



File #: 2019-114
 10/28/2019 10:23 AM
 3 Pages



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 Official Use Only

ELECTION FILINGS

Susan M. Pawluk, Town Clerk

SUMMARY PAGE

1. NAME OF COMMITTEE

Perillo for Council

2. TREASURER NAME

Title	First	MI	Last	Suffix
	Ronald	J	Mudre	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
	Stratford	CT	06614

4. ELECTION/REFERENDUM DATE **5. OFFICE SOUGHT (Complete only if Candidate Committee)** **6. DISTRICT NUMBER (if applicable)**

(mm/dd/yyyy)		
11/05/2019	Councilman	7

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

Title	First	MI	Last	Suffix
	William		Perillo	

8. TYPE OF REPORT (Check One Box)

<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 (PACs ONLY)
<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 (State Central Committees Only)	<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	10/27/2019

thru

RECEIVED
 SUSAN M. PAWLUK
 TOWN CLERK
 2019 OCT 28 AM 10:23
 STRATFORD TOWN CLERK

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)

Ronald J. Mudre

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
	10/29/2019	
Perillo for 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	\$2,763.48	
13. Contributions received from Individuals (Sections A and B)	\$0.00	\$3,475.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$250.00
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)	\$0.00	\$0.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$0.00	\$0.00
19. Expenses Paid by Committee (Section P)	\$1,221.93	\$2,183.45
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$1,541.55	\$1,541.55
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	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Perillo for Council	10/29/2019

P. Expenses Paid by Committee

Name of Payee Premier Graphics				Date of Payment 10/24/2019	Method of Payment <input checked="" type="checkbox"/> Check # <u>1002</u> <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 (Printing and Postage)			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 checked="" 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	\$ 1,221.93

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="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

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="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

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RECEIVED FOR RECORD AT STRATFORD, CT
10/28/2019 10:23 AM
Susan M. Pawluch
Stratford Town Clerk

ELECTION FILINGS
File # 2019-114

SUBTOTAL Section P-This Page	\$1,221.93
TOTAL of additional Section P Pages	\$0.00
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)	\$1,221.93