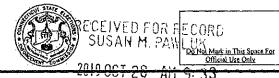
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Page 1 of 17

	Sus	an M. Pawluk, Town Clerk	UMM	[AR		T =				
L:NAME OF COM	MITTEES : 1.5			激為		HALFUKUT	则加建作的			
Bill O'Brien for 9th District Council										
2 TREASURER NAME										
Mr Mr	James		P		Lust	'Brien	***************************************	S	uffix	
3 TREASURER AD	DRESS 🖖 🗼					(A) 10 (A) (A)	表表的			
Street Address 151 Shea Te	errace		City Strat	fore	d		State CT	Zip	06614	
4-ELECTION/REFI	ERENDUM DATE	s Office Sought (Ca	omplete only	if Can	didote Co	nimittee)	6 DISTRIC	T.NUMBER		
(mm/dd/yyyy) 11/0	5/2019	Counci	il					9		
		if Candidate or Exploratory				<b>通</b> 线点系统 1.33	Zaki di Ka		2017年春春	
Hon	First	am	]  MI		Last	D'Brien			Jr Jr	
8. TYPE OF REPOR	T (Check One Box		102 54		學學學	engayyan ili. Katanan da 1729	1000年 1000年	A ABIO		
O January 10 filin	g	O 7th day preceding pr	rimary	O 7	7th day p	receding referend	lum 🔘 Init	ial Contribu	ntion or Disbursement	
April 10 filing		O 30 days following pr	rimary	Q: 4	15 days f	ollowing referend	lum Ö. Am	endinent to		
Q: July 10 filing			ection	ction O Deficit				Type of Report:		
October 10 filin	g	Q 12th day preceding e		O T	[erminat	on				
O Independent Ex O Primary	penditure O Election	©45 days following el not held in Novembe	lection							
9. PERIOD COVER	ED ST. L.		1 (CATA		认为数				251000000000000000000000000000000000000	
		Beginning Date				Ending Date				
,	· ·	10/01/2019		thru		10/27/201	9			
基準的表页的		(10. S. 10.	CERTIFIC			2756 (* 1777) 22620 (* 1777)	CONTRACTOR		<b>分別可能在</b> 在1000年	
I hereby certify a Disclosure State	and state, under ement for the pe	penalties of false statem riod covered is true, acc	ent, that al	l of the	he infor olete.	mation set forth	on this <b>Itemi</b>	zed Camp	aign Finance	
TREASURER OR D	DEPUTY TREASUR	ER (SIGNATURE)	·		<b>D'Brie</b> E OF SIC	<del></del>		·	10/29/2019 DATE (mm/dd/yyyy)	
erkandinest erste Virtualistississississi				erigin Book (2000)	John State (1980)	· · · · · · · · · · · · · · · · · · ·		realization - A.	ATTENTACION DE LA COMPANION DE	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.										

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## **SEEC FORM 20**

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

Page 2 of 17

## SUMMARY PAGE

TOTALS		a palaborana new service property and property species and party services.		
NAME OF COMMITTEE	FILING DUB DATE: 10/29/2019			
	COLUMN A	COLUMN B		
Bill O'Brien for 9th District Council	This Period	Aggregate		
Balance on hand January 1 of current year for Ongoing and Party Committees OR     Balance on hand from day Committee was formed for all other committees	Book & Holder	\$0.00		
12. Balance on hand at the beginning of Reporting Period	\$2,180.00			
13. Contributions received from Individuals (Sections A and B)	\$0.00	\$2,180.00		
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00		
15. Other Monetary Receipts (Sections D-K)	\$0.00	, \$0.00		
16a. Total Small Food and Beverage Receipts at Fair (Section L1) Town Committees ONLY	\$0.00	\$0.00		
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00		
Municipal and Town 16c. Total Purchases of Advertising in a Program Book (Section L3) Committees ONLY	\$0.00	\$0.00		
17. Total Monetary Receipts (add totals for lines 13-16c)	\$2,180.00	\$2,180.00		
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$2,180.00	\$2,180.00		
19. Expenses Paid by Committee (Section P)	\$1,381.89	\$1,381.89		
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$798.11	\$798.11		
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$350.00	\$350.00		
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			

		IV.	EXPENDIT	URES		Page 13 of 17	
NAME OF COMMITTEE							
Bill O'Brien for					10/29/20	019	
	TANKE AT	P. Expen	ses Paid by	Committee		"好功德好吧"	
Name of Payer Premier Graphics	AND THE PARTY OF T			Date of Payment	Method of Payment	Amount	
860 Honeyspot Road	Stratfo		many depth of the contract of		Q: Debit Card	Ì	
Purpose of Expenditure	1	Description			Event #	1	
(by code) PRNT		Mailer (Postage ar				_	
Type of Expenditure (if applicable):		andidate(s) Name if applicable)	(	Office Sought	Supported Opposed		
O Coordinated with reimbursement sough	د ا ا	ij uppacuuz)		many digender. Ny hoode dia navon'ny departemantan'ny mandridra dia mand	La Opposed		
O Independent	Jgill						
Organization (see Instructions)						s 1,381.89	
OA OB OC OD	QE			The Character	1		
Name of Payee				Date of Payment	Method of Payment	Amount	
Street Address	City	State	Zip Code		Check #		
		СТ	]  [		O Debit Card	1	
Purpose of Expenditure	Descriptio	n [	· · · · · · · · · · · · · · · · · · ·		Event #		
(by code)							
Type of Expenditure (if applicable):	ı ı	Candidate(s) Name if opplicable)	· ·	Office Sought	Supported Opposed	1	
O Coordinated with reimbursement sough O Coordinated without reimbursement sou	۰ ا	<del></del>	T		оррома		
O Independent				and the second s		ļ	
O Organization (see Instructions)	ا ا					s 0.00	
Name of Payee	UEL			Date of Payment	Method of Payment	Amount	
Ivaine of Payce				Cane or caymon	,	Amount	
Street Address	City	State	Zip Code		O Check #		
	<u> </u>	CT	<u> </u>		(a) Debit Card		
Purpose of Expenditure (by code)	Description	in .			Event#		
<u> </u>	]]	Candidate(s) Name	<del></del>	Office Sought	.]	1	
Type of Expenditure (if applicable):  O Coordinated with reimbursement sough	- 1	(if applicable)		onice bought	Opposed		
O Coordinated without reimbursement sou						·	
Q independent	<u> </u>			·		·	
Organization (see Instructions)  OA OB OC OD	7 F		1			0.00	
Name of Payee)	C) Ep			Date of Payment	Method of Payment	Amount	
						1	
Street Address	City	State	Zip Code		C Check #	<b>/</b> {	
Purpose of Expenditure	1	I CT	<u> 4 </u>		Event#	-	
(by code)	Descriptio	"			L Volk #		
Type of Expenditure (if applicable):	<u>'L</u>	Candidate(s) Name		Office Sought	Supported	7	
O'Coordinated with reimbursement sough	nt	(if applicable)			Opposed		
[OCoordinated without reimbursement so						1	
Other independent   Othe	-					\$ 0.00	
OA OB OC OD	OEL				<u></u>	\$ 0.00	
Name of Payee				Date of Payment	Method of Payment	Amount	
	To:-		Zíp Code		O Check #	Y	
Street Address	City	State CT			O. Debit Card	4	
Purpose of Expenditure	Description		<u></u>		Event#	1	
(by code)							
Type of Expenditure (if applicable):		PECEIVED FOR	DECORD AT	STRATEORS OF	ipported		
O Coordinated with reimbursement sought 10/29/2019 03:3 AM 2008 2008 2008 2008 2008 2008 2008 200							
Coordinated without reimbursement soul  Ondependent		ofurem?		K.		J	
(C) Organization (see Instructions) Stratford Town Clerk						\$ 0.00	
OA OB OC OD	OE.	ELECTION FILIN	GS		TO SECURE PROPERTY OF THE PROP		
	超響系	File # 2019-109			tion P-This Page	\$1,381.89	
FOR STATE OF		Committee action of	TORNESCHO VICE		TALAMARE (YA)	\$0.00	
TOTAL of additional Section P. Pages							
STORES TO THE PROPERTY OF THE PARTY OF THE P	TATOOF	ALTEXPENSES PA	ID RV COM	MITTER (Futer total of	i Line 19 of Summary Page)	\$1.381.89	