



File #: 2019-116
 10/28/2019 10:23 AM
 30 Pages

SSION



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ELECTION FILINGS

Susan M. Pawluk, Town Clerk

SUMMARY PAGE

1. NAME OF COMMITTEE			
Forest to Shore			
2. TREASURER NAME			
Title	First	MI	Last
Ms	Margaret	S	Paquette
3. TREASURER ADDRESS			
Street Address		City	State
40 California Street		Stratford	CT
		Zip Code	
		06615	
4. ELECTION/REFERENDUM DATE <small>(mm/dd/yyyy)</small>		5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>	
11/05/2019		n/a	
		6. DISTRICT NUMBER <small>(if applicable)</small>	
		n/a	
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
Title	First	MI	Last
8. TYPE OF REPORT <i>(Check One Box)</i>			
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input checked="" type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="checkbox"/> Termination	
<input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="checkbox"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date		Ending Date	
10/01/2019		thru	10/29/2019
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
		Margarett S. Paquette	10/29/2019
TREASURER OR DEPUTY TREASURER (SIGNATURE)		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.			

RECEIVED FOR RECORDS
 OCT 29 2019 10:40 AM
 STATE OF CONNECTICUT
 TOWN CLERK

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
	10/29/2019	
Forest to Shore	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		\$166.06
12. Balance on hand at the beginning of Reporting Period	\$166.06	
13. Contributions received from Individuals (Sections A and B)	\$7,240.00	\$7,240.00
14. Receipts from Other Committees (Sections C1 and C2)	\$2,000.00	\$2,000.00
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>	\$500.00	\$500.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$9,740.00	\$9,740.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$9,906.06	\$9,906.06
19. Expenses Paid by Committee (Section P)	\$3,354.34	\$3,354.34
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$5,551.72	\$5,551.72
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$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	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Forest to Shore						FILING DUE DATE 10/29/2019		
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>						Subtotal Section A \$ 0.00		
B. Itemized Contributions from Individuals								
Last Name Pia		First Gary		MI	Principal Occupation Semi-Retired		Amount of Contribution	
Residential Street Address 165 Forest Road		City Stratford	State CT	Zip Code 06614	Name of Employer Costco			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>A20191010</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="radio"/> Executive <input type="radio"/> Legislative						
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				Date Received 10/10/2019		Aggregate contributions \$40.00	\$40.00	
Last Name Dean		First Mary		MI	Principal Occupation Economic Development Director		Amount of Contribution	
Residential Street Address 995 Beaver Dam Road		City Stratford	State CT	Zip Code 06614	Name of Employer Town of Stratford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>A20191010</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="radio"/> Executive <input type="radio"/> Legislative						
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				Date Received 10/10/2019		Aggregate contributions \$40.00	\$40.00	
Last Name Manos		First Linda		MI	Principal Occupation Retired		Amount of Contribution	
Residential Street Address 4 Harbourview Place		City Stratford	State CT	Zip Code 06615	Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>A20191010</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="radio"/> Executive <input type="radio"/> Legislative						
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				Date Received 10/10/2019		Aggregate contributions \$40.00	\$40.00	
Last Name Schrader		First David		MI	Principal Occupation Construction		Amount of Contribution	
Residential Street Address 345 Third Avenue		City Stratford	State CT	Zip Code 06615	Name of Employer Schrader - Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>A20191010</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="radio"/> Executive <input type="radio"/> Legislative						
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				Date Received 10/10/2019		Aggregate contributions \$100.00	\$100.00	
SUBTOTAL Section B-This Page						\$220.00		
TOTAL of additional Section B Pages						\$7,020.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page)						\$7,240.00		

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE Forest to Shore	FILING DUE DATE 10/29/2019
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B. Itemized Contributions from Individuals

Last Name Skara	First Nick	MI A	Principal Occupation CEO	Amount of Contribution	
Residential Street Address 21 Wescott Street	City Riverside	State CT	Zip Code 06878		Name of Employer Macron Store
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <u>A20191010</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10/10/2019	Aggregate contributions \$500.00	\$500.00
Last Name O'Donnell	First Eileen	MI 	Principal Occupation Retired	Amount of Contribution	
Residential Street Address 45 Ferry Court	City Stratford	State CT	Zip Code 06615		Name of Employer Retired
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <u>A20191010</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
Last Name Downes	First Michael	MI 	Principal Occupation Chief of Staff	Amount of Contribution	
Residential Street Address 32 Farmington Road	City Northford	State CT	Zip Code 06472		Name of Employer Town of Stratford
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <u>A20191010</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10/10/2019	Aggregate contributions \$50.00	\$50.00
Last Name Cleri	First Judy	MI 	Principal Occupation Nurse	Amount of Contribution	
Residential Street Address 196 First Avenue	City Stratford	State CT	Zip Code 06615		Name of Employer Stratford BOE
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="radio"/> Yes <input type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <u>A20191010</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10/10/2019	Aggregate contributions \$20.00	\$20.00
Last Name Kelly	First Kevin	MI C	Principal Occupation Attorney	Amount of Contribution	
Residential Street Address 240 York Street	City Stratford	State CT	Zip Code 06615		Name of Employer Kevin Kelly Associates PC
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="radio"/> Yes <input type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <u>A20191010</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00

SUBTOTAL Section B-This Page

\$650.00

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE Forest to Shore	FILING DUE DATE 10/29/2019
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B. Itemized Contributions from Individuals

Last Name Fitzpatrick	First James	MI R	Principal Occupation Real Estate Developer	Amount of Contribution
Residential Street Address 170 Morning Dew Lane	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>A20191010</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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$100.00	\$100.00
Last Name Fitzpatrick	First Marsha	MI	Principal Occupation Retired	Amount of Contribution
Residential Street Address 170 Morning Dew Drive	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>A20191010</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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$50.00	\$50.00
Last Name Forrester	First Gavin	MI	Principal Occupation Controller	Amount of Contribution
Residential Street Address 103 Orchard Street	City Stratford	State CT	Zip Code 06615	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>A20191010</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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
Last Name Fitzpatrick	First Christopher	MI	Principal Occupation Environmental Cleanup	Amount of Contribution
Residential Street Address 48 Second Avenue	City Stratford	State CT	Zip Code 06615	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
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Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$100.00	\$100.00
Last Name Gross	First Gregory	MI	Principal Occupation Landscape	Amount of Contribution
Residential Street Address 569 Riverdale Drive	City Stratford	State CT	Zip Code 06615	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>A20191010</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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00

SUBTOTAL Section B-This Page **\$330.00**

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE Forest to Shore	FILING DUE DATE 10/29/2019
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B. Itemized Contributions from Individuals

Last Name Wierzbicki	First Joseph	MI S	Principal Occupation Student	Amount of Contribution
Residential Street Address 162 Jefferson Street	City Stratford	State CT	Zip Code 06615	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> A20191010 <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
Last Name Perillo	First William	MI 	Principal Occupation Retired	Amount of Contribution
Residential Street Address 554 Woodlawn Avenue	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> A20191010 <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
Last Name Fuller	First David	MI P	Principal Occupation Web Design	Amount of Contribution
Residential Street Address 48 Sunnybank Ave	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
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Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$50.00	\$50.00
Last Name Dancho	First Laura	MI 	Principal Occupation Program Coordinator	Amount of Contribution
Residential Street Address 30 Ruby Lane	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> A20191010 <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
Last Name O'Brien	First Bill	MI 	Principal Occupation Athletic Director	Amount of Contribution
Residential Street Address 450 Chickadee Lane	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> A20191010 <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00

SUBTOTAL Section B-This Page **\$210.00**

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE Forest to Shore	FILING DUE DATE 10/29/2019
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B. Itemized Contributions from Individuals

Last Name Sheehy	First Teresa	MI M	Principal Occupation Homemaker	Amount of Contribution
Residential Street Address 190 Chapel Street	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # A20191010</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$750.00	\$750.00
Last Name Proto	First Benjamin	MI S	Principal Occupation Attorney	Amount of Contribution
Residential Street Address 2090 Cutspring Road	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # A20191010</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$150.00	\$150.00
Last Name Lamb	First Patricia	MI L	Principal Occupation RN	Amount of Contribution
Residential Street Address 345 Third Avenue	City Stratford	State CT	Zip Code 06615	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # A20191010</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$100.00	\$100.00
Last Name Florek	First John	MI	Principal Occupation Attorney	Amount of Contribution
Residential Street Address 264 Victoria Lawn	City Stratford	State CT	Zip Code 06615	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # A20191010</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$100.00	\$100.00
Last Name DeCilio	First Louis	MI A	Principal Occupation Registrar of Voters	Amount of Contribution
Residential Street Address 160 Timber Ridge Road	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # A20191010</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$100.00	\$100.00

SUBTOTAL Section B-This Page **\$1,200.00**

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE Forest to Shore	FILING DUE DATE 10/29/2019
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B. Itemized Contributions from Individuals

Last Name Tichy	First Ron	MI	Principal Occupation Supervisor	Amount of Contribution
Residential Street Address 96 Homestead Avenue	City Stratford	State CT	Zip Code 06615	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # A20191010		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
Last Name Henrick	First Katrina	MI	Principal Occupation School Psychologist	Amount of Contribution
Residential Street Address 165 Brookbend Drive	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # A20191010		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
Last Name Henrick	First Mike	MI	Principal Occupation General Contractor	Amount of Contribution
Residential Street Address 165 Brookbend Drive	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # A20191010		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
Last Name Henrick	First Cheryl	MI	Principal Occupation Executive Assistant	Amount of Contribution
Residential Street Address 165 Brookbend Drive	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # A20191010		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
Last Name Sutton	First Jean-Marie	MI	Principal Occupation Agent	Amount of Contribution
Residential Street Address 25 Horace Street	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # A20191010		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00

SUBTOTAL Section B-This Page \$200.00

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE Forest to Shore	FILING DUE DATE 10/29/2019
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B. Itemized Contributions from Individuals

Last Name Pia	First Christopher	MI J	Principal Occupation Agent	Amount of Contribution
Residential Street Address 152 Ryegate Terrace	City Stratford	State CT	Zip Code 06615	
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>A20191010</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		
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 10/10/2019	Aggregate contributions \$100.00
				\$100.00

Last Name Scala	First Judy	MI A	Principal Occupation Clerk	Amount of Contribution
Residential Street Address 435 Warner Hill Road	City Stratford	State CT	Zip Code 06614	
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>A20191010</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		
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 10/10/2019	Aggregate contributions \$100.00
				\$100.00

Last Name Rosati	First Robert	MI T	Principal Occupation Attorney	Amount of Contribution
Residential Street Address 115 Cutspring Road	City Stratford	State CT	Zip Code 06614	
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>A20191010</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		
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 10/10/2019	Aggregate contributions \$100.00
				\$100.00

Last Name Staley	First John	MI E	Principal Occupation Retired	Amount of Contribution
Residential Street Address 531B Narraganset Lane	City Stratford	State CT	Zip Code 06614	
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>A20191010</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		
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 10/10/2019	Aggregate contributions \$50.00
				\$50.00

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City Stratford	State CT	Zip Code 06614	
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>A20191010</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		
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 10/10/2019	Aggregate contributions \$0.00
				\$0.00

SUBTOTAL Section B-This Page **\$350.00**

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE Forest to Shore	FILING DUE DATE 10/29/2019
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B. Itemized Contributions from Individuals

Last Name Chaloux	First Robert	MI D	Principal Occupation Retired	Amount of Contribution
Residential Street Address 70 Fox Hill Road	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> A20191010 <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$50.00	\$50.00
Last Name Zalik	First Sandra	MI 	Principal Occupation Tax	Amount of Contribution
Residential Street Address 208 Housatonic Avenue	City Stratford	State CT	Zip Code 06615	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> A20191010 <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$50.00	\$50.00
Last Name DeLorenzo	First Bob	MI 	Principal Occupation Sales	Amount of Contribution
Residential Street Address 185 Sheppard Street	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> A20191010 <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$50.00	\$50.00
Last Name Llewelyn	First Alan	MI D	Principal Occupation Project Manager	Amount of Contribution
Residential Street Address 949 Huntington Road	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> A20191010 <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
Last Name Cotter	First Thomas	MI G	Principal Occupation Attorney	Amount of Contribution
Residential Street Address 42 Pauline Street	City Stratford	State CT	Zip Code 06615	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> A20191010 <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00

SUBTOTAL Section B-This Page **\$230.00**

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE Forest to Shore	FILING DUE DATE 10/29/2019
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B. Itemized Contributions from Individuals

Last Name Meyers	First Ralph	MI	Principal Occupation Retired	Amount of Contribution
Residential Street Address 3757 Main Street	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> A20191010 <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
<hr/>				
Last Name Dobos	First John Jr	MI	Principal Occupation Retired	Amount of Contribution
Residential Street Address 1165 Stratford Road, Apt 202	City Stratford	State CT	Zip Code 06615	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> A20191010 <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
<hr/>				
Last Name Cabral	First Carol	MI	Principal Occupation Retired	Amount of Contribution
Residential Street Address 1034 East Main Street	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> A20191010 <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
<hr/>				
Last Name Connor	First James	MI J	Principal Occupation Human Resources	Amount of Contribution
Residential Street Address 71B Riverbend Road	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> A20191010 <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
<hr/>				
Last Name Sportini	First Karen	MI K	Principal Occupation Economic Development	Amount of Contribution
Residential Street Address 936 Wilcoxson Avenue	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> A20191010 <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00

SUBTOTAL Section B-This Page **\$200.00**

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE Forest to Shore	FILING DUE DATE 10/29/2019
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B. Itemized Contributions from Individuals

Last Name Marcone	First Richard	MI T	Principal Occupation Registrar of Voters	Amount of Contribution
Residential Street Address 275 Luanne Road	City Stratford	State CT	Zip Code 06614	
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 # A20191010		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 10/10/2019	Aggregate contributions \$40.00	\$40.00
Last Name Martin	First Raymond	MI J	Principal Occupation Real Estate	Amount of Contribution
Residential Street Address 39 Deerfield Drive	City Easton	State CT	Zip Code 06612	
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 # A20191010		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 10/15/2019	Aggregate contributions \$750.00	\$750.00
Last Name Martin	First Karen	MI	Principal Occupation Home Maker	Amount of Contribution
Residential Street Address 39 Deerfield Drive	City Easton	State CT	Zip Code 06612	
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 # A20191010		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 10/15/2019	Aggregate contributions \$750.00	\$750.00
Last Name Lombard	First Kathleen	MI M	Principal Occupation Retired	Amount of Contribution
Residential Street Address 3094 Broadbridge Avenue	City Stratford	State CT	Zip Code 06614	
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 # A20191010		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 10/15/2019	Aggregate contributions \$40.00	\$40.00
Last Name Scheck	First Linnea	MI A	Principal Occupation Owner	Amount of Contribution
Residential Street Address 72 Howard Street	City Stratford	State CT	Zip Code 06615	
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 # A20191010		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 10/15/2019	Aggregate contributions \$50.00	\$50.00

SUBTOTAL Section B-This Page **\$1,630.00**

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE Forest to Shore	FILING DUE DATE 10/29/2019
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B. Itemized Contributions from Individuals

Last Name Voccola	First Alec	MI F	Principal Occupation Police Officer	Amount of Contribution
Residential Street Address 390 Mount Pleasant Avenue	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10/23/2019	Aggregate contributions \$50.00
\$50.00				
Last Name Zbell	First John	MI	Principal Occupation Environmental Engineer	Amount of Contribution
Residential Street Address 75 Deepwood Road	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10/24/2019	Aggregate contributions \$40.00
\$40.00				
Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input checked="" type="radio"/> Money Order			Date Received 10/10/2019	Aggregate contributions \$0.00
\$0.00				
Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input checked="" type="radio"/> Money Order			Date Received 10/10/2019	Aggregate contributions \$0.00
\$0.00				
Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input checked="" type="radio"/> Money Order			Date Received 10/10/2019	Aggregate contributions \$0.00
\$0.00				

SUBTOTAL Section B-This Page

\$90.00

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE Forest to Shore	FILING DUE DATE 10/29/2019
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B. Itemized Contributions from Individuals

Last Name Wiltsie	First Amy	MI	Principal Occupation Campaign Director	Amount of Contribution
Residential Street Address 56 Ivy Street	City Stratford	State CT	Zip Code 06615	Name of Employer Central CT Coast YMCA
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # A20191010		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
Last Name Wiltsie	First James	MI	Principal Occupation Police Officer	Amount of Contribution
Residential Street Address 56 Ivy Street	City Stratford	State CT	Zip Code 06615	Name of Employer Town of Fairfield
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # A20191010		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
Last Name Kracjik	First Katherine	MI	Principal Occupation Videographer and Press	Amount of Contribution
Residential Street Address 2125 Cutspring Road	City Stratford	State CT	Zip Code 06614	Name of Employer State of CT
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # A20191010		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$40.00	\$40.00
Last Name Scinto	First Edward	MI J	Principal Occupation Custodian	Amount of Contribution
Residential Street Address 35 Lenox Avenue	City Stratford	State CT	Zip Code 06615	Name of Employer Stratford BOE
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # A20191010		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$60.00	\$60.00
Last Name Sheehy	First Jay	MI B	Principal Occupation Owner	Amount of Contribution
Residential Street Address 190 Chapel Street	City Stratford	State CT	Zip Code 06614	Name of Employer Kamco Supply Corp of New Engl
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # A20191010		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/10/2019	Aggregate contributions \$750.00	\$750.00

SUBTOTAL Section B-This Page

\$930.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE						FILING DUE DATE	
Forest to Shore						10/29/2019	
C1. Contributions from Other Committees							
Name of Committee					Name of Treasurer		
Ridely PAC					Michael Downes		
Address				Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
332 Farmington Drive				<input checked="" type="checkbox"/> Yes <i>If yes, list Event #</i> A20191010 <input type="checkbox"/> No		\$2,000.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
Northford	CT	06972	10/10/2019	\$2,000.00			
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
				<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		\$0.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
	CT			\$0.00			
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
				<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		\$0.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
	CT			\$0.00			
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
				<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		\$0.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
	CT			\$0.00			
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
				<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		\$0.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
	CT			\$0.00			
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
				<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		\$0.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
	CT			\$0.00			
C2. Reimbursements, Payments, or Surplus Distributions from other Committees							
Name of Committee					Name of Treasurer		
Address				Date Received		Amount of Receipt	
						\$0.00	
City	State	Zip Code	<input checked="" type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Payment for goods and services		<input type="checkbox"/> Surplus Distribution		
	CT						
Name of Committee					Name of Treasurer		
Address				Date Received		Amount of Receipt	
						\$0.00	
City	State	Zip Code	<input checked="" type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Payment for goods and services		<input type="checkbox"/> Surplus Distribution		
	CT						
SUBTOTAL Section C-This Page						\$2,000.00	
TOTAL of additional Section C Pages						\$0.00	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)						\$2,000.00	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Forest to Shore	FILING DUE DATE 10/29/2019
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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			
Total Section D							\$ 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	\$0.00	
Name of Entity				Date Received		Amount Received	
Street Address		City	State CT	Zip Code	Aggregate Contributions		
					\$0.00	\$0.00	
Name of Entity				Date Received		Amount Received	
Street Address		City	State CT	Zip Code	Aggregate Contributions		
					\$0.00	\$0.00	
Total Section E							\$ 0.00

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

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

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

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

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

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Forest to Shore	FILING DUE DATE 10/29/2019
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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> \$0.00 </u>	\$5 bills <u> \$0.00 </u>	\$1 bills <u> \$0.00 </u>	\$5 bills <u> \$0.00 </u>	\$ 0.00
coins <u> \$0.00 </u>	\$10 bill <u> \$0.00 </u>	coins <u> \$0.00 </u>	\$10 bill <u> \$0.00 </u>	

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		\$ 0.00
Street Address		Street Address		
City	State CT	Zip Code		
City	State CT	Zip Code		

K. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Street Address		City	State CT	
Description				\$ 0.00
Name		Date of Transaction		Amount Received
Street Address		City	State CT	
Description				\$ 0.00
Name		Date of Transaction		Amount Received
Street Address		City	State CT	
Description				\$ 0.00
Total Section K				\$ 0.00

Summary of Other Monetary Receipts (Sections D-K)

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Forest to Shore	10/29/2019

L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
10/10/2019	A	TNF Reception	946 Ferry Boulevard	Stratford	CT	06614

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
					CT	

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

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Forest to Shore	10/29/2019

L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

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
<hr/>						
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
<hr/>						
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
<hr/>						
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
<hr/>						
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
<hr/>						
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
<hr/>						
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
<hr/>						
SUBTOTAL Section L2-This Page						\$0.00
TOTAL of additional Section L2 Pages						\$0.00
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS <i>(Enter total on Line 16b of Summary Page)</i>						\$0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Forest to Shore	FILING DUE DATE 10/29/2019
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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
Knott and Knott	<input checked="" type="radio"/> Yes <input type="radio"/> No	10/21/2019	\$250.00	\$250.00
Street Address: 1656 Main Street City: Stratford State: CT Zip Code: 06615		Event #: A20191010		
David D'Ausilio - Real Estate	<input checked="" type="radio"/> Yes <input type="radio"/> No	10/21/2019	\$250.00	\$250.00
Street Address: 6020 Main Street City: Stratford State: CT Zip Code: 06614		Event #: 20191010		
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State: CT Zip Code		Event #		
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State: CT Zip Code		Event #		
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State: CT Zip Code		Event #		
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State: CT Zip Code		Event #		
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State: CT Zip Code		Event #		
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State: CT Zip Code		Event #		
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State: CT Zip Code		Event #		
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State: CT Zip Code		Event #		
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State: CT Zip Code		Event #		
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State: CT Zip Code		Event #		
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State: CT Zip Code		Event #		
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State: CT Zip Code		Event #		
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State: CT Zip Code		Event #		
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State: CT Zip Code		Event #		
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State: CT Zip Code		Event #		
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State: CT Zip Code		Event #		
SUBTOTAL Section L3-This Page				\$500.00
TOTAL of additional Section L3 Pages				\$0.00
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page)				\$500.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE					FILING DUE DATE		
Forest to Shore					10/29/2019		
L4. In-Kind Donations Not Considered Contributions							
Name of Donor					Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event			
		CT		\$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	Zip Code	Aggregate value for this event			
		CT		\$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	Zip Code	Aggregate value for this event			
		CT		\$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	Zip Code	Aggregate value for this event			
		CT		\$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	Zip Code	Aggregate value for this event			
		CT		\$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	Zip Code	Aggregate value for this event			
		CT		\$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	Zip Code	Aggregate value for this event			
		CT		\$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	Zip Code	Aggregate value for this event			
		CT		\$0.00			
Description of donation				Date Received	Event #		
SUBTOTAL Section L4-This Page						\$0.00	
TOTAL of additional Section L4 Pages						\$0.00	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page)						\$0.00	

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE Forest to Shore	FILING DUE DATE 10/29/2019
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M. In-Kind Contributions

Name				Type of Contributor: <input checked="" type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____	<input checked="" type="radio"/> Yes <input type="radio"/> No	Description of In-Kind Contribution		Aggregate contributions	\$0.00

Name				Type of Contributor: <input checked="" type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____	<input checked="" type="radio"/> Yes <input type="radio"/> No	Description of In-Kind Contribution		Aggregate contributions	\$0.00

Name				Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Description of In-Kind Contribution		Aggregate contributions	\$0.00

Name				Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Description of In-Kind Contribution		Aggregate contributions	\$0.00

Name				Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate 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="radio"/> Yes <input checked="" type="radio"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Description of In-Kind Contribution		Aggregate contributions	\$0.00

SUBTOTAL Section M-This Page						\$0.00
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TOTAL of additional Section M Pages						\$0.00
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TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page)						\$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 CT	Zip Code		
Name of telephone company						
Street Address		City	State CT	Zip Code		\$0.00

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

NAME OF COMMITTEE				FILING DUE DATE	
Forest to Shore				10/29/2019	
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		\$0.00
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		\$0.00
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		\$0.00
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		\$0.00
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		\$0.00
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		\$0.00
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		\$0.00
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		\$0.00
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		\$0.00
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		\$0.00
Total Section O (Enter total on Line 24 of Summary Page)					\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Forest to Shore	10/29/2019

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment	Amount
RiverView Bistro Street Address: 946 Ferry Boulevard, City: Stratford, State: CT, Zip Code: 06615 Purpose of Expenditure (by code): FNDR, Description: Fundraiser 2019, Event #: A20191010 Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" 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	10/17/2019	<input checked="" type="checkbox"/> Check # 107 <input type="checkbox"/> Debit Card	\$ 1,566.88
Premier Graphic Street Address: 860 Honeyspot Road, City: Stratford, State: CT, Zip Code: 06615 Purpose of Expenditure (by code): PRNT, Description: Mailer (Print and Postage) Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" 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	10/22/2019	<input checked="" type="checkbox"/> Check # 108 <input type="checkbox"/> Debit Card	\$ 1,787.46
Name of Payee: _____ Street Address: _____, City: _____, State: CT, Zip Code: _____ Purpose of Expenditure (by code): _____, Description: _____, Event #: _____ Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" 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		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	\$ 0.00
Name of Payee: _____ Street Address: _____, City: _____, State: CT, Zip Code: _____ Purpose of Expenditure (by code): _____, Description: _____, Event #: _____ Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" 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		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	\$ 0.00
Name of Payee: _____ Street Address: _____, City: _____, State: CT, Zip Code: _____ Purpose of Expenditure (by code): _____, Description: _____, Event #: _____ Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" 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		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	\$ 0.00
SUBTOTAL Section P-This Page			\$3,354.34
TOTAL of additional Section P Pages			\$0.00
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)			\$3,354.34

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE			
Forest to Shore				10/29/2019			
Q. Campaign Expenses Paid by Candidate							
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?		Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> No		\$0.00
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?		Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> No		\$0.00
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?		Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> No		\$0.00
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?		Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> No		\$0.00
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?		Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> No		\$0.00
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?		Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> No		\$0.00
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?		Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> No		\$0.00
Purpose of Expenditure (by code)		Description			Event #		
SUBTOTAL Section Q-This Page							\$0.00
TOTAL of additional Section Q Pages							\$0.00
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page)							\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Forest to Shore	10/29/2019

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other _____
------------------------------------	--

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)			Description	Event #	

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)			Description	Event #	

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)			Description	Event #	

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)			Description	Event #	

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)			Description	Event #	

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)			Description	Event #	

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)			Description	Event #	

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)			Description	Event #	

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

IV. EXPENDITURES

NAME OF COMMITTEE Forest to Shore					FILING DUE DATE 10/29/2019	
S. Expenses Incurred by Committee but Not Paid During this Period						
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="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$0.00
Description						
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="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$0.00
Description						
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="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$0.00
Description						
SUBTOTAL Section S-This Page					\$0.00	
TOTAL of additional Section S Pages					\$0.00	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28 of Summary Page)</i>					\$0.00	
Previously reported Expenses Unpaid and still Outstanding					+ \$0.00	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a of Summary Page)</i>					\$0.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Forest to Shore	10/29/2019

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address		City	State	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
\$ 0.00					

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address		City	State	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
\$ 0.00					

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address		City	State	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
\$ 0.00					

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address		City	State	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
\$ 0.00					

SUBTOTAL Section T-This Page					\$0.00
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TOTAL of additional Section T Pages					\$0.00
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TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS					\$0.00
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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, th

RECEIVED FOR RECORD AT STRATFORD, CT
10/28/2019 10:23 AM

Laura M. Pawluch

Stratford Town Clerk

ELECTION FILINGS
File # 2019-116