

SEEC FORM 20



File #: 2019-100  
10/08/2019 02:26 PM  
27 Pages



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ELECTION FILINGS

PRIMARY PAGE

2019 OCT -8 PM 2:26

Susan M. Pawluk, Town Clerk

STRAITFORD TOWN CLERK

Dancho For Council

2. TREASURER NAME

Title	First	MI	Last	Suffix
	Paul		Heydick	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
55 Castle Dr.	Stratford	CT	06614

4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)

5. OFFICE SOUGHT (Complete only if Candidate Committee)

10th District Councilman

6. DISTRICT NUMBER

(if applicable)

10

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

Title	First	MI	Last	Suffix
Mrs.	Laura		Dancho	

8. TYPE OF REPORT (Check One Box)

- January 10 filing
  - April 10 filing
  - July 10 filing
  - October 10 filing
  - Independent Expenditure
    - Primary
    - Election
  - 7th day preceding primary
  - 30 days following primary
  - 7th day preceding election
  - 12th day preceding election  
*(State Central Committees Only)*
  - 45 days following election  
not held in November
  - 7th day preceding referendum
  - 45 days following referendum
  - Deficit
  - Termination
  - Initial Contribution or Disbursement  
*(PACs ONLY)*
  - Amendment to
- Type of Report: \_\_\_\_\_

9. PERIOD COVERED

Beginning Date	Ending Date
7/1/19	9/30/19

thru

10. CERTIFICATION

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

*Paul Heydick*

Paul Heydick  
TREASURER OR DEPUTY TREASURER (SIGNATURE)

Paul Heydick  
PRINT NAME OF SIGNER

DATE (mm/dd/yyyy)

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

## SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Rev. 1/08

Page 2 of 17

SUMMARY PAGE  
 TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees	\$0.00	\$0.00
12. Balance on hand at the beginning of Reporting Period	\$0.00	\$0.00
13. Contributions received from Individuals (Sections A and B)	2387 <sup>00</sup> \$0.00	2387 <sup>00</sup> \$0.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D-K)	\$0.00	\$0.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	\$0.00	\$0.00
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	250 \$0.00	250 \$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	2637 \$0.00	2637 \$0.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$0.00	\$0.00
19. Expenses Paid by Committee (Section P)	213 <sup>60</sup> \$0.00	213 <sup>60</sup> \$0.00
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	2423 <sup>40</sup> \$0.00	2423 <sup>40</sup> \$0.00
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	500 \$0.00	500 \$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	\$0.00
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	\$0.00
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	\$0.00
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	\$0.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE: Dance For Council FILING DUE DATE: 10-10-19

**A. Total Contributions from Small Contributors-Received this Period ONLY**  
(See instructions for definition of Small Contributor) Subtotal Section A: \$ 17.00 0.00

**B. Itemized Contributions from Individuals**

Last Name <u>Salls</u>	First <u>Roger</u>	MI	Principal Occupation <u>Photographer</u>	Amount of Contribution
Residential Street Address	City <u>Stratford</u>	State <u>CT</u>	Zip Code <u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>40</u> \$0.00	<u>40</u> \$0.00

Last Name <u>Petillo</u>	First <u>Oreste</u>	MI	Principal Occupation	Amount of Contribution
Residential Street Address <u>125 McLeod A</u>	City <u>Stratford</u>	State <u>CT</u>	Zip Code <u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>2190807A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions \$0.00	<u>100</u> \$0.00

Last Name <u>Morrissey</u>	First <u>Patricia</u>	MI	Principal Occupation <u>School Counselor</u>	Amount of Contribution
Residential Street Address <u>570 Whifflorell Ln</u>	City <u>Stratford</u>	State <u>CT</u>	Zip Code <u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions \$0.00	<u>40</u> \$0.00

Last Name <u>Bradley</u>	First <u>Jack</u>	MI	Principal Occupation <u>Locksmith</u>	Amount of Contribution
Residential Street Address <u>1756 Barnum Ave</u>	City <u>Stratford</u>	State <u>CT</u>	Zip Code <u>06615</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions \$0.00	<u>40</u> \$0.00

**SUBTOTAL Section B-This Page** 220 \$0.00

**TOTAL of additional Section B Pages** 2150 \$0.00

**TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B)** (Enter total on Line 13 of Summary Page) 2387 0.00

**I. MONETARY RECEIPTS**

**Section B. Additional Page**

<b>NAME OF COMMITTEE:</b> <u>Deane For Council</u>	<b>FILING DUE DATE:</b> <u>10-10-19</u>
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**B. Itemized Contributions from Individuals**

Last Name <u>Sheek</u>	First <u>Lynne</u>	MI	Principal Occupation <u>Co-owner BUTTERWOLD &amp; SCHOEN</u>	<b>Amount of Contribution</b>
Residential Street Address <u>72 Harvard ST</u>	City <u>STRAITFORD</u>	State <u>CT</u>	Zip Code <u>06615</u> Name of Employer <u>owner</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <u>8-4-19</u>	Aggregate contributions <u>50</u> \$0.00
<b>\$ 50 \$0.00</b>				

Last Name <u>DeCilio</u>	First <u>Louis</u>	MI <u>A</u>	Principal Occupation <u>REGISTER OF VOTERS</u>	<b>Amount of Contribution</b>
Residential Street Address <u>160 Timber Ridge</u>	City <u>STRAITFORD</u>	State <u>CT</u>	Zip Code <u>06614</u> Name of Employer <u>Town of STRAITFORD</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>20190807A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <u>8-7-19</u>	Aggregate contributions <u>100</u> \$0.00
<b>'100 \$0.00</b>				

Last Name <u>Cheri</u>	First <u>Judy</u>	MI	Principal Occupation <u>RN</u>	<b>Amount of Contribution</b>
Residential Street Address <u>196 First Ave</u>	City <u>STRAITFORD</u>	State <u>CT</u>	Zip Code <u>06615</u> Name of Employer <u>STRAITFORD Board of Education</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <u>8-3-19</u>	Aggregate contributions <u>40</u> \$0.00
<b>'40 \$0.00</b>				

Last Name <u>Rodica</u>	First <u>Karen</u>	MI	Principal Occupation <u>Nurse</u>	<b>Amount of Contribution</b>
Residential Street Address <u>2115 CUTSPRING Rd</u>	City <u>STRAITFORD</u>	State <u>CT</u>	Zip Code <u>06614</u> Name of Employer <u>T. Brunoski M.D.</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <u>8-8-19</u>	Aggregate contributions <u>50</u> \$0.00
<b>'50 \$0.00</b>				

Last Name <u>Barfieldson</u>	First <u>Erica</u>	MI	Principal Occupation <u>Metall Planner</u>	<b>Amount of Contribution</b>
Residential Street Address <u>121 Margherita Lane</u>	City <u>STRAITFORD</u>	State <u>CT</u>	Zip Code <u>06615</u> Name of Employer <u>Heathnet</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>20190807A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <u>8-7-19</u>	Aggregate contributions <u>80</u> \$0.00
<b>\$80 \$0.00</b>				

**SUBTOTAL Section B-This Page** **\$320 \$0.00**

# I. MONETARY RECEIPTS

## Section B. Additional Page

<b>NAME OF COMMITTEE:</b> Dancho For Council	<b>FILING DUE DATE:</b>
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### B. Itemized Contributions from Individuals

Last Name <b>Lamberti</b>	First <b>Debra</b>	MI	Principal Occupation <b>Retired</b>	<b>Amount of Contribution</b>
Residential Street Address <b>305 A Plum Ln</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>	Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>20190807 A</b>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>8-7-19</b>	Aggregate contributions <b>\$40</b>	<b>\$40 \$0.00</b>
<hr/>				
Last Name <b>Clark</b>	First <b>Joseph</b>	MI <b>P</b>	Principal Occupation <b>Public Safety Con.</b>	<b>Amount of Contribution</b>
Residential Street Address <b>200 Blueberry Ln</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06611</b>	Name of Employer <b>Town of Stratford</b>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>20190807 A</b>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>8-7-19</b>	Aggregate contributions <b>\$100</b>	<b>\$100 \$0.00</b>
<hr/>				
Last Name <b>Hannan</b>	First <b>Anne</b>	MI <b>S</b>	Principal Occupation	<b>Amount of Contribution</b>
Residential Street Address <b>137 Breakers Ln</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>	Name of Employer <b>Race Coastal Engineering</b>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>20190807 A</b>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>8/7/19</b>	Aggregate contributions <b>50</b>	<b>\$50 \$0.00</b>
<hr/>				
Last Name <b>Florek</b>	First <b>Sohn</b>	MI <b>U</b>	Principal Occupation <b>Attorney</b>	<b>Amount of Contribution</b>
Residential Street Address <b>264 Victoria Linn</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>	Name of Employer <b>Florek &amp; O'Neill</b>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>20190807 A</b>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>8-7-19</b>	Aggregate contributions <b>100</b>	<b>\$100 \$0.00</b>
<hr/>				
Last Name <b>Petrocelli</b>	First <b>Len</b>	MI	Principal Occupation <b>Retired</b>	<b>Amount of Contribution</b>
Residential Street Address <b>105 Euclid Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>	Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>20190807 A</b>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>8-7-19</b>	Aggregate contributions <b>40</b>	<b>\$40 \$0.00</b>
<b>SUBTOTAL Section B-This Page</b>				<b>\$330 \$0.00</b>

# I. MONETARY RECEIPTS

## Section B. Additional Page

NAME OF COMMITTEE: <u>Dancho For Council</u>	FILING DUE DATE: <u>10-16-19</u>
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### B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	Amount of Contribution
<u>Proto</u>	<u>Benjamin</u>		<u>Attorney</u>	
<u>2090 CTSpring Rd</u>	<u>Stratford</u>	<u>CT</u>	<u>Self</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>20190807A</u>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received: <u>8-7-19</u>	Aggregate contributions: <u>100</u> \$0.00	<u>100</u> \$0.00	
<u>Cubral</u>	<u>Carol</u>	<u>G</u>	<u>Retired</u>	
<u>1034 East Main St</u>	<u>Stratford</u>	<u>CT</u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>20190807A</u>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received: <u>8-7-19</u>	Aggregate contributions: <u>80</u> \$0.00	<u>80</u> \$0.00	
<u>hengel</u>	<u>Jane</u>		<u>Teacher</u>	
<u>223 Jefferson St</u>	<u>Stratford</u>	<u>CT</u>	<u>86615</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>20190807A</u>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received: <u>8/7/19</u>	Aggregate contributions: <u>40</u> \$0.00	<u>40</u> \$0.00	
<u>Morre</u>	<u>Casimir</u>	<u>A</u>	<u>Retired</u>	
<u>185 Boston Ave</u>	<u>Stratford</u>	<u>CT</u>	<u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>20190807A</u>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received:	Aggregate contributions: <u>100</u> \$0.00	<u>100</u> \$0.00	
<u>Yacovette</u>	<u>Margaret</u>	<u>S</u>	<u>Council Clerk</u>	
<u>60 California St</u>	<u>Stratford</u>	<u>CT</u>	<u>06615</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>20190807A</u>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received: <u>8-7-19</u>	Aggregate contributions: <u>40</u> \$0.00	<u>40</u> \$0.00	

**SUBTOTAL Section B-This Page** 360 \$0.00

**I. MONETARY RECEIPTS**

**Section B. Additional Page**

NAME OF COMMITTEE: <u>Dancho For Council</u>	FILING DUE DATE: <u>10-10-19</u>
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**B. Itemized Contributions from Individuals**

Last Name <u>Bukovchik</u>	First <u>Ray</u>	MI	Principal Occupation <u>Retired</u>	<b>Amount of Contribution</b>
Residential Street Address <u>125 Carol Rd</u>	City <u>Stamford</u>	State <u>CT</u>	Zip Code <u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>20190807 #</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>40</u> \$0.00	<u>40</u> \$0.00

Last Name <u>Silhavy</u>	First <u>Christopher</u>	MI <u>E</u>	Principal Occupation <u>Tech Consultant</u>	<b>Amount of Contribution</b>
Residential Street Address <u>111 Hig Key Woods Ln</u>	City <u>Stamford</u>	State <u>CT</u>	Zip Code <u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-2-19</u>	Aggregate contributions <u>40</u> \$0.00	<u>40</u> \$0.00

Last Name <u>Hedette</u>	First <u>Richard</u>	MI <u>F</u>	Principal Occupation <u>Blight Officer</u>	<b>Amount of Contribution</b>
Residential Street Address <u>73 Ferry Ct</u>	City <u>Stamford</u>	State <u>CT</u>	Zip Code <u>06615</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>20190807 #</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>40</u> \$0.00	<u>40</u> \$0.00

Last Name <u>Seala</u>	First <u>Tudy</u>	MI	Principal Occupation <u>Assist. Registrar</u>	<b>Amount of Contribution</b>
Residential Street Address <u>435 Warner Hill Rd</u>	City <u>Stamford</u>	State <u>CT</u>	Zip Code <u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>20190807 #</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>40</u> \$0.00	<u>40</u> \$0.00

Last Name <u>Hankins</u>	First <u>John</u>	MI <u>A</u>	Principal Occupation <u>Lobbyist</u>	<b>Amount of Contribution</b>
Residential Street Address <u>1000 Avalon Way</u>	City <u>Stamford</u>	State <u>CT</u>	Zip Code <u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>20190807 #</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>100</u> \$0.00	<u>100</u> \$0.00

**SUBTOTAL Section B-This Page** 260 \$0.00

**I. MONETARY RECEIPTS**

**Section B. Additional Page**

NAME OF COMMITTEE: <u>Pancho For Council</u>	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name <u>Mitchel</u>	First <u>Robert</u>	MI <u>B</u>	Principal Occupation <u>Attorney</u>	<b>Amount of Contribution</b>
Residential Street Address <u>274 2nd Ave</u>	City <u>STAFFORD</u>	State <u>CT</u>	Zip Code <u>06615</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>20190807A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <u>8-7-19</u>	Aggregate contributions <u>50</u> \$0.00
				<b>\$0 \$0.00</b>

Last Name <u>Haydick</u>	First <u>Paul</u>	MI	Principal Occupation <u>Maintenance Director</u>	<b>Amount of Contribution</b>
Residential Street Address <u>55 Castle Dr</u>	City <u>STAFFORD</u>	State <u>CT</u>	Zip Code <u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>20190807A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <u>8-7-19</u>	Aggregate contributions <u>100</u> \$0.00
				<b>100 \$0.00</b>

Last Name <u>Haydick</u>	First <u>Paige</u>	MI	Principal Occupation <u>Intern</u>	<b>Amount of Contribution</b>
Residential Street Address <u>55 Castle Dr</u>	City <u>STAFFORD</u>	State <u>CT</u>	Zip Code <u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>20190807A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions <u>\$0.00</u>
				<b>100 \$0.00</b>

Last Name <u>Deccio</u>	First <u>Dan</u>	MI	Principal Occupation <u>Military</u>	<b>Amount of Contribution</b>
Residential Street Address <u>160 Timber Ridge</u>	City <u>STAFFORD</u>	State <u>CT</u>	Zip Code <u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>20190807A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions <u>\$0.00</u>
				<b>100 \$0.00</b>

Last Name	First	MI	Principal Occupation	<b>Amount of Contribution</b>
Residential Street Address	City	State <u>CT</u>	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions <u>\$0.00</u>
				<b>\$0.00</b>

**SUBTOTAL Section B-This Page** **350 \$0.00**



**I. MONETARY RECEIPTS**

**Section B. Additional Page**

<b>NAME OF COMMITTEE</b> <i>Dancho For Council</i>	<b>FILING DUE DATE</b> <i>10-10-19</i>
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**B. Itemized Contributions from Individuals**

Last Name <i>Delello</i>	First <i>Sheryl</i>	MI	Principal Occupation <i>CFO</i>	<b>Amount of Contribution</b>
Residential Street Address <i>150 Timber Ridge</i>	City <i>Stratford</i>	State <i>CT</i>	Zip Code <i>06614</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<i>\$ 10.00</i>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-1-19</i>	Aggregate contributions <i>1</i>	<i>\$0.00</i>

Last Name <i>Pic</i>	First <i>Michelle</i>	MI	Principal Occupation	<b>Amount of Contribution</b>
Residential Street Address	City <i>Stratford</i>	State <i>CT</i>	Zip Code <i>06614</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<i>\$ 10</i>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-5-19</i>	Aggregate contributions <i>1</i>	<i>\$0.00</i>

Last Name <i>Haydick</i>	First <i>Lawson</i>	MI	Principal Occupation <i>Mayor</i>	<b>Amount of Contribution</b>
Residential Street Address <i>55 Park Dr</i>	City <i>Stratford</i>	State <i>CT</i>	Zip Code <i>06614</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<i>\$ 10.00</i>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-7-19</i>	Aggregate contributions <i>1</i>	<i>\$0.00</i>

Last Name <i>Cled</i>	First <i>Carl</i>	MI	Principal Occupation <i>Attorney</i>	<b>Amount of Contribution</b>
Residential Street Address	City	State <i>CT</i>	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<i>\$ 40</i>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions <i>1</i>	<i>\$0.00</i>

Last Name <i>Scutan</i>	First <i>Sheron</i>	MI	Principal Occupation	<b>Amount of Contribution</b>
Residential Street Address	City	State <i>CT</i>	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<i>\$ 100</i>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions <i>1</i>	<i>\$0.00</i>

<b>SUBTOTAL Section B-This Page</b>				<b><i>350</i>\$0.00</b>
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# I. MONETARY RECEIPTS

## Section B. Additional Page

NAME OF COMMITTEE: <u>Dancho for Council</u>	FILING DUE DATE: <u>10-10-18</u>
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### B. Itemized Contributions from Individuals

Last Name <u>Hennac</u>	First <u>John</u>	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State <u>CT</u>	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <u>8-10-18</u>	Aggregate contributions <u>40</u> \$0.00
<b>40</b>				
Last Name <u>Gauch</u>	First <u>Margaret</u>	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State <u>CT</u>	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <u>8-14-18</u>	Aggregate contributions \$0.00
<b>100</b>				
Last Name <u>Aviclin</u>	First <u>Paul</u>	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City <u>Stratford</u>	State <u>CT</u>	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <u>8-15-18</u>	Aggregate contributions \$0.00
<b>40</b>				
Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State <u>CT</u>	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input checked="" type="checkbox"/> Money Order			Date Received	Aggregate contributions \$0.00
<b>\$0.00</b>				
Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State <u>CT</u>	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input checked="" type="checkbox"/> Money Order			Date Received	Aggregate contributions \$0.00
<b>\$0.00</b>				

**SUBTOTAL Section B-This Page** 180 \$0.00

# I. MONETARY RECEIPTS

## Section B. Additional Page

NAME OF COMMITTEE:	FILING DUE DATE:
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### B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	<b>Amount of Contribution</b>
Residential Street Address	City	State CT	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution:			Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				\$0.00
				<b>\$0.00</b>

Last Name	First	MI	Principal Occupation	<b>Amount of Contribution</b>
Residential Street Address	City	State CT	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution:			Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				\$0.00
				<b>\$0.00</b>

Last Name	First	MI	Principal Occupation	<b>Amount of Contribution</b>
Residential Street Address	City	State CT	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution:			Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				\$0.00
				<b>\$0.00</b>

Last Name	First	MI	Principal Occupation	<b>Amount of Contribution</b>
Residential Street Address	City	State CT	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution:			Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				\$0.00
				<b>\$0.00</b>

Last Name	First	MI	Principal Occupation	<b>Amount of Contribution</b>
Residential Street Address	City	State CT	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution:			Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				\$0.00
				<b>\$0.00</b>

**SUBTOTAL Section B-This Page** **\$0.00**

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

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
--------------------------	------------------------

**C1. Contributions from Other Committees**

Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00

**C2. Reimbursements, Payments, or Surplus Distributions from other Committees**

Name of Committee					Name of Treasurer	
Address			Date Received		Amount of Receipt	
City	State CT	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Payment for goods and services		\$0.00	
Name of Committee					Name of Treasurer	
Address			Date Received		Amount of Receipt	
City	State CT	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Payment for goods and services		\$0.00	
<b>SUBTOTAL Section C-This Page</b>						\$0.00
<b>TOTAL of additional Section C Pages</b>						\$0.00
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)</b>						\$0.00

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

NAME OF COMMITTEE	FILING DUE DATE
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**D. Loans Received this Period**

Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner Guarantor) <input type="checkbox"/> No	Amount Received
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Bank	<input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			\$0.00
Street Address	City	State CT	Zip Code	Date of Receipt			
Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner Guarantor) <input type="checkbox"/> No	Amount Received
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Bank	<input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			\$0.00
Street Address	City	State CT	Zip Code	Date of Receipt			
<b>Total Section D</b>							\$ 0.00

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

Name of Entity				Date Received		Amount Received	
Street Address			City	State CT	Zip Code		
				Aggregate Contributions		\$0.00	
Name of Entity				Date Received		Amount Received	
Street Address			City	State CT	Zip Code		
				Aggregate Contributions		\$0.00	
Name of Entity				Date Received		Amount Received	
Street Address			City	State CT	Zip Code		
				Aggregate Contributions		\$0.00	
<b>Total Section E</b>							\$ 0.00

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

Date of Receipt	Amount \$0.00	Date of Receipt	Amount \$0.00	Total Transfers
Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event # _____</i> <input type="checkbox"/> No		Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event # _____</i> <input type="checkbox"/> No		

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

Date of Receipt	Amount \$0.00	Date of Receipt	Amount \$0.00	Total Transfers

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

Date of Receipt	Amount \$0.00	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date of Receipt	Amount \$0.00	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Total Amount Received

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

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
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**I. Anonymous Contributions (Specify dollar amount of the bills received)**

Date Received	Amount	Date Received	Amount	Total Amount Received
	\$0.00		\$0.00	
\$1 bills <u>          </u> \$0.00	\$5 bills <u>          </u> \$0.00	\$1 bills <u>          </u> \$0.00	\$5 bills <u>          </u> \$0.00	
coins <u>          </u> \$0.00	\$10 bill <u>          </u> \$0.00	coins <u>          </u> \$0.00	\$10 bill <u>          </u> \$0.00	

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

Date Received	Amount	Date Received	Amount	Total Amount Received	
	\$0.00		\$0.00		
Name of Institution		Name of Institution			
Street Address		Street Address			
City	State CT	Zip Code	City		State CT
				\$ 0.00	

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

Name			Date of Transaction		Amount Received
Street Address		City	State CT	Zip Code	
Description					\$ 0.00
Name			Date of Transaction		Amount Received
Street Address		City	State CT	Zip Code	
Description					\$ 0.00
Name			Date of Transaction		Amount Received
Street Address		City	State CT	Zip Code	
Description					\$ 0.00
<b>Total Section K</b>					\$ 0.00

**Summary of Other Monetary Receipts (Sections D-K)**

<b>Total Loans Received this Period (Section D)</b>	0.00
<b>Total Receipts from Entities other than Individuals or Other Committees (Section E)</b>	+ 0.00
<b>Total Amount Transferred from Affiliated Business Treasury (Section F)</b>	+ 0.00
<b>Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)</b>	+ 0.00
<b>Total Amount of Personal Funds of the Candidate Received this Period (Section H)</b>	+ 0.00
<b>Total Amount of Anonymous Contributions (Section I)</b>	+ 0.00
<b>Total Amount of Interest from Deposits in Authorized Accounts (Section J)</b>	+ 0.00
<b>Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)</b>	+ 0.00
<b>Total of Other Monetary Receipts (Add Sections D-K)</b> <i>(Enter total on Line 15 of Summary Page)</i>	0.00

**II. FUNDRAISING EVENT ACTIVITY**

<b>NAME OF COMMITTEE</b> <i>Dancho For Council</i>	<b>FILING DUE DATE</b> <i>10-10-19</i>
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**L1. Fundraiser Event Information**

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
<i>20190807</i>	<i>A</i>	<i>HAH</i>	<i>1875 Noble Ave</i>	<i>Bridgport</i>	<i>CT</i>	<i>06610</i>

*Subpart 1: (All Committees)*

Was this fundraising event hosted at a personal residence?  Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)  No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?  Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.)  No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?  Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.)  No

*Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)*

Were there purchases of advertising space in a program book associated with this fundraiser?  Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.)  No

*Subpart 3: (Town Committees ONLY)*

Did your committee sell food or beverage at a fair or similar mass gathering held within the state?  Yes (If yes, enter Total Receipts from small purchases here.)  No \$ 0.00

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
					<i>CT</i>	

*Subpart 1: (All Committees)*

Was this fundraising event hosted at a personal residence?  Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)  No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?  Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.)  No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?  Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.)  No

*Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)*

Were there purchases of advertising space in a program book associated with this fundraiser?  Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.)  No

*Subpart 3: (Town Committees ONLY)*

Did your committee sell food or beverage at a fair or similar mass gathering held within the state?  Yes (If yes, enter Total Receipts from small purchases here.)  No \$ 0.00

<b>SUBTOTAL Section L1 (Town Committees ONLY) Total Receipts-This Page</b>	\$0.00
<b>TOTAL of additional Section L1 Pages</b>	+ \$0.00
<b>TOTAL OF ALL RECEIPTS FROM SECTION L1 (Enter total on Line 16a of Summary Page)</b>	\$0.00

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE						FILING DUE DATE		
<b>L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items</b>								
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State CT	Zip Code	Date Received	Event #		
Items Purchased							\$0.00	
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State CT	Zip Code	Date Received	Event #		
Items Purchased							\$0.00	
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State CT	Zip Code	Date Received	Event #		
Items Purchased							\$0.00	
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State CT	Zip Code	Date Received	Event #		
Items Purchased							\$0.00	
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State CT	Zip Code	Date Received	Event #		
Items Purchased							\$0.00	
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State CT	Zip Code	Date Received	Event #		
Items Purchased							\$0.00	
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State CT	Zip Code	Date Received	Event #		
Items Purchased							\$0.00	
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State CT	Zip Code	Date Received	Event #		
Items Purchased							\$0.00	
<b>SUBTOTAL Section L2-This Page</b>							\$0.00	
<b>TOTAL of additional Section L2 Pages</b>							\$0.00	
<b>TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS</b> <i>(Enter total on Line 16b of Summary Page)</i>							\$0.00	



**II. FUNDRAISING EVENT ACTIVITY**

<b>NAME OF COMMITTEE</b> <i>Dancho For Council</i>	<b>FILING DUE DATE</b> <i>10-16-19</i>
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**L3. Purchases of Advertising in a Program Book (Municipal Candidate and Town Committees ONLY)**

Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
<i>Mike Henrick</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>8-7-19</i>	\$0.00	<i>250</i> \$0.00
Street Address <i>165 Brookland Rd</i>	City <i>Stratford</i>	State <i>CT</i>	Zip Code <i>06614</i>	Event # <i>20190807</i>
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State <i>CT</i>	Zip Code	Event #
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State <i>CT</i>	Zip Code	Event #
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State <i>CT</i>	Zip Code	Event #
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State <i>CT</i>	Zip Code	Event #
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State <i>CT</i>	Zip Code	Event #
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State <i>CT</i>	Zip Code	Event #
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State <i>CT</i>	Zip Code	Event #
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State <i>CT</i>	Zip Code	Event #
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State <i>CT</i>	Zip Code	Event #
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State <i>CT</i>	Zip Code	Event #
<b>SUBTOTAL Section L3-This Page</b>				<i>250</i> \$0.00
<b>TOTAL of additional Section L3 Pages</b>				\$0.00
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page)</b>				<i>250</i> \$0.00

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE					FILING DUE DATE		
<b>L4. In-Kind Donations Not Considered Contributions</b>							
Name of Donor					Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		\$0.00
Description of donation				Date Received	Event #		
Name of Donor					Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		\$0.00
Description of donation				Date Received	Event #		
Name of Donor					Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		\$0.00
Description of donation				Date Received	Event #		
Name of Donor					Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		\$0.00
Description of donation				Date Received	Event #		
Name of Donor					Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		\$0.00
Description of donation				Date Received	Event #		
Name of Donor					Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		\$0.00
Description of donation				Date Received	Event #		
Name of Donor					Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		\$0.00
Description of donation				Date Received	Event #		
Name of Donor					Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		\$0.00
Description of donation				Date Received	Event #		
<b>SUBTOTAL Section L4-This Page</b>							\$0.00
<b>TOTAL of additional Section L4 Pages</b>							\$0.00
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page)</b>							\$0.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE <b>Rancho for Council</b>	FILING DUE DATE <b>10-10-19</b>
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**M. In-Kind Contributions**

Name <b>Greg Dancho</b>				Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address <b>30 Ruby Ln</b>	City <b>STAFFORD</b>	State <b>CT</b>	Zip Code <b>06614</b>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Date Received <b>8/7/19</b>	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>20190807A</b>	Description of In-Kind Contribution <b>Hall Rental</b>	Aggregate contributions <b>250</b> \$0.00	<b>250</b> \$0.00
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Name <b>Laura Dancho</b>				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address <b>30 Ruby Ln</b>	City <b>STAFFORD</b>	State <b>CT</b>	Zip Code <b>06614</b>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Date Received <b>8/7/19</b>	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>20190807A</b>	Description of In-Kind Contribution <b>Hall Rental</b>	Aggregate contributions <b>250</b> \$0.00	<b>250</b> \$0.00
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Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address	City	State	Zip Code			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Description of In-Kind Contribution	Aggregate contributions \$0.00	\$0.00
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Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address	City	State	Zip Code			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Description of In-Kind Contribution	Aggregate contributions \$0.00	\$0.00
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Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address	City	State	Zip Code			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Description of In-Kind Contribution	Aggregate contributions \$0.00	\$0.00
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<b>SUBTOTAL Section M-This Page</b>				<b>500</b> \$0.00
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<b>TOTAL of additional Section M Pages</b>				\$0.00
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<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page)</b>				<b>500</b> \$0.00
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**N. Refundable Deposit to Telephone Company**

(NOTE: This section refers only to advances of deposits by individuals from personal funds to benefit the committee, not deposits made by the committee.)

Last Name of Individual		First	MI	Date Deposit Made		Amount of Deposit
Residential Street Address		City	State	Zip Code		
Name of telephone company						\$0.00
Street Address	City	State	Zip Code			

<b>Total Section N (Enter total on Line 23 of Summary Page)</b>				\$0.00
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**III. NONMONETARY RECEIPTS**

NAME OF COMMITTEE				FILING DUE DATE	
<b>O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$0.00
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$0.00
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$0.00
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$0.00
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$0.00
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$0.00
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$0.00
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$0.00
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$0.00
<b>Total Section O (Enter total on Line 24 of Summary Page)</b>					<b>\$0.00</b>

IV. EXPENDITURES

NAME OF COMMITTEE <b>Pancho For Council</b>	FILING DUE DATE <b>10-10-19</b>
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**P. Expenses Paid by Committee**

Name of Payee <b>Anerd</b>				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Street Address	City	State <b>CT</b>	Zip Code			
Purpose of Expenditure (by code)		Description <b>Fees For On line Contributions</b>		Event # <b>20190807 A</b>		<b>23.60</b>
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <b><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E</b>		Candidate(s) Name (if applicable) Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Payee <b>The Original Vazzy's</b>				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Street Address <b>513 Broadbridge Ave</b>	City <b>Bridgewater</b>	State <b>CT</b>	Zip Code <b>06610</b>			
Purpose of Expenditure (by code)		Description <b>Budget</b>		Event # <b>20190807 A</b>		<b>190</b>
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <b><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E</b>		Candidate(s) Name (if applicable) Office Sought <b>Food for fundraiser</b>		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Street Address	City	State <b>CT</b>	Zip Code			
Purpose of Expenditure (by code)		Description		Event #		\$ 0.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <b><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E</b>		Candidate(s) Name (if applicable) Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Street Address	City	State <b>CT</b>	Zip Code			
Purpose of Expenditure (by code)		Description		Event #		\$ 0.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <b><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E</b>		Candidate(s) Name (if applicable) Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Street Address	City	State <b>CT</b>	Zip Code			
Purpose of Expenditure (by code)		Description		Event #		\$ 0.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <b><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E</b>		Candidate(s) Name (if applicable) Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

<b>SUBTOTAL Section P-This Page</b>	<b>213<sup>60</sup></b>	\$0.00
<b>TOTAL of additional Section P Pages</b>		\$0.00
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)</b>		<b>213<sup>60</sup></b>

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b>				<b>FILING DUE DATE</b>		
<b>Q. Campaign Expenses Paid by Candidate</b>						
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	<b>Amount</b>  \$0.00
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	<b>Amount</b>  \$0.00
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	<b>Amount</b>  \$0.00
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	<b>Amount</b>  \$0.00
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	<b>Amount</b>  \$0.00
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	<b>Amount</b>  \$0.00
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	<b>Amount</b>  \$0.00
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	<b>Amount</b>  \$0.00
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	
Purpose of Expenditure (by code)	Description			Event #		
<b>SUBTOTAL Section Q-This Page</b>						\$0.00
<b>TOTAL of additional Section Q Pages</b>						\$0.00
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page)</b>						\$0.00

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
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**R. Expenses Incurred on Committee Credit Card**

<b>Name of Issuing Institution</b>	<b>Type of Credit Card:</b> <input type="checkbox"/> Visa <input checked="" type="checkbox"/> Master Card <input checked="" type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other _____
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Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
		CT			\$0.00
Purpose of Expenditure (by code)		Description		Event #	
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
		CT			\$0.00
Purpose of Expenditure (by code)		Description		Event #	
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
		CT			\$0.00
Purpose of Expenditure (by code)		Description		Event #	
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
		CT			\$0.00
Purpose of Expenditure (by code)		Description		Event #	
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
		CT			\$0.00
Purpose of Expenditure (by code)		Description		Event #	
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
		CT			\$0.00
Purpose of Expenditure (by code)		Description		Event #	
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
		CT			\$0.00
Purpose of Expenditure (by code)		Description		Event #	
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
		CT			\$0.00
Purpose of Expenditure (by code)		Description		Event #	

<b>SUBTOTAL Section R-This Page</b>					\$0.00
<b>TOTAL of additional Section R Pages</b>					\$0.00
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27 of Summary Page)</b>					\$0.00

**IV. EXPENDITURES**

NAME OF COMMITTEE					FILING DUE DATE		
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>							
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>	
Street Address				Event #			
City		State CT	Zip Code	Candidate(s) Name <i>(if applicable)</i>			Office Sought
Purpose of Expenditure (by code)		Type of Expenditure <i>(if applicable)</i> : <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <i>(see Instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		<input type="radio"/> Supported <input type="radio"/> Opposed			\$0.00
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>	
Street Address				Event #			
City		State CT	Zip Code	Candidate(s) Name <i>(if applicable)</i>			Office Sought
Purpose of Expenditure (by code)		Type of Expenditure <i>(if applicable)</i> : <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <i>(see Instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		<input type="radio"/> Supported <input type="radio"/> Opposed			\$0.00
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>	
Street Address				Event #			
City		State CT	Zip Code	Candidate(s) Name <i>(if applicable)</i>			Office Sought
Purpose of Expenditure (by code)		Type of Expenditure <i>(if applicable)</i> : <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <i>(see Instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		<input type="radio"/> Supported <input type="radio"/> Opposed			\$0.00
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>	
Street Address				Event #			
City		State CT	Zip Code	Candidate(s) Name <i>(if applicable)</i>			Office Sought
Purpose of Expenditure (by code)		Type of Expenditure <i>(if applicable)</i> : <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <i>(see Instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		<input type="radio"/> Supported <input type="radio"/> Opposed			\$0.00
<b>SUBTOTAL Section S-This Page</b>						\$0.00	
<b>TOTAL of additional Section S Pages</b>						\$0.00	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28 of Summary Page)</i>						\$0.00	
<b>Previously reported Expenses Unpaid and still Outstanding</b>						+\$0.00	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a of Summary Page)</i>						\$0.00	



**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b>					<b>FILING DUE DATE</b>	
<b>T. Itemization of Reimbursements to Committee Workers and Consultants</b>						
Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	<b>Amount</b>	
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card		\$ \$0.00
Street Address		City	State CT	Zip Code		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	<b>Amount</b>	
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card		\$ \$0.00
Street Address		City	State CT	Zip Code		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	<b>Amount</b>	
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card		\$ \$0.00
Street Address		City	State CT	Zip Code		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	<b>Amount</b>	
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card		\$ \$0.00
Street Address		City	State CT	Zip Code		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
<b>SUBTOTAL Section T-This Page</b>					<b>\$0.00</b>	
<b>TOTAL of additional Section T Pages</b>					<b>\$0.00</b>	
<b>TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS</b>					<b>\$0.00</b>	

## CODED PURPOSES FOR EXPENDITURES

(For use with Sections P, Q, R, S, & T of the SEEC Form 20)

(Note: Asterisk \* adjacent to the left of an Expenditure Code indicates that **Description Field** is **Mandatory**)

(Warning: The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, treasurers must read the committee guide applicable to their type of committee.)

**Advertising** – Each expenditure code beginning with "A-" is to be used to identify the delivery method for paid advertising, which includes advertising to solicit committee funds. Include the costs for *both* the **development and the delivery** of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below, *not* as **Professional Consultant (CNSLT)**, which is a code that should only be used when no other expenditure code applies. If a single advertising message is developed for several of the delivery mechanisms listed below, use **A-OTH** for the cost of developing the message and then use the applicable code for the payments associated with the several delivery methods used. **Note:** The one **exception** to this advertising rule is when advertising content includes, as part of the message, an invitation to individuals to attend a fundraising event in return for a contribution or attendance fee. **Fundraising Event** advertising must be coded **FNDR** (see explanation below) irrespective of the advertising delivery method.

**A-DM**-expenditure to **advertise** through **direct mail**.

**A-MAG**-expenditure to **advertise** through a **magazine**.

**A-NEWS** -expenditure to **advertise** through a **newspaper**.

**A-ATM** - expenditure to advertise using an **automated telephone/fax message**, or an **automated telemarketing message**.

**A-PH-BNK**-expenditure for the use of **phone banks**, where people are speaking as distinguished from pre-recorded messages (above) and polls and surveys (below).

**A-RAD** -expenditure to **advertise** on **radio**.

**A-SIGN** -expenditure for the cost of preparing, printing, producing or distributing lawn or billboard **signs** visible from any street or highway.

**A-TV**-expenditure to **advertise** on **television**.

**A-WEB** -expenditure to advertise on the **World Wide Web**. This includes Webcasting (sending audio and/or video live over the Internet), or any other form of advertising on the web. See WEB for other web related expenditures.

**A-OTH** -any expenditure for any **other advertising**, not listed above, like the cost of (a) posters, stickers, streamers, banners, *etc.* for distribution on or in buildings or vehicles (i.e. cars, buses, boats, aircraft, etc.); (b) campaign paraphernalia, such as pins, hats, potholders, tee shirts and other campaign giveaway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ad placed in ad books, in schools or civic organizations' pamphlets or bulletins, or (e) ad books for fundraising events held by other committees.

\***ATT** - expenditure for **attendance fee or entrance fee** for any person to a (1) fundraiser held by *any* committee; (2) an inaugural event of any candidate; (3) a charitable event; (4) an educational course or training seminar; etc. In the text box of the **Description Field**, which is **mandatory** under this expenditure category, identify the name and address of the individual who is attending the event as well as the date and location of the event and the name of the sponsoring committee or entity sponsoring the event.

**BNK** - expenditure to record any payment of **BANK fees, interest charges, or penalties** assessed by the bank on the committee's checking account only. Similar fees assessed by a credit card company should be listed under credit card charges in Sec. R of the Form 20, entitled "Expenses Incurred on Committee Credit Card".

**CCP** - expenditure to record **any payment of the Credit Card bill**, including partial payments, finance charges, and mid-cycle payments. See Sec. R of the Form 20, entitled "Expenses Incurred on Committee Credit Card", to record actual charges made against the credit card account, including any finance charges.

**CEF** - expenditure to record any payment to the State of Connecticut's **Citizens Election Fund ("CEF")**. **Checks should be made payable to the Citizens' Election Fund and sent to the State Elections Enforcement Commission, 20 Trinity Street, Hartford, CT 06106**. This expenditure code does not apply to the **SRPLS** (Surplus Distribution) expenditure code explained below.

**CHAR** - expenditure for a payment of committee funds to a tax-exempt **charitable** organization (26 U.S. Code 501(c)(3)).

**CNSLT** - expenditures to a professional **consultant**. Professional consultants are individuals or entities that are paid by the committee as independent contractors for their professional advice. They are not salaried employees and they are not individuals who are serving the committee as volunteers. Examples: management firms, public relations firms, lawyers and accountants, etc. However, for payments to professional consultants who design polls and surveys, or advertising messages, use the more specific code (ex. **A-DM, A-OTHR, POLLS**). If the payment to a professional consultant includes costs paid or incurred to some other vendor, following completion of the entry of this expenditure, go immediately to Section T, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of **Secondary Payees**.

**CNTRB**- expenditures that are **contributions to another committee**. The expenditure of a committee's funds to make a contribution to another committee is to be distinguished from an expenditure of committee funds to **pay the other committee (POC)** for shared expenses or fair market value of goods or services provided to the committee by another committee acting as a vendor. See explanation of **POC** below.

\***EFV** - expenditures for **equipment, furniture, and vehicles**. Record only the portion of the cost that is actually paid. Cost includes any costs associated with the delivery or installation of the item. Equipment includes computers, printers, phones, etc. The text box of the **Description Field**, which is **mandatory** in this situation, must list the item, and whether the expenditure is a purchase, rental or lease. **Note:** Vehicles may only be leased and may not be purchased.

**FOOD** - expenditures paid directly to a vendor for food and beverage, **except** if the vendor is paid for these items in association with the committee's own sponsored **fundraiser** (see **FNDR** below) or the committee's own sponsored **inaugural event** (see **INAUG** below.)

**CODED PURPOSES FOR EXPENDITURES**  
**(For use with Sections P, Q, R, S, & T of the SEEC Form 20)**

(Note: Asterisk \* adjacent to the left of an Expenditure Code indicates that **Description Field is Mandatory**)

(Warning: The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, treasurers must read the committee guide applicable to their type of committee.)

**\*FNDR** - expenditures associated with holding a committee **fundraising event** (i.e. payments to restaurants, hotels, caterers, food and beverage vendors, invitations, entertainers performing at the event, paid speakers, etc.) Advertising content that includes as part of the message invitations to individuals to attend a committee fundraising event in return for a contribution or attendance fee must, however, be coded **FNDR** irrespective of the advertising delivery method. **Note:** This expenditure category **must not include** expenditures of the committee's funds for the **ATT (Attendance fees)** of any persons attending *any* other committee's fundraising event.

**\*GIFT** - record the purchase of any item that is to be given as a **gift** to any individual or entity. Gifts to committee workers are limited to an aggregate of \$100 per recipient. The text box of the **Description Field**, which is **mandatory** in this situation, must identify the item purchased as well as the name and address of the individual or entity who is the recipient of the committee's gift.

**INAUG** - expenditures relating to the committee's costs for hosting an **inaugural event** for the committee's own candidate. This code does not include expenditures by the committee for attendance fees of individuals to another committee's inaugural event, which must be coded as **ATT-Attendance fee** (see above).

**LOAN** - expenditures to record the payment of committee's **LOAN**, whether principal, interest or both. (**Note:** Any penalties assessed for non-payment on a loan, if not paid by the payment due date, must be disclosed as additional "Expenses Incurred by Committee but not Paid During This Period" in Sec. S of the Form 20.

**OFFICE**-expenditures for **office supplies** such as paper, pens, printer cartridges, etc.

**OVHD** - expenditures of **overhead operating costs**, including the cost of renting office space, parking spaces, repairing or servicing office furniture and equipment used in connection with committee activities, related insurance, utility payments for committee headquarters, subscriptions and similar overhead operating expenses.

**PETTY** - expenditure to replenish the committee's petty cash fund.

**POC** - expenditures to record a **payment to another committee** at fair market value for goods, services or other things of value provided by that other committee acting as a vendor or as a reimbursement of a shared expense. Examples: payment for a mail list, contact list or email distribution list prepared and produced by the other committee, or for the cost of the salaries of the other committee's salaried employees who were loaned to the committee, etc. Absent payment to the other committee at fair market value for such benefits received, **within 45 days of receipt**, the committee would be receiving an **In-Kind Contribution** from the other committee. (**Note:** **In-Kind contributions** do not require an expenditure code because they are receipts of the committee, not expenditures.) The **POC** expenditure code category must be distinguished from expenditures that are coded as **CNTR (contributions to another committee)**.

**POLLS** - expenditures associated with **conducting polls and surveys**. This category is to be distinguished from **A-PH-BNK** (phone banks) because the information isn't just delivered to the public but opinion is carefully being sought and collected from the public in some manner to produce a poll or survey result or report. If a professional consultant is both designing *and* conducting the poll or survey, uses **POLLS** as the expenditure code, not "**CNSLT**" (see above).

**POST**-expenditures for **postage**, such as stamps, bulk mail permits, post office boxes and envelopes, United Parcel Service, Federal Express, etc.

**PRNT**- expenditures associated with the costs of **printing**, photocopying or reproducing literature, stationery, invitations and the like.

**RCW** - Expenditures to **Reimburse Committee Workers**, which may include a candidate. This is when the cost of payment for something needed by the committee is advanced by the committee worker and reimbursement is sought and obtained from the committee's treasurer who authorized the payment within 45 days of receipt of the paid for item. **Note:** Absent reimbursement to the committee worker **within 45 days of receipt** of the paid for item, the committee would be receiving an **In-Kind Contribution** from the committee worker. After making payment to the worker, reporting this item also requires full reporting of the **Secondary Payees** appearing on the payment slip of the committee worker. Go immediately to Section T, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of Secondary Payees. Further Note: When reimbursing the candidate, report the purchase in Section Q of the Form 20, entitled "Campaign Expenses Paid by the Candidate."

**REF** - **Refunds** are expenditures of any committee funds that were deposited into the committee's checking account and then returned to a contributor or any other revenue source for any reason.

**SRPLS** - expenditures which are **surplus distributions** in connection with the termination and dissolution of the committee.

**TRVL** - expenditures for an individual's **transportation costs** and **lodging** authorized by the treasurer, such as the cost of gasoline, other transportation fare, and lodging. The cost of **attending** any event should be coded as **ATT (Attendance)** (see above) and **any separate payment for food** outside the cost of the attendance fee should be coded as **FOOD**.

**WAGE** - expenditures for **Wages and benefits** paid to the committee's staff. This is to be distinguished from payments to professional consultants "**CNSLT**" who are independent contractors.

**WEB** - Expenditures for accessing and having a presence on the **WEB**. This includes payments to develop or maintain: (a) a committee web site and homepage; (b) an internet provider; (c) a domain name on the internet; (d) payments to a merchant account processor or a payment gateway provider to enable the committee to receive online credit and debit card contributions over the internet; and (e) similar costs relating to use of the internet. This is not to be used for any costs related to advertising on the web - see A-WEB above.

**\*MISC** - expenditures of **Miscellaneous** items that are not listed above. The text box of the **Description Field**, which is mandatory in this situation, must explain in narrative form, with sufficient clarity, the purpose of this expenditure.

RECEIVED FOR RECORD AT STRATFORD, CT  
10/8/2019 02:26 PM

*Alicia M. Pawlinski*

Stratford Town Clerk