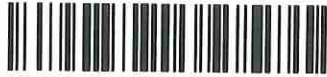


# SEEC FORM 20

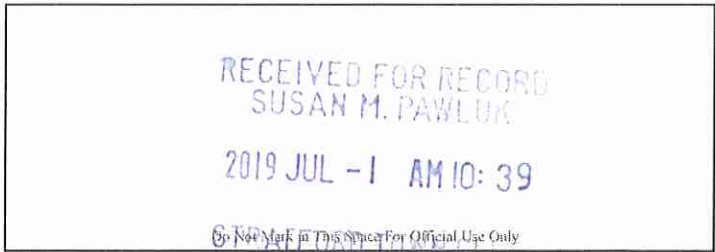
## Itemized Campaign Finance Disclosure Statement



**File #: 2019-108**  
07/01/2019 10:39 AM  
3 Pages

ELECTION FILINGS

Susan M. Pawluk, Town Clerk



**OVER PAGE**

<b>1. NAME OF COMMITTEE</b>			
Forest to Shore Land Use			
<b>2. TREASURER NAME</b>			
First Margaret	MI S	Last Paquette	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 40 California Street	City Stratford	State CT	Zip Code 06615
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) n/a	<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> n/a		<b>6. DISTRICT NUMBER</b> <i>(if applicable)</i> n/a
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>			
First n/a	MI	Last n/a	Suffix
<b>8. TYPE OF REPORT</b> <i>(Check One Box)</i>			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input checked="" type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report: _____
<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="radio"/> Termination	
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date		Ending Date	
04/01/2019		thru 06/30/2019	
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Margaret S. Paquette PRINT NAME OF SIGNER	07/01/2019 DATE (mm/dd/yyyy)
<i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i>			

**SEEC FORM 20**

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

*USP*

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
Forest to Shore Land Use	July 10, 2019	
	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		416.06
12. Balance on hand at the beginning of Reporting Period	416.06	
13. Contributions Received from Individuals (Sections A and B)	0	0
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	0	0
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	416.06	416.06
19. Expenses Paid by Committee (Section P)	250	250
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	166.06	166.06
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

**IV. EXPENDITURES (Sections P—T)**

*MSP*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Forest to Shore Land Use	TYPE OF REPORT July 10, 2019
--	---------------------------------

**P. Expenses Paid by Committee**

Name of Payee Stratford Republican Town Committss		Date of Payment 4/10/2019	Method of Payment: <input checked="" type="radio"/> Check # 106 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 1034 East Main Street		City Stratford	State CT
Zip Code 06614			
Purpose of Expenditure (by code) A-OTH	Description Advertising for Ad Book	Event #	Amount 250
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State
Zip Code			
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State
Zip Code			
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State
Zip Code			
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>SUBTOTAL Section P — This Page</b>		250.00
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<b>TOTAL of additional Section P Pages</b>		0
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<b>EXPENSES PAID BY COMMITTEE</b>		250.00
(Total on Line 19, Column A of Summary Page Totals)		

RECEIVED FOR RECORD AT STRATFORD, CT  
7/1/2019 10:39 AM

*Steven M. Pawluch*

Stratford Town Clerk