



File #: 2019-109
10/28/2019 09:33 AM
3 Pages

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2019 OCT 28 AM 5:33

ELECTION FILINGS

Susan M. Pawluk, Town Clerk

SUMMARY PAGE

1. NAME OF COMMITTEE			
Stratford Town Clerk Bill O'Brien for 9th District Council			
2. TREASURER NAME			
Title	First	MI	Last
Mr	James	P	O'Brien
3. TREASURER ADDRESS			
Street Address		City	State
151 Shea Terrace		Stratford	CT
		Zip Code	06614
4. ELECTION/REFERENDUM DATE		5. OFFICE SOUGHT (Complete only if Candidate Committee)	
(mm/dd/yyyy) 11/05/2019		Council	
6. DISTRICT NUMBER (If applicable)			
9			
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
Title	First	MI	Last
Hon	William		O'Brien
Suffix			
Jr			
8. TYPE OF REPORT (Check One Box)			
<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 (PACs ONLY)
<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 type="radio"/> July 10 filing	<input checked="" 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 (State Central Committees Only)	<input type="radio"/> Termination	
<input type="radio"/> Independent Expenditure	<input type="radio"/> 45 days following election not held in November		
<input type="radio"/> Primary	<input type="radio"/> Election		
9. PERIOD COVERED			
Beginning Date		Ending Date	
10/01/2019		thru 10/27/2019	
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.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		James O'Brien PRINT NAME OF SIGNER	10/29/2019 DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			

SEEC FORM 20

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

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**SUMMARY PAGE
 TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
	10/29/2019	
Bill O'Brien for 9th District Council	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.00
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) <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>	\$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. EXPENDITURES

NAME OF COMMITTEE Bill O'Brien for 9th District Council	FILING DUE DATE 10/29/2019
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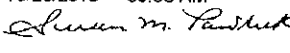
P. Expenses Paid by Committee

Name of Payee Premier Graphics	Date of Payment 10/24/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card	Amount
Street Address 860 Honeyspot Road	City Stratford	State CT	Zip Code 06615
Purpose of Expenditure (by code) PRNT	Description Mailer (Postage and Printing)		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="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	Candidate(s) Name (if applicable)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			\$ 1,381.89

Name of Payee	Date of Payment	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount
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 type="checkbox"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	Candidate(s) Name (if applicable)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			\$ 0.00

Name of Payee	Date of Payment	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount
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 type="checkbox"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	Candidate(s) Name (if applicable)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			\$ 0.00

Name of Payee	Date of Payment	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount
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			\$ 0.00

Name of Payee	Date of Payment	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount
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 type="checkbox"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	RECEIVED FOR RECORD AT STRATFORD, CT 10/28/2019 09:33 AM  Stratford Town Clerk		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			\$ 0.00

	tion P- This Page	\$ 1,381.89
TOTAL of additional Section P Pages		\$ 0.00
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)		\$ 1,381.89