 of 15

of	1	5
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Jim Connor 2019	October 10th Filing	October 10th Filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$ ⁰			
B. Itemized Co	ntributions from Indi	viduals		
Last Name	First		MI	
Benson	Mary Beth			
Residential Street Address	City		State Zip Code	
235 Pilgrim Lane	Stratford		CT 06614	
Principal Occupation	Name of Employer		<u></u>	
Book Keeper	Main Street Man	agement		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she	is associated with have a contra	ect with said municipality	Amount of Contribution	
valued at more than \$5,000?	OYes ON		50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 2090829A Yes Is contributor a principal of a sevent reported in Section L1? No If yes, indicate which brain of government the contract	ich or branches	● No		
Method of Contribution:	Date Received	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 08/29/2019	50.00		
Last Name	First		MI	
Bradshaw	Mary		A	
Residential Street Address	City		State Zip Code	
67 Matthew Drive	Stratford		CT 06614	
Principal Occupation	Name of Employer			
Retired	Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? Yes of state of stat			Amount of Contribution 100.00	
event reported in Section L1?		state contractor? Yes No		
If yes, list Event # 20190829A of government the contract Method of Contribution:	Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		100.00		
Last Name	First		MI	
Brown	Richard		P	
Residential Street Address	City	!	State Zip Code	
6375 Main Street	Stratford		CT 06614	
Principal Occupation	Name of Employer	<u> </u>		
Constable	Town of Stratford	d		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?		ct with said municipality	Amount of Contribution 40.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? No Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or branches	_ ⊙ No		
Method of Contribution: Date Received Aggregate Contributions]	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 08/29/2019	40.00		
SUBT	OTAL Section B — Th	is Page 190.00		
TOTAL	of additional Section B	Pages 2,870.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 3,060.00				

Section B ADDITIONAL PAGE ³ of ¹⁵

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Jim Connor 2019			October 10th Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			§ 0	\$ 0		
	es jug					
The state of the s		butions from Indivi	duals		1.0	
Last Name Bigley		David			MI J	
Residential Street Address City				State	Zip Code	
230 Judith Terrace		CT	06614			
Principal Occupation Name of Employer						
Mortgage Broker		Main Street Mortga	age			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lf yes, indicate which broaden in Section L1?	ranch or	r branches	No			
If yes, list Event # 2090829A of government the contra	ract is W	/ith: OExecutive	C Legislative Aggregate Contributions	_		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Orde		40.00			
Last Name	F	First			MI	
Battaglia	1.	Thomas			V	
Residential Street Address	City			State	Zip Code	
380 Pilgrim Lane	Stra	atford		CT	06614	
Principal Occupation		Name of Employer		<u></u>		
Attorney		Thomas Battaglia L	aw Offices			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? Yes No If yes, indicate which be of government the contribution of government the contribution of government the contribution of government the contribution associated with an event reported in Section L1?	ranch or	r branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	r 08/29/2019	40.00			
Last Name	F	First			MI	
Ciccarelli		Lawrence			A	
Residential Street Address	City			State	Zip Code	
335 Andrew Street	Stra	atford		CT	06614	
Principal Occupation	•	Name of Employer				
Public Safety		Town of Stratford				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	0 to a ca	andidate for a chief executive	officer of a municipality	y, Amor	unt of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Section 16 Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	ie is asso	ociated with have a contract Yes No	with said municipality	40.0		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? If yes, list Event # 20190829A Is contributor a principal of a If yes, indicate which brateful of government the contraction.	anch or	branches	Contractor? OLegislative			
Method of Contribution:		Dute Received	Aggregate Contributions			
Cash Personal Check Ocredit/Debit Card Payroll Deduction OMone	ey Order	08/29/2019	40.00			
SUB	TOTA	AL Section B — This	Page 120.00			
TOTA	L of a	ndditional Section B P	ages 2,870.00			
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A				

Section B ADDITIONAL PAGE 4 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,		TYPE OF REPORT		
Jim Connor 2019	October 10th Filin	October 10th Filing		
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	ived this Period ONL SUBTOTAL SECTION	1 % U		
	ontributions from Inc	lividuals		
Last Name Cabral	First Carol		G MI	
Residential Street Address 1034 East Main Street	City Stratford		State Zip Code CT 06614	
	Name of Employer		(1)	
Principal Occupation Retired	Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?	he is associated with have a cor		y, Amount of Contribution 80.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 2090829A Yes Is contributor a principal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which both of government the contributor of government the contributor apprincipal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which both indicates the indicate which both indicates the indicate which be of government the contributor apprincipal of If yes, indicate which both indicates the indicate which both indicates the indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which is the indica		e state contractor? Yes No tive OLegislative		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	Date Received 08/29/2019	Aggregate Contributions 80.00	7	
Last Name	First		MI	
Cleri	Judith		L	
Residential Street Address 196 First Avenue	City Stratford		State Zip Code CT 06615	
Principal Occupation Nurse	Name of Employer Stratford Board	l of Education		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? Yes of 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? Yes No			Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section LI? If yes, list Event # 20190829A Section LI? No If yes, indicate which be of government the contributor of government the contributor aprincipal of the section LI?		e state contractor? Yes No No Legislative		
Method of Contribution:	Date Received	Aggregate Contributions	-	
OCash	ey Order 08/29/2019	250.00		
Last Name Cotter	First Thomas		MI G	
Residential Street Address	City Stratford		State Zip Code CT 06615	
42 Pauline Street			C1 00015	
Principal Occupation Lawyer	Name of Employer The Cotter Law	/ Firm		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?		tract with said municipality	Amount of Contribution 40.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? No If yes, list Event # 20190829A		e state contractor? Yes No tive \(\bigcup \text{Legislative} \)		
Method of Contribution:	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order 08/29/2019	40.00		
SUI	BTOTAL Section B — T	This Page 370.00		
TOTA	AL of additional Section	B Pages 2,870.00		
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin	OM INDIVIDUALS (Section 13, Column A of Summary 1	ons A + B) Cage Totals) 3,060.00		

Section B ADDITIONAL PAGE 5 of 15

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	ry)		TYPE OF REPORT		
Jim Connor 2019			October 10th Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 0		
		butions from Indivi	duals		
Last Name Dean Grom		First Mary			MI
Residential Street Address 995 Beaver Dam Road	City Stra	atford		State CT	Zip Code 06614
Principal Occupation Economic Development Director		Name of Employer Town of Stratford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$\frac{1}{2}\$ does contributor or business he valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contributor and principal of Is contri	branch or		e contractor? Yes OLegislative		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Method of Contribution:	oney Orde	Date Received 08/29/2019	Aggregate Contributions 50.00		
Last Name DeCilio		First Louis	<u> </u>	<u> </u>	MI A
Residential Street Address 160 Timber Ridge Road	City Stra	ntford		State CT	Zip Code 06614
Principal Occupation Registrar of Voters		Name of Employer Town of Stratford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?				y, Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? No Yes Is contributor a principal of flyes, indicate which of government the co	branch or	_	e contractor? Yes		
Method of Contribution: Ocash Personal Check Ocredit/Debit Card Payroll Deduction Method of Contribution:		Date Received	Aggregate Contributions 100.00		
Last Name Dempsey		irist John			MI M
Residential Street Address 190 Swanson Avenue	City Stra	atford		State CT	Zip Code 06614
Principal Occupation Plumber	<u></u>	Name of Employer JM Dempsey Plumi	bing		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$6 does contributor or business he valued at more than \$5,000?				/, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Yes No If yes, indicate which of government the cor	branch or		C Legislative		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mc		Date Received	Aggregate Contributions 40.00		
su	J BTOT A	AL Section B — This	Page 190.00		
ТОТ	AL of a	additional Section B P	ages 2,870.00		-
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li		DIVIDUALS (Sections A lumn A of Summary Page I			

Section B ADDITIONAL PAGE 6 of 15

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	ry)		TYPE OF REPORT	- energy and the			
Jim Connor 2019			October 10th Filing				
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	\$ 0						
					n garan kana ta mata ata ata ata ata ata ata ata at		
	Contr	ibutions from Indivi	duals				
Last Name Downes		First Michael			P P		
Residential Street Address 32 Farmington Drive	City No	orth Branford		State CT	Zip Code 06472		
Principal Occupation Chief of Staff		Name of Employer Town of Stratford					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he valued at more than \$5,000?				y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Yes Is contributor a principal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which indica	branch o	contractor or prospective state or branches	C contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	опеу Ord	er 08/29/2019	100.00				
Last Name		First			MI		
Fredette		Richard			F		
Residential Street Address 73 Ferry Court	177				Zip Code 06615		
Principal Occupation		Name of Employer		<u> </u>			
Blight Officer		Town of Stratford					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ does contributor or business he valued at more than \$\frac{1}{2}\$,000?					Amount of Contribution 40.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? If yes, list Event # 20190829A	branch e		e contractor? Yes No Legislative				
Method of Contribution:		· · · · · · · · · · · · · · · · · · ·	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Ordo	er 08/29/2019	40.00				
Last Name		First			MI		
Feehan		James			E		
Residential Street Address 160 Founders Way	City Str	ratford		State CT	Zip Code 06614		
Principal Occupation Business Owner	•	Name of Employer NEFEA		<u> </u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of sequences of seq				y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? 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: Output Description: Output D							
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mc		Date Received	Aggregate Contributions 40.00				
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тот	TAL of	additional Section B P	ages 2,870.00				
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L		DIVIDUALS (Sections A Column A of Summary Page T					

Section B ADDITIONAL PAGE 7 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)	TYPE OF REPORT					
Jim Connor 2019	October 10th Filin	g				
A. Total Contributions from Small Contributors-Rec		his Period ONLY OTAL SECTION A	\$ 0		decomplete to the second	
		outions from Indivi	duals			
Last Name Gribbon		Patrick				MI L
Residential Street Address 40 Butternut Lane	City Stra	itford		State CT	Zip Co 066	
Principal Occupation Retired		Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No does contributor or business he/valued at more than \$5,000?				/, Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contributor as principal of government the contributor as principal of government the contributor as principal of the principal of government the contributor as principal of the principal	branch or		e contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mo	oney Order	Date Received 08/29/2019	Aggregate Contributions 200.00			
Last Name Harkins		iirst John				мі A
Residential Street Address 1000 Avalon Way, #2202						14
Principal Occupation Lobbyist Name of Employer Molter Government Affairs, LLC						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Valued at more than \$5,000?				/, Amou		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? No If yes, indicate which of government the core	branch or	contractor or prospective state branches ith: Executive	e contractor? Yes No			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mo		Date Received	Aggregate Contributions 100.00			
Last Name Hoydick		irst Laura				MI R
Residential Street Address 55 Castle Drive	City Stra	atford		State CT	Zip Co 066	
Principal Occupation Mayor		Name of Employer Town of Stratford			L	· · · · · · · · · · · · · · · · · · ·
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?				/, Amor		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Yes No If yes, indicate which I of government the con	branch or		e contractor? Yes No			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mo	oney Order	Date Received . 08/29/2019	Aggregate Contributions 100.00			
SU	BTOTA	AL Section B — This	Page 400.00		·	
TOT	`AL of a	dditional Section B P	ages 2,870.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 3,060.00						

Section B ADDITIONAL PAGE 8 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Jim Connor 2019			October 10th Filin	October 10th Filing			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	\$ 0						
		outions from Indivi	duals				
Last Name Glad		irst Carl			A A		
Residential Street Address	City			State	Zip Code		
80 Candlewood Road	Stra	atford		СТ	06614		
Principal Occupation		Name of Employer					
Attorney		Law Office of Kurt I	VI. Ahlberg 				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of does contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?				y, Amo	unt of Contribution .00		
Is this contribution associated with an event reported in Section L1? **Tryes.** list Event # 20190829A* Section L1? **Tryes.** list Event # 20190829A* **Tryes.** list Ev	anch or	branches	① No				
If yes, list Event # 20190829A of government the contribution:	act is wi	Date Received	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order		100.00				
Last Name Hughes		irst John			MI B		
Residential Street Address	City			State	Zip Code		
422 Housatonic Avenue	Stra	itford		CT	06615		
Principal Occupation		Name of Employer			•		
Investment Advisor		Hughes Investmen	ts				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?					Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? No If yes, list Event # 20190829A	ranch or	r branches	e contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	08/29/2019	50.00				
Last Name	Fi	irst			MI		
Hurley	I	David					
Residential Street Address	City			State	Zip Code		
349 Franklin Avenue	Stra	tford		CT	06614		
Principal Occupation Gardener		Name of Employer Town of Stratford					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				40.0	unt of Contribution		
	s this contribution associated with an Ves Is contributor a principal of a state contractor or prospective state contractor? Yes vent reported in Section L1?						
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone		Date Received	Aggregate Contributions 40.00				
SUB	тота	AL Section B — This	Page 190.00				
ТОТА	L of a	dditional Section B P	ages 2,870.00				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections A lumn A of Summary Page 1					

Section B ADDITIONAL PAGE ⁹ of ¹⁵

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)	TYPE OF REPORT					
Jim Connor 2019			October 10th Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 0			
B. Itemized (Contr	ibutions from Indivi	duals		EVÁVE	
Last Name Joy		Christine				MI
Residential Street Address 54 Sunnyside Terrace	City St	; cratford	•	State CT	Zip C 066	
Principal Occupation PTA		Name of Employer Bridgeport Hospita	al			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No				/, Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? No If yes, indicate which I of government the con	branch		e contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mo	oney Oro	Date Received der 08/29/2019	Aggregate Contributions 40.00			
Last Name Lamberti		First Debra		'		MI A
Residential Street Address 305 Piute Lane					Zip C: 066	
Principal Occupation Name of Employer Retired Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?				, Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? No If yes, indicate which of government the core	branch		e contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mo.	ney Ord	1 4	Aggregate Contributions 40.00			
Last Name Minton		First Ann				MI M
Residential Street Address 5725 Main Street	City St	ratford		State CT	Zip Co	
Principal Occupation Senior Administrative Assistant		Name of Employer Yale University			<u>L</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?				, Amo		Contribution
Is this contribution associated with an event reported in Section L1? 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: Executive Legislative						
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Model Model Method of Contribution:	ney Orc	Date Received der 08/29/2019	Aggregate Contributions 50.00			
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тот	'AL of	f additional Section B P	ages 2,870.00			
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li		NDIVIDUALS (Sections A Column A of Summary Page 1				

Section B ADDITIONAL PAGE 10 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Jim Connor 2019	October 10th Filin	g				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ O	· · · · · · · · · · · · · · · · · · ·		
		utions from Indivi	duals			
Last Name Marcone	Fin R	rst Richard			MI T	
Residential Street Address 275 Luanne Road	City Strat	Hard		State	Zip Code 06614	
	Juar			C1	00014	
Principal Occupation Registrar of Voters		Name of Employer Town of Stratford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contributi 00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	branches	c contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	08/29/2019	40.00			
Last Name Miranda	Fin	ohn			MI D	
Residential Street Address	City Easto		LANGE CONTROL OF CONTR	State	Zip Code	
124 Knapp Street	Easic			СТ	06612	
Principal Occupation Realtor		Name of Employer William-Raevis				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? No If yes, indicate which bra of government the contra	anch or b	branches	e contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	08/29/2019	50.00			
Last Name Mizera	Fin C	asimir			MI A	
Residential Street Address	City			State	Zip Code	
185 Boston Avenue	Strat	:ford		CT	06614	
Principal Occupation Retired		Name of Employer Retired		<u> </u>	1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No				.	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 20190829A 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: Executive Legislative						
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	Date Received 08/29/2019	Aggregate Contributions 100.00			
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TOTA	L of ad	lditional Section B P	ages 2,870.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page T				

Section B ADDITIONAL PAGE 11 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Jim Connor 2019			October 10th Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 0	Nanta de la constanta de la co		
	a againt air					
		outions from Individ	luals			
Last Name Moore		irst Thomas			W W	
Residential Street Address 15 Brinsmayd Avenue	City	tford		State CT	Zip Code 06614	
					100011	
Principal Occupation Retired		Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			with said municipality	40.0	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section 20190829A Section 20190829A Section 20190829A Section 20190829A Section 20190829A	nch or	branches	No No			
Method of Contribution:		1	Aggregate Contributions	7		
● Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	08/29/2019	40.00			
Last Name Morrissey		_{irst} Patricia			A A	
Residential Street Address 570 Whippoorwill Lane	City Strat	tford		State CT	Zip Code 06614	
Principal Occupation	1	Name of Employer				
School Counselor		Stratford Board of E	Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Or dependent child of a lobbyist? Or No If contribution is in excess of \$400 to a candidate for a chief executive officer of a modes contributor or business he/she is associated with have a contract with said munitival at more than \$5,000? Or Yes Or No				ity, Amount of Contribution 60.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? No Section L1?	inch or	branches	e contractor? Yes No			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	/ Order	1	Aggregate Contributions 60.00			
Last Name		irst			MI	
Proto, Jr.	t	Benjamin			5	
Residential Street Address 2090 Cutspring Road	City Strat	tford		State CT	Zip Code 06614	
Principal Occupation Attorney	l	Name of Employer Law Office of Benja	min Proto		<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				/, Amou	unt of Contribution .00	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 20190829A 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: Executive Legislative						
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	/ Order	Date Received 08/29/2019	Aggregate Contributions 100.00			
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TOTAL	∟ of a	dditional Section B Pa	ages 2,870.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	A IND 13, Col	DIVIDUALS (Sections A lumn A of Summary Page T	(A + B) 3,060.00			

Section B ADDITIONAL PAGE 12 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Jim Connor 2019			October 10th Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 0				
B. Itemized C	ontributions f	rom Indivi	duals				
Last Name Paguetto	First Margaret				MI S		
Paquette				La			
Residential Street Address 40 California Street, #B16	Stratford			State	Zip Code 06615		
Principal Occupation Council Clerk	Name of I Town	Employer of Stratford					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One dependent child of a lobbyist? One dependent child of a lobbyist? No lif contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	e is associated with			y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? No lf yes, indicate which be of government the contributor a principal of a lift yes, indicate which be of government the contributor.	anch or branches		te contractor? Yes OLegislative				
Method of Contribution:	Date Rece		Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayrol! Deduction OMondo	_{ey Order} 08/29	/2019	40.00				
Last Name	First		 		MI		
Petruccelli	Leonard				P		
Residential Street Address	City			State	Zip Code		
105 Euclid Avenue	Stratford			СТ	06614		
Principal Occupation	Name of I	Employer					
Retired	Retired	d					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	e is associated with				Amount of Contribution 40.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? No If yes, list Event # 20190829A	anch or branches		te contractor? Yes No Legislative				
Method of Contribution:	Date Rece		Aggregate Contributions	_			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	_{ey Order} 08/29	/2019	40.00				
Last Name Rodia	First Karen				MI A		
Residential Street Address	City			State	Zip Code		
2115 Cutspring Road	Stratford			CT	06614		
Principal Occupation LPN	Name of I Dr. The	Employer omas Brunas	ski				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes ONO No Vesture of the 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? Yes ONO					Amount of Contribution		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? No If yes, list Event # 20190829A Is contributor a principal of a state contractor or prospective state contractor? One of government the contract is with: Executive Legislative							
Method of Contribution:	Date Rece		Aggregate Contributions 40.00				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order 00/25/						
SUB	TOTAL Section	n B — This	Page 120.00				
TOTA	L of additional	Section B l	Pages 2,870.00				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line							

Section B ADDITIONAL PAGE 13 of 15

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Jim Connor 2019	October 10th Filing					
A. Total Contributions from Small Contributors-Recei	\$ 0		portuorous.	INTERNATION OF THE STREET, AND		
		butions from Indivi	duals		VIII.	Tan
Last Name Salls		Roger				D D
Residential Street Address 421 Laughlin Road	City Str	atford		State	1 1	Code 6614
Principal Occupation		Name of Employer		<u> </u>		
Photographer		Roger Salls Photog	raphy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?			•	y, Amo		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? No If yes, indicate which be of government the contributor a principal of a section L1?	anch o		No No			
Method of Contribution:		Date Received	Aggregate Contributions	7		
● Cash	ey Ord	er 08/29/2019	40.00			
Last Name Scala		First Anna				MI M
Residential Street Address	City			State	1 -	Code
435 Warner Hill Road	Str	atford		CT	06	6614
Principal Occupation Owner / Stylist		Name of Employer Anna's of Stratford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?				y, Am o		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Section L1? No Yes Is contributor a principal of the section L1? If yes, list Event # 20190829A	anch o		e contractor? Yes			
Method of Contribution:	act is t	Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Orde	er 08/29/2019	40.00			
Last Name Scala		First Judy				MI A
Residential Street Address	City			State	Zip	Code
435 Warner Hill Road	Str	atford		CT	06	6614
Principal Occupation		Name of Employer		1		
Assistant Registrar		Town of Stratford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?					Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? 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: O Executive O Legislative						
Method of Contribution: Date Received Aggregate Contributions						
Cash Personal Check Credit/Debit Card Payroll Deduction Mone	y Orde	_{er} 08/29/2019	50.00			
SUB	тот	'AL Section B — This	Page 130.00			
TOTA	L of	additional Section B P	ages 2,870.00			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections A olumn A of Summary Page 1				

Section B ADDITIONAL PAGE 14 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Jim Connor 2019			October 10th Filin	ıg			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$ 0				
		utions from Individual	duals		Tax		
Lust Name Scheck	1	innea			А		
Residential Street Address 72 Howard Street	City Strat	tford		State CT	Zip Code 06615		
Principal Occupation Co-Owner		Name of Employer Butterworth and So	check, Inc.	.1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	ndidate for a chief executive ciated with have a contract OYes No	e officer of a municipality with said municipality	y, Amo	ount of Contributi		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Yes Is contributor a principal of a If yes, indicate which brain of government the contract	nch or t	branches	e contractor? Yes OLegislative				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	Date Received	Aggregate Contributions 50.00				
Last Name	Fir				MI		
Sportini	K	Karen			K		
Residential Street Address 936 Wilcoxson Avenue	*				Zip Code 06614		
Principal Occupation		Name of Employer		1	L.		
Supervisor, Economic Development		Town of Stratford					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No					Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A Yes No Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or l	branches	e contractor? Yes O Legislative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	Date Received 08/29/2019	Aggregate Contributions 50.00				
Last Name Staley	Fir	rst John			MI E		
Residential Street Address	City			State	Zip Code		
531B Narraganset Lane	Strat	rford		CT	06614		
Principal Occupation Retired		Name of Employer Retired		I			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 20190829A Is contributor a principal of a state contractor or prospective state contractor? ONO ONO ONO Description: Ono Ono Ono Ono Ono Ono Ono							
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money			Aggregate Contributions 50.00				
SUBT	ГОТА	L Section B — This	Page 150.00				
TOTAL	」of ad	dditional Section B P	ages 2,870.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line I		IVIDUALS (Sections A					

Section B ADDITIONAL PAGE 15 of 15

NAME OF COMMITTEE (Provide Complete Name as Regist	tered with Filing Repository)		TYPE OF REPORT	ang Sang Sang Sang			
Jim Connor 2019	October 10th Filin	g					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 0				
	B. Itemized Contr	ributions from Individ	duals				
Last Name Zbell		John			G G		
Residential Street Address 75 Deepwood Road	City St	y tratford		State CT	Zip Code 06614		
Principal Occupation Hydrologist		Name of Employer WSP USA			<u> </u>		
or dependent child of a lobbyist? No does con	ibution is in excess of \$400 to a ontributor or business he/she is as at more than \$5,000?			y, Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 20190829A	contributor a principal of a state If yes, indicate which branch of government the contract is	or branches	e contractor? Yes No				
Method of Contribution: Cash Personal Check Credit/Debit Card Pa	ayroll Deduction OMoney Or	Date Received der 08/29/2019	Aggregate Contributions 40.00				
Last Name Mathewson		First Paul			мі R		
Residential Street Address 3209 Main Street	City Stat Stratford CT				Zip Code 06614		
Principal Occupation Name of Employer File Clerk Town of Stratford							
or dependent child of a lobbyist?	ibution is in excess of \$400 to a ntributor or business he/she is as at more than \$5,000?				mount of Contribution 40.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	contributor a principal of a state If yes, indicate which branch of government the contract is	or branches	e contractor? Yes No				
Method of Contribution: Cash Personal Check Credit/Debit Card Page	ayroll Deduction Money Orc	00/05/0040	Aggregate Contributions 40.00				
Last Name Prewitt		First Meral			В		
Residential Street Address 575 Peters Lane	City St	tratford		State CT	Zip Code 06614		
Principal Occupation Retired		Name of Employer Retired					
or dependent child of a lobbyist? No does con	ibution is in excess of \$400 to a ntributor or business he/she is as at more than \$5,000?				Amount of Contribution 40.00		
Is this contribution associated with an event reported in Section L1? 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: Executive C Legislative							
Method of Contribution: Cash Personal Check Credit/Debit Card Page 1	ayroll Deduction OMoney Orc	00/22/2010	Aggregate Contributions 40.00				
	SUBTO	TAL Section B — This	Page 120.00				
	TOTAL of	f additional Section B P	ages 2,870.00				
TOTAL OF ALL COM	NTRIBUTIONS FROM IN (Enter total on Line 13, C	NDIVIDUALS (Sections A Column A of Summary Page T					

						TYPE OF REPORT October 10th Fil		
		C1,	Contribution	ons from (Other Commit			
Name of Committee					Name of Treasure			
Address				ls this con-	ntribution associated orted in Section L1? If yes, list	Amount o	of Contribution	
City		State	Zip Code	Date Red		Aggregate Contributions		
Name of Committee					Name of Treasure	3r		
Address				Is this contevent repo	orted in Section L1?	with an Yes No	Amount o	of Contribution
City		State	Zip Code	Date Rec	ceived	Aggregate Contributions		
Name of Committee					Name of Treasure	er e		
Address				Is this cont event repo	orted in Section L1?	with an Yes No	Amount o	of Contribution
City		State	Zip Code	Date Rec		Aggregate Contributions		
	C 2. J	Reimburseme	nts or Surp	lus Distril	butions from (other Committees		
Name of Committee					Name of Treasure			
Address				City	<u> </u>		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	ement for shared of	expense C	Surplus Distribution	n	Amount	t of Receipt
Description								
Name of Committee					Name of Treasure	:F		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Typ	rsement for share	ed expense	Surplus Distributi	ion	Amount	t of Receipt
Description								
			SUBTO)TAL Secti	ion C — This P	age 0		
			TOTAL	of addition	nal Section C Pa	iges 0		
					NS AND RECEL of Summary Page To			
1								

NAME OF COMMITTEE (Provide Complete Name as Registered with		TYPE OF REPORT			
Jim Connor 2019			Octobe	er 10th Filing	
	D. Loans Rec	ceived this Period			
Name of Lender		Source of Loan: Bank Candida	late 🔘 Individu	al Other	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	<u> </u>		<u> </u>		Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Candida	late 🔘 Individu:	al Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicuble)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Candida	late 🔘 Individu	al Other	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)			I		Amount Received
Street Address	City	***************************************	State	Zip Code	
		TOTAL SECTIO	ON D		
E. Receipts from Entities other t	han Individu	als or Other Commi	ittees (Refere	ndum Committe	es ONLY)
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contri	butions	
Name of Entity		1			
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contril	butions	
Name of Entity				1	
Street Address			Date Received		Amount Received
City	State	zip Code	Aggregate Contril	butions	
		TOTAL SECTIO	ONE 0		

NAME OF COMMITTEE <i>(Pr</i> Jim Connor 2019	ovide Complete Name as Regist	tered with Filing Re	epository)		TYPE OF REPORT October 10th Filing	
F. A	mount Transferred	from Affili	iated Bu	siness Treasury (Busine	ess Entity Committees ONLY)	
Date of Receipt	Is this transaction associevent reported in Section	iated with an	SYes No	If yes, list Event #	Amount	
Date of Receipt	Is this transaction associ event reported in Section		SYes No	If yes, list Event #	Amount	
Date of Receipt	ls this transaction associ event reported in Section		O Yes No	If yes, list Event #	Amount	
Date of Receipt	Is this transaction associ event reported in Section		OYes No	If yes, list Event #	Amount	
				TOTAL SECTION	(F 0	
						
G. Amount Trans	sferred from Affilia	ted Labor l	Union o	r Other Organization	Treasury (Organization Committees C	NLY)
Date of Receipt		Date of Receipt		<u> </u>	Date of Receipt	
Amou	nt		A	mount	Amount	
				TOTAL SECTION O	3 0	
					•	
H.	Personal Funds of	the Candid	late Rec	eived this Period <i>(Cana</i>	didate Committees ONLY)	
Date of Receipt	Method of payment:	* .		•	Amount	
	O Cash	O P	ersonal Che	eck Credit/Debit C	`ard	
Date of Receipt	Method of payment:				Amount	
	○ Cash	O Pe	ersonal Che	cck Credit/Debit C	ard ard	
Date of Receipt	Method of payment:	<u> </u>			Amount	<u> </u>
	○ Cash	O Pe	ersonal Che	eck Credit/Debit C	ard	
Date of Receipt	Method of payment:				Amount	
	◯ Cash	O Po	ersonal Che	cck Credit/Debit Co	'ard	
				TOTAL SECTIO	on H 0	
10 10 10 10 10 10 10 10 10 10 10 10 10 1						
		I. And	onymou	s Contributions		
amoun	nt. If a committee	receives an e contributi	anonyr ion to th	mous contribution, the	ger be deposited in <i>any</i> e campaign treasurer shall orcement Commission	

NAME OF COMMITTEE (Provide Complete Name as Register Jim Connor 2019		TYPE OF REPORT October 10th Filing				
J. Intel	rest from Deposits in Au	thorized Accoun	ts	A 2012 11		
Name of Institution			Date I	Received		Amount
Street Address	City		State	Zi	p Code	
Name of Institution			Date F	Received		Amount
Street Address	City	S	ltate	Zi	p Code	
		TOTAL SECTION	IJ	0		
K. Miscellaneou	ıs Monetary Receipts no	t Considered Co	ntrib	oution	ıs	
Name					ransaction	Amount Received
Street Address	City		State		Zip Code	
Description		,				
Name			Ţi	Date of T	ransaction	Amount Received
Street Address	City		State	·	Zip Code	
Description						
Name			I	Date of T	ransaction .	Amount Received
Street Address	City		State	;	Zip Code	
Description					<u> </u>	
Name			I	Date of T	ransaction	Amount Received
Street Address	City		State	;	Zip Code	
Description			1		<u> </u>	
	тот	AL SECTION K	0			
SUMMARY OF OT	HER MONETARY REC	CEIPTS (Section	s D t	hrou	gh K)	
Total Loans Received this Period (Section D)			0			
Total Receipts from Entities other than Individuals or Other Committees (Section E) +						
Total Amount Transferred from Affiliated Business Treasury (Section F) +						
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +						
Total Amount of Personal Funds of the Candidate Received this Period (Section H) +						
Total Amount of Interest from Deposits in Authoriz	ed Accounts (Section J)		+		0	
Total Miscellaneous Monetary Receipts not Conside	ered Contributions (Section K)	+		0	
(Add Sections D th	Total of (rough K) (Enter total on Line 15,	Other Monetary Column A of Summary			0	

				OF REPORT ber 10th Filing			
	L1. Even	nt Information					
Event # Date of Event Letter 20190829 A	Description Cocktail Party			Was this a fu	ndraising event		
Location: Street Address 4567 Main Street		City Stratford		State CT	Zip Code 06614		
Subpart 1: (All Committee Was this event hosted at a	•	Yes (If yes, go to Section L5 Associated with a Hour purchases made by host No	ise Party and complet	e required infor			
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contribution and complete required information.) No					
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	Yes (<i>If yes</i> , enter Total Reco	eipts here.)	\$			
	nittees, Municipal Candidates and Political Commender is a program book or on a fundraiser?	mittees other than Exploratory Yes (If yes, go to Section L3 or on a Sign and comp	Purchases of Advert	~ .	Program Book		
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	eipts here.)	\$			
Event # Date of Event Letter	Description			Was this a fur	idraising event		
Location: Street Address		City		State	Zip Code		
Subpart 1: (All Committee Was this event hosted at a		OYes (If yes, go to Section L5 Associated with a Houpurchases made by hosti	se Party and complete	e required infor.			
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section La and complete required i		oot Considered (Contributions		
Was this fundraiser a tag s with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	Yes (If yes, enter Total Rece	ripts here.)	\$			
Subpart 2: (Party Commitwee there purchases of a sign associated with this f	ittees, Municipal Candidates and Political Comn dvertising space in a program book or on a undraiser?	nittees other than Exploratory C Yes (If yes, go to Section L3 or on a Sign and comp No	Purchases of Adverti	sing Space in a	Program Book		
Subpart 3: (Town Comm Did your committee sell for gathering held within the s	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Recei	ipts here.) ——→	\$	- A facility		
SUBTOTAL Section	1 L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items — T	This Page 0				
		ion L1—Subpart3 <i>(Town Committ</i> ipts from Food Purchases — T					
		TOTAL of additional Section	Li Pages N/A				
		IPTS FROM SMALL PUR Line 16a, Column A of Summary					

		8, effective January 1 om a committee tag s						
NAME OF COMMI	TTEE (Provide Complete Nam	e as Registered with Filing Reposite	ory)		TYPE OF REPO	RT		
Jim Connor 2019					October 10th	ı Filin	9	
	L3. P	urchases of Advertisi	ng in a Prog	ram Book or o	n a Sign			
Name of Purchaser						⊘ Bi	ise Made By: usiness Entity idividual/Sole I	Other
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purch	ase	Amount of Si	gn Purchase
Name of Purchaser						1	se Made By: usiness Entity	Other
						Olu	dividual/Sole F	roprietorship
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise	Amount of Si	gn Purchase
Name of Purchaser						l .	se Made By: usiness Entity	Other
						1 =	dividual/Sole F	_
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise	Amount of Si	gn Purchase
Name of Purchaser						Purcha	se Made By:	
						1 =	usiness Entity dividual/Sole P	Other Proprietorship
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise	Amount of Si	gn Purchase
Name of Purchaser						Purcha	se Made By:	
						O Bu	isiness Entity	Other
			ı			Olno	tividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Sig	gn Purchase
	SUBTOTAL Sect	tion L3 Total Purchases of	Advertising in	Program Book –	- This Page 0			
	SUBTOT	AL Section L3 Total Purc	hases of Adver	tising on a Sign —	-This Page 0			
			TOTAL of	fadditional Section	n L3 Pages N	I/A		
T	OTAL OF ALL PURCE	IASES OF ADVERTISING (Enter total on I		RAM BOOK or On A of Summary I				

NAME OF COMMITTI	EE (Provide Complete Name o	as Registered with Filing Repos	titory)	TYPE C	F REPORT		
Jim Connor 2019				Octob	er 10th Filing		,
	14. L 4	. In-Kind Donation	ns Not Cons	idered Contributions			
Name of Donor				Annual Control of the			
Street Address			City		, , , , , , , , , , , , , , , , , , , ,	State	Zip Code
Donation Given By:	Description of Donation				Fair	Market Va	lue of Donation
Business Entity							
O Indívidual O Sole Proprietorship	Date Received	Event #		Aggregate Value for this Ever	ıt		
C 30te 1 toptietorsinp							
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair	Market Va	lue of Donation
Business Entity							
○ Individual ○ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Even	t		
O Sole Proprietorship							
Name of Donor							
***************************************						.,	
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair I	Market Val	lue of Donation
Business Entity Individual							
Sole Proprietorship	Date Received	Event #		Aggregate Value for this Even	t		
Name of Donor							
2			Lo:			1 _	la: a i
Street Address			City			State	Zip Code
Donation Given By: Business Entity	Description of Donation				Fair M	Market Val	ue of Donation
O Individual	Date Received	Event #		Aggregate value for this Event			
Sole Proprietorship	Date Necessed	Event#		Aggregate value for this Event			
		SU	BTOTAL Sect	ion L4 — This Page			
			IAL of additio	nal Section L4 Pages			
ТОТ	AL OF ALL IN-KIND	DONATIONS NOT C	CONSIDERED	CONTRIBUTIONS			
		(Enter total on Line 21,					

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Re	гроsitory)			TYPE OF RE	PORT		
Jim Connor 2019					October 1	0th Filing)	
L5	5. In-Kind Donations Not Consid	lered (Contributions Associa	ted with a	House Par	ty		
Name of Host				committee?	supporting m OYes ON omplete Itemiz	lo	ne candidate or dendum L5	
Street Address			City			State	Zip Code	
Description of Donation		,			Fair Mai	rket Value	of Donation	
Event #	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events— <i>this he</i>	ost/candidate				
Name of Host				committee?	supporting mo	o	ne candidate or dendum L5	
Street Address			City			State	Zip Code	
Description of Donation			I	Per / 1111/2/1111/2/2004/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/	Fair Mar	ket Value	of Donation	
Event #	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events— <i>this ho</i>	ost/candidate	1			
Name of Host				committee?	supporting mo	o	ne candidate or	
Street Address			City		-	State	Zip Code	
Description of Donation					Fair Mar	ket Value o	of Donation	
Event #	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events— <i>this ho</i>	ost/candidate				
Name of Host				committee?	supporting mo OYes ONo omplete Itemiza	o	ne candidate or lendum L5	
Street Address			City			State	Zip Code	
Description of Donation					Fair Mar	ket Value o	f Donation	
Event#	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events— <i>this ho</i>	st/candidate				
SUBTOTAL Section L5 — This Page						0		
			L of additional Section		N/A			
TOTAL (ASSOCIATED WITH	OF ALL IN-KIND DONATIONS NO A HOUSE PARTY (Enter total on		ONSIDERED CONTRIE 2, Column A of Summary F		0		•••	

NAME OF COMMITTEE (Provide Complete Jim Connor 2019	Name as R	egistered with	Filing Reposite	ory)	:::40::3:			OF REPORT Der 10th Filing		
			M. In-F	Kind Cor	ntri	butions				
Name										
Jay B. Sheehy					·	MARIA, M. p.				******
Street Address 190 Chapel Street					City	ratford			State	Zip Code 06614
Type of contributor: Committee	Date Rece		Aggregate Co	ontributions		Description of In-Kind			<u> </u>	·····
Other Individual / Sole Proprietorship	08/29/	2019	250.00			Food for fundra	ising e	vent 20190829/	Ą	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co	ibution is in ntributor or at more than	business he/sl	00 to a candi he is associa	ated w	for a chief executive with have a contract way Yes	officer of ith said n	a municipality, nunicipality		Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A	8 Yes No	If yes,	utor a principa indicate whice ernment the co	ch branch or	r bra				250.00	
Name Teresa M. Sheehy										
Street Address 190 Chapel Street			·		City	ratford			State CT	Zip Code 06614
Type of contributor: Committee Individual / Sole Proprietorship Other	Date Recei 08/29/		Aggregate Co	ntributions	1	Description of In-Kind Food for fundra			١	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co		business he/s			for a chief executive with have a contract v				Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20190829A 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: Executive OLegislative						250.00				
Name Adam H. Sheehy							<u> </u>			
Street Address 190 Chapel Street					City Sti	ratford			State	Zip Code 06614
Type of contributor: Committee Individual / Sole Proprietorship Other	Date Recei		Aggregate Cor 250.00	ntributions		Description of In-Kind Bar / Service for			90829A	\$
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sl		ated v	for a chief executive with have a contract were No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported listed in Section L1? If yes, list Event # 20190829A	Yes No	If yes, i	tor a principal indicate which rnment the cor	h branch or	ontrac bran	ctor or prospective sta	_	⊘ No	250.00)
			SU	BTOTAL	Sect	ion M — This Pag	ge 75	0.00		
			тот	AL of addi	ition	al Section M Page	es 25	0.00		
TOTAL OF ALL IN-KIND CON	rribut	TIONS (E	nter total on L	ine 23, Colui	mn A	of Summary Page To	tals) 1,0	00.00		
	N.	Refund	lable Dep	osit to T	eler	hone Compan	y			
Last Name of Individual		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		First				MI I	Date Deposit	t Made
Residential Street Address			City	,			State	Zip Code	1	Amount of Deposit
Name of Telephone Company										
Street Address			City				State	Zip Code		
TOTAL SE	CTION	N (Enter to	otal on Line 2	24, Column /	A of	Summary Page Tota	<i>ls)</i> 0		<u> </u>	

SEEC	FORM	20
	4014	

Section M. ADDITIONAL PAGE 1 of 1

Market M	Name Austin W. Sheety Serie Addess 130 Chaple Street 130 Chaple S	NAME OF COMMITTEE (Provide Complete Jim Connor 2019	Name as Registered with	Filing Repository)		TYPE OF REPORT		
Austin W. Sheehy Sincer Address 190 Chapel Street 197 of Countributor Countrities 198 of Chapel Street 199 of Chapel Street 19	Augs and Aug	Jim Comor 2019		M In Vind Con	41.1	October 10th Filing		
State Zig Code To Got Address Committee Committee Committee Committee Code	Street Address Cay Street Cay Street Cay Street Cay Street Cay Street Cay Street Cay Contributed Cay Cay Contributed Cay Cay Contributed Cay	Name		WI. In-King Con	Tributions		Siria di Ka	
190 Chapel Street Stratford CT D6614	190 Chapel Street Type of contribution Is contributed an associated with an event reported is section 1/8 or 190 Chapel street Old for Addres Dear Received Aggregate Contribution Dear Received Aggregate Contribution Street Addres Dear Received No Street Addres Dear Received Aggregate Contribution Dear Received Aggregate Contributions Dear Received Aggregate Contributions Dear Dear Received Aggregate Contributions Dear Dear Dear Dear Dear Dear Dear Dear	Austin W. Sheehy						
Type of Countibution Committee Date Received Aggregate Contributions Description of in-Kind Countibutions Fair Market Value South Sout	Type of contribution a sobbysis, spouse, Or Secretary of the contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type of contribution associated with an event reported in Section L1? Type				City		State	Zip Code
Contributor a lobbysis, spouse, or dependent child of a lobbysis State 2 pc Cole	State Proprietorship Other Aug 29, 2019 250.00 Food, Service Charges, Tax for fundraising event	190 Chapel Street		!	Stratford		СТ	06614
Is contribution a lobbyst, sponse, or dependent child of a lobbyst? No Superindent child of a lobbyst Superindent child of a lo	Is contributor a lobbysis, spouse, or dependent child of a lobbysis? No Date Received Aggregate Contributor a principal of a state contractor or prospective state contractor? Type of contributor a sociated with an event reported in Section L1? Types of contributor a principal of a state contractor or prospective state contractor? Types of contributor a principal of a state contractor or prospective state contractor? Types of contributor a principal of a state contractor or prospective state contractor? Types of contributor a principal of a state contractor or prospective state contractor? Types of contributor a principal of a state contractor or prospective state contractor? Types of contributor a principal of a state contract with an amonicipality valued at more than \$5,000? Type of contributor a lobbysis, spouse, or present a principal of a state contractor or prospective state contractor? Type of contributor a lobbysis, spouse, or present a principal of a state contractor or prospective state contractor? Type of contributor a lobbysis, spouse, or present a principal of a state contractor or prospective state contractor? Type of contributor a lobbysis, spouse, or present a principal of a state contractor or prospective state contractor? Type of contributor a lobbysis, spouse, or present a principal of a state contractor or prospective state contractor? Type of contributor a lobbysis, spouse, or present a principal of a state contractor or prospective state contractor? Type of contributor a lobbysis, spouse, or present a principal of a state contractor or prospective state contractor? Type of contributor a lobbysis, spouse, or present a principal of a state contractor or prospective state contractor? Type of contributor a lobbysis, spouse, or present spouse a principal of a state contractor? Type of contributor a lobbysis, spouse, or present spot a principal of a state contractor or prospective state contractor? Type of contributor a lobbysis, spouse, or present spouse a principal of a stat				· ·			
od dependent child of a jobbysis? No loss contributor or business herbits is associated with have a contract with and numcipality valued at more flants. \$2,000 to something of the contributor of the contract of the contributor of the contract of the contract of the contract of the contributor of the contract of the c	State Aggregate Contribution of a looblysist South Science State Sou	● Individual / Sole Proprietorship ◆ Other	Aug 29, 2019	250.00	Food, Service Ci	narges, Tax for fundra	ising eve	ent
State contribution associated with an event reported in Section 1.17 State	Street Address City State Zgr Code	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or l	business he/she is associate	ted with have a contract wi			
Street Address City State Zip Code	Street Address City	event reported in Section L1? If yes, list Event # 20190829A	No If yes,	indicate which branch or	branches			
Type of contributor: Committee Olatividual / Sole Proprietorship Other Is contributor a lobbysis, spouse, or dependent child of a lobbysis? 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 of this Contribution associated with an event reported in Section L1? Type, list Event # Date Received Aggregate Contributor or prospective state contractor? Pyes, indicate which branch or branches of government the contract is with: City State City State Zip Code Of this Contribution State Type of contributor a lobbysis, spouse, or dependent child of a lobbysis? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of this Contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? State Type of contributor a lobbysis, spouse, or dependent child of a lobbysis? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality valued at more than \$5,000? Is this contribution associated with an event reported listed in Section L1? Myes, ist Event # Date Received Aggregate Contributions Street Address City State Zip Code Of this Contribution Fair Market Value of this Contribution Fair Market Value of this Contribution Street Address City State Zip Code Of government the contract is with: Description of In-Kind Contribution Fair Market Value of this Contribution Fair Market Value of this Contribution Street Address City State City State Zip Code Fair Market Value of this Contribution Fair Market Value of this Contribution Street Address City State City Code Aggregate Contribution Street Address City State City Code Aggregate Contribution Description of In-Kind Contribution Fair Market Value of this Contribution Fair Market Value of this Contribution Fair Market Value of this Contributi	Type of contributor a Jobbyist, spouse, or generated and the contributor a Jobbyist, spouse, or dependent child of a Jobbyist, spouse, or generated and the contributor of State Contributor of Jobbyist, spouse, or generated and sevent reported in Section L1? Type of contributor: Date Received	Name						
Type of contributor: Committee Olatividual / Sole Proprietorship Other Is contributor a lobbysis, spouse, or dependent child of a lobbysis? 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 of this Contribution associated with an event reported in Section L1? Type, list Event # Date Received Aggregate Contributor or prospective state contractor? Pyes, indicate which branch or branches of government the contract is with: City State City State Zip Code Of this Contribution State Type of contributor a lobbysis, spouse, or dependent child of a lobbysis? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of this Contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? State Type of contributor a lobbysis, spouse, or dependent child of a lobbysis? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality valued at more than \$5,000? Is this contribution associated with an event reported listed in Section L1? Myes, ist Event # Date Received Aggregate Contributions Street Address City State Zip Code Of this Contribution Fair Market Value of this Contribution Fair Market Value of this Contribution Street Address City State Zip Code Of government the contract is with: Description of In-Kind Contribution Fair Market Value of this Contribution Fair Market Value of this Contribution Street Address City State City State Zip Code Fair Market Value of this Contribution Fair Market Value of this Contribution Street Address City State City Code Aggregate Contribution Street Address City State City Code Aggregate Contribution Description of In-Kind Contribution Fair Market Value of this Contribution Fair Market Value of this Contribution Fair Market Value of this Contributi	Type of contributor a Jobbysts, spouse, of dependent child of a Jobbysts, spouse, or dependent child of a Jobbysts	Street Address			Ct.		Cinta	7:- Code
State Aggregate Contribution State Sta	If contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, last Event # Spouse of government the contract is with: Street Address	SHOW AND 955			City		State	Zip Code
State Aggregate Contribution State Sta	If contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, last Event # Spouse of government the contract is with: Street Address	Type of contributor: Committee	Date Received	Augregate Contributions	Description of In-Kind (Contribution		
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Type of contributor:	Type of contributor:							
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SEEC FORM 20 Revised Junuary 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Rep	TYPE OF REPORT October 10th Fili	ing	
	P. Expe	enses Paid by Committe	e	
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card DEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	1	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ None of the below Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-ki	spenditure) 🔘 Indepe	•	
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requestry None of the below Coordinated with reimbursement sought (joint expected) Coordinated without reimbursement sought (in-kir	penditure) 🔘 Indepe		
Name of Payee		O organic	Date of Payment	Method of Payment: Check # Debit Card EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	<u>'</u>	Event#	Amount
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Name of Payce			Date of Payment	Method of Payment: Check # Debit Card EFT
Street Address		City		State Zip Code
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		SUBTOTAL Section P -	Franciscops Communication	
	TOTAL OF ALL E	TOTAL of additional Sect EXPENSES PAID BY CO		
		on Line 19, Column A of Summar		

NAME OF COMMI Jim Connor 2019	TTEE (Provide Complete Name as	Registered with Filing Repository	<u> </u>		TYPE OF REPORT October 10th Filing				
		Q. Campaign Exp	enses Paid by Cand	didate	The second of th				
Name of Payce (Name of	Vendor, Person or Entity who candid		_		ate of Payment	Is reimt	bursement claimed?		
							Yes No		
Street Address			City			State	Zip Code		
			_			-	-		
Purpose of Expenditure	Description			Event #			Amount		
(by code)	Description			Even 7			Amount		
Name of Payee (Name of	 Vendor, Person or Entity who candid	date paid directly)		Di	ate of Payment	Is reimt	bursement claimed?		
							Yes 🔘 No		
Street Address			City			State	Zip Code		
			-				•		
Purpose of Expenditure	Description		<u></u>	Event #			Amount		
(by code)									
Name of Payee (Name of	Vendor, Person or Entity who candid	date paid directly)		Da	nte of Payment	ls reimb	bursement claimed?		
						0	Yes O No		
Street Address			City	l		State	Zip Code		
Purpose of Expenditure	Description			Event #			Amount		
(by code)									
Name of Payce (Name of	Vendor, Person or Entity who candid	late paid directly)		Da	ite of Payment	Is reimb	oursement claimed?		
						O.	Yes O No		
Street Address			City			State	Zip Code		
Purpose of Expenditure (by code)	Description			Event #			Amount		
(0) 5000)									
Name of Payee (<i>Name of</i>	Vendor, Person or Entity who candid	late paid directly)		Dat	te of Payment	Is reimb	ursement claimed?		
						0	Yes O No		
Street Address			City			State	Zip Code		
Purpose of Expenditure	Description			Event #		1	Amount		
(by code)			İ						
Name of Payee (<i>Name of</i> 1	1 Vendor, Person or Entity who candida	late paid directly)		Dat	te of Payment	Is reimb	ursement claimed?		
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Street Address			City			State	Zip Code		
ourpose of Expenditure	Description	<u></u> Ł		Event #		T A	Amount		
by code)									
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		TO	ΓAL of additional Section	on Q Pag	es N/A				
	$oldsymbol{ au}$	TOTAL OF ALL EXPI							
	2.5	(Enter total on Line	26, Column A of Summary	y Page Tota	als)				

				PE OF REPORT			
	R. Expenses Incurr	ed on Committe	ee Credit Car	d	Tana da Hair		
Name of Issuing Institution Type of Credit Card: Visa Master Card Discover American				an Expres	s Other:		
Name of Vendor, Person	or Entity			<u> </u>	Date of	Fransaction	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#			Amount	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: OA OB OC D						
Name of Vendor, Person	or Entity	Mildi			Date of	Fransaction	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind of the coordinated)	nditure)) Independent	○ B ○ C ○ D			
Name of Vendor, Person o	or Entity				Date of T	ransaction	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A OB OC OD						
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	TO	TAL of additional S	Section R Pages	N/A			
ТО	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lin	COMMITTEE Cone 27, Column A of Su					

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Fili	ing Repository)	TYPE OF REPOR	T *********			
Jim Connor 2019			······································	October 10th Filing			
	S. Expenses Incurred	by Committee but Not P	aid During this Period				
Name of Creditor					Date Incurred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #	i i	Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sought	(joint expenditure)	low" is checked) independent Organization: A B C	O D			
Name of Creditor				Date Incu	rred		
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 None of the below Coordinated with reimbursement sought Coordinated without reimbursement sought	(joint expenditure)	low" is checked) Independent Independent Independent OB OC (O D			
Name of Creditor				Date Incu	rred		
Street Address		City		State	Zip Code		
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		SUBTOTAL Sec	tion S-This Page 0		111111111111111111111111111111111111111		
		TOTAL of additiona	Section S Pages N/A				
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITT (Ent.	TEE DURING THIS PERIOD er total on Line 28, Column A of Su					
	Previously rep	oorted Expenses Unpaid and st	ill Outstanding 0				
	TOTAL OF ALL EXPENSES IN (Enter	NCURRED BY COMMITTEE total on Line 28a, Column A of Su					

File # 2019-103

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Jim Connor 2019				Oc	October 10th Filing			
	T. Itemization of Rein	nbursemer	nts and Secon	dary Pa	yees			
Last Name of Worker/Con	sultant	First			*	МІ		ayment to Vendor,
							Person or	Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant								Vorker/Consultant as
1					Chec	n Section P:	_	oit Card CEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			Q em		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #				Amount
(c) seas)							00 65	22
Expenditure #	Type of Expenditure (Itemization in Addendum T Requ	riead unlass "A	long of the helows	is abaakad\			TE OF	0.00
(if applicable)	None of the below	nrea amess 18	tone of the below 1	із спескей)			A C	SEL
	Coordinated with reimbursement sought (joint ex	:penditure)	Independence	ndent 🔿	0 0		F -	是回
	Coordinated without reimbursement sought (in-ki	nd contribution)		zation: o A	ово	сор	30 1	3 3 5
Last Name of Worker/Con	sultant	First				МІ		ayment to Vendor,
							Person or	Entity 22
Name of Vendor, Person or	r Entity Paid by Committee Worker/Consultant						Committee V	orker/Consultant as
					Chec	Section P:	_ O Del	oit Card OEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code
Purpose of Expenditure	Description			Event #				Amount
(by code)								
Expenditure #	Type of Expenditure (Itemization in Addendum T Requ	ired unless "N	one of the below" i	s checked)				
(if applicable)	None of the below							
	Coordinated with reimbursement sought (joint ex			ndent 🔿	00			
	Coordinated without reimbursement sought (in-ki	nd contribution)	Organiz	zation: o A	0 B 0	$C \circ D$		
Last Name of Worker/Cons	sultant	First				MI		nyment to Vendor,
							Person or	Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Payment to	Reimburse	Committee W	/orker/Consultant as
				1	reported in	Section P:		
Street Address of Vandor 1	Person or Entity Paid by Committee Worker/Consultant	Low		l	Chec	K #		it Card OEFT
Succi Address of Vehior, I	erson of Entry 1 and by Committee Worker/Constituent	City					State	Zip Code
Purpose of Expenditure	Description			Event #				
(by code)	Description			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requi	ired unless "No	one of the below" is	s checked)				
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	O coordinated without reinhoursement sought (iii-kii	ta controllion)	Organiz	ation: O A	ов о	$\mathbf{C} \circ \mathbf{D}$		
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Ç	Stratford Town	Clerk			-			
ELE	ECTION FILINGS	secure discovery						