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SEEC FORM 20

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

RECEIVED FOR DECOME SUSAN M. (V.S.) Live

2019 OCT 10 PH 2: 17

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COVER PAGE

1. NAME OF COMMITTEE					3		,	
Pia for Council								
2. TREASURER NAME								
First		MI	L	ast				Suffix
Susan		F	E	Barksdale				
3. TREASURER ADDRESS				1				
Street Address			City			State	Zip Co	
180 Grove Street	4.000		Strat	ford		CT 06615		
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	e only if	Candidate Committee)			<u> </u>	RICT NUMBER
(mm/dd/yyyy) 11/05/2019	Councilman				v	1.00	(if applicable,	1
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	y Committee)					***************************************	
First		MI	L	ast				Suffix
Christopher		J		Pia				
8. TYPE OF REPORT (Check One Box)								
O January 10 filing	7th day preceding primary 7th day preceding referendum					nitial Con		Disbursement
April 10 filing	O30 days following primary		O 45 days following referendur	n _	Amendment to			
July 10 filing	O7th day preced	O7th day preceding election Deficit		ODeficit	Т	ype of Re	port:	
October 10 filing	12th day prece (State Central Con	ding election	n	Termination		. ,		· ·
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	ving election						
9. PERIOD COVERED								
	Beginning Dat	te		Ending Date				
	07/01/2019		_	thru 09/30/2019				
		· · · · · · · · · · · · · · · · · · ·						***************************************
10. CERTIFICATION		•					······	
I hereby certify and state, under p Disclosure Statement for the pe					n this Ite r	nized Ca	mpaign Fi	nance
Sugarbara	dale-	5	Susar	n Barksdale			10/1/20)19
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	P	PRINT	NAME OF SIGNER		•	DATE (mm/dd/yyyy)
A person who is	found to have kno	 wingly and	d will;	fully violated any provisions o	f the cam	paign fine	ance statu	tes
•				lty or imprisonment or both.	•			

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT October 10 filing					
ia 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				
12. Balance on hand at the beginning of Reporting Period	2155					
13. Contributions Received from Individuals (Sections A and B)	11095	13250				
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. Per Public Act 11-48, effective January 1, 2012 Section L2. removed						
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	890	890				
17. Total Monetary Receipts (add totals for Lines 13 through 16c)						
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	14140	14140				
19. Expenses Paid by Committee (Section P)	5677.73	5677.73				
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	8462.27	8462.27				
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0				
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	250	250				
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					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Pia for Council			October 10 filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$ O					
B. Itemized Co.	ntrib	outions from Indivi	duals					
Last Name		irst				MI		
Louis	L	DeCilio ———————————————————————————————————		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>		
Residential Street Address	City	.451		State	1 -	Code		
160 Timber Ridge Rd	Stra	atford		СТ	00	614		
Principal Occupation		Name of Employer						
Registrar of Voters		Town of Stratford						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	indidate for a chief executive ociated with have a contract OYes No	e officer of a municipality with said municipality	/, Amo 100	unt o	f Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brains the section L1?		branches	_ No					
If yes, list Event # 07112019A of government the contract	et is wi		Legislative	4				
Method of Contribution:		Date Received	Aggregate Contributions					
Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney	Order	7/8/2019	100					
Last Name		irst Landiale				MI		
Cleri	,l	Judith			1 ~ .	<u></u>		
Residential Street Address	City	atford		State	Zip	615		
196 1st st	Sua					010		
Principal Occupation		Name of Employer Stratford BOE						
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a ca	l Indidate for a chief executive	e officer of a municipality	, Amo	unt o	f Contribution		
or dependent child of a lobbyist? One does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contract O Yes No	with said municipality	200				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Section L1? No If yes, indicate which bra of government the contra	nch or	r branches	te contractor? Yes No Legislative					
Method of Contribution:		Date Received	Aggregate Contributions					
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	7/9/2019	200					
Last Name	F	irst				MI		
Stenger	(Craig						
Residential Street Address	City			State	1	Code		
3446 Main St	Stra	atford		CT ,	06	614		
Principal Occupation		Name of Employer						
Broker		Stenger Associate						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7, Amo	unt o	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or	branches	_ • • • • • • • • • • • • • • • • • • •					
Method of Contribution:	Date Received	Aggregate Contributions						
Cash Personal Check Cedit/Debit Card Payroll Deduction Money	Order	7/9/2019	100		********			
SUB	ГОТА	AL Section B — This	Page 400					
TOTAL	Lofa	dditional Section B I	Pages 1069	5_				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		OIVIDUALS (Sections A Jumn A of Summary Page		5				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Pia for Council		•	October 10 filing						
	L1. Event	t Information .							
Event # Date of Event Letter 07112019 A	Description Fundraiser - Food and Drink			Was this a fur	ndraising event?				
Location: Street Address		City		State	Zip Code				
42 Pauline Street		Stratford		СТ	06615				
Subpart 1: (All Committee Was this event hosted at		Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No							
Did this fundraiser include of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No							
with purchases from an in		OYes (If yes, enter Total Reco		\$					
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	mittees other than Exploratory Yes (If yes, go to Section Loron a Sign and comp	3 Purchases of Advert		Program Book				
	mittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Rec	eipts here.)	\$					
Event # Date of Event Letter	Description		•	Was this a fur	ndraising event?				
Location: Street Address		City		State	Zip Code				
Subpart 1: (All Committee Was this event hosted at		Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No							
Did this fundraiser included of up to \$200 or items do	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section I and complete required No		not Considered	Contributions				
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Rec	ceipts here.)	\$					
Subpart 2: (Party Comn Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L	Committees) 3 Purchases of Adver plete required inform		Program Book				
Subpart 3: (Town Comm Did your committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	reipts here.)	\$					
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page						
	SUBTOTAL Sect	ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —	ttees ONLY)	•					
	·	TOTAL of additional Section	n L1 Pages						
•	TOTAL OF ALL RECE	IPTS FROM SMALL PU Line 16a, Column A of Summar	RCHASES y Page Totals)						

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. <i>Section L2. removed</i>										
TANKE OF COLOR COMPONE	TYPE OF REPOR)RT								
Pia for Council	(Provide Complete Name as Registere	a wiin riiing Keposiloi			October 10 fili					
, id ioi oddiioii	La Purchaces	of Advertisin	g in a Prograi	1						
Name of Purchaser	13. I uichases	, VI IM OI HIGH				Purchase Made By:				
NE Fire Equipment ar	nd Δnnaratus		•			Business Entity Other				
NE rife Equipment at	Iu Apparatus					OInd	ividual/Sole Pr	· · · · · · · · · · · · · · · · · · ·		
Street Address			City				State	Zip Code		
10 Stillman Road			North Haven				СТ	06473		
Date Received	Event #	Aggregate Purchases	Aggregate Purchases for All Events Amount of P			se 4	Amount of Sig	n Purchase		
7/19/2019	07112019	250		250		n/a	a			
Name of Purchaser						Purchas	e Made By:			
Kamco					1	_	Business Entity Other			
			C:-			∪ Ind	ividual/Sole Pr	oprietorship Zip Code		
Street Address			City Wallingford				CT	06492		
PO Box 530										
Date Received	Event#	Aggregate Purchases	for All Events		gram Ad Purcha		Amount of Sig	n Purchase		
7/11/2019	07112019	250		250		n/a	3			
Name of Purchaser		_	e Made By:							
Stratford Beachside							siness Entity lividual/Sole Pi	Other roprietorship		
Street Address City							State	Zip Code		
1 Dorne Drive			Stratford	•			CT	06615		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se .	Amount of Sig	n Purchase		
7/11/2019	07112019	250		250 n/s			a _.			
Name of Purchaser		<u> </u>				Purchas	e Made By:			
Lighthouse Signs					Business Entity Other					
Lighthouse dights						OInd	lividual/Sole Pi			
Street Address			City				State	Zip Code		
662 Boston Post Rd			Westbrook				СТ	06498		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se .	Amount of Sig	gn Purchase		
7/11/2019	07112019	100		100		n/a	a			
Name of Purchaser		<u> </u>		·		Purchas	e Made By:	_		
Vanna's Hair Studio						_	siness Entity lividual/Sole P	Other roprietorship		
Street Address			City				State	Zip Code		
304 East Main St			Stratford				CT	06614		
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se .	Amount of Sig	n Purchase		
7/11/2019	07112019	40		40		n/a	3			
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pr	rogram Book –	This Page 8	90				
	SUBTOTAL Section	on L3 Total Purc	hases of Advertis	ing on a Sign –	— This Page 0					
TOTAL of additional Section L3 Pages										
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)							890			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Filing Repositor	(עמ			TYPE OF REPORT					
Pia for Council		October 10 filing								
L5. In-Kind Donations Not Considered Contributions Associated with a House Party										
Name of Host					supporting mo		e candidate or			
Thomas G Cotter						mplete Itemization in Addendum L5				
Street Address			City			State	Zip Code			
42 Pauline Street			Stratford			СТ	06615			
72 Facility Colors						ket Value o	l f Donation			
Description of Donation Desserts / utensils						, aiuc U				
Event#	Aggregate Value of this Event—all hosts	Aσ	gregate Value of all Events—this he	st/candidate	250					
07112019	250	25								
Name of Host				Is this event	supporting mo	ore than on	e candidate or			
committee?				OYes ON	O					
•		<u> </u>	T	If yes, co	mplete Itemiza					
Street Address			City			State	Zip Code			
					1					
Description of Donation					Fair Mar	ket Value o	of Donation			
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	ost/candidate						
Name of Host Is this event s committee?						ore than or	ne candidate or			
				1 '	omplete Itemiza		lendum L5			
Street Address			City	I		State	Zip Code			
Description of Donation					Fair Mar	Fair Market Value of Donation				
Event#	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	ost/candidate	1					
			•							
Name of Host		L		Is this event	supporting me	ore than or	ne candidate or			
					OYes ON omplete Itemizz		lendum I 5			
Street Address			City	j jyes, co	mpiete Heiniza	State	Zip Code			
Succi Addiess			9		•		-			
					1	1 17.1	CD1'			
Description of Donation					Fair Mar	ket Value (of Donation			
- II	Accessored Value of this Front - 21 hosts	Λ.	agregate Value of all Events—this h	ost/candidate	4					
Event #	Aggregate Value of this Event—all hosts	Ag	ReioRaie Aurie of an Paents—iiiis iii	oos cananaate						
SUBTOTAL Section L5 — This Page						00				
TOTAL of additional Section L5 Pages)				
TOTAL OF	BUTIONS									
ASSOCIATED WITH A	FALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Lin	ne 2	22, Column A of Summary	Page Totals)	#2	50	<u> </u>			
·										

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Pia for Council			October 10 filing					
	P. Expenses	Paid by Committee						
Name of Payee			Date of Payment	Method of Payment:				
Chris Pia			7/1/2019	O Check # 102 Debit Card O EFT				
Street Address		City		State Zip Code				
152 Ryegate Ter	race	Stratford		CT 06615				
Purpose of Expenditure	Description		Event #	Amount				
(by code)	Reimbursement for flyers from A Family LL	.C .	07112019	66.47				
Expenditure # (if applicable)								
Name of Payee		<u> </u>	Date of Payment	Method of Payment:				
A Royal Flush			7/7/2019	Check #103 Debit Card DEFT				
Street Address		City		State Zip Code				
PO Box 3126		Bridgeport		CT 06605				
Purpose of Expenditure	Description		Event#	Amount				
(by code)	Portable Toilets for Fundraiser		07112019	216.95				
Expenditure # (if applicable)								
Name of Payee			Date of Payment	Method of Payment:				
Chris Pia			7/17/2019	O Check # 104 O Debit Card O EFT				
Street Address		City		State Zip Code				
152 Ryegate Ter	race	Stratford		CT 06615				
Purpose of Expenditure	Description		Event #	Amount				
(by code)	Reimbursement of Fundraiser Drinks/Food		07112019	665.52				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the	re) 🔘 Indepen	dent .					
Name of Payee			Date of Payment	Method of Payment:				
Lighthouse Sign	S		7/17/2019	Check # 105				
Street Address		City		O Debit Card O EFT State Zip Code				
662 Boston Post	Rd	Westbrook		CT 06498				
Purpose of Expenditure	Description	1	Event #	Amount				
(by code)	2 4x8 banners		07112019	372.23				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)]				
(if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC D								
	S	UBTOTAL Section P —	- This Page 1321.17					
,	то	TAL of additional Section	on P Pages 4356.56					
	TOTAL OF ALL EXPE			·				
	(Enter total on Line	19, Column A of Summary	Page Totals)					

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor	y) ·			TYP	E OF REI	OF REPORT			
Pia for Council					Oct	ober 10	oer 10 filing			
	T. Itemization of Reimb	ur	sements and Seco	ndary	y Pay	ees				
Last Name of Worker/Cons	ultant	Fir	st				MI	Date of Parent Person or	ayment to Vendor, Entity	
Pia		Cł	nris					7/1/2	•	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	·						Committee V	/orker/Consultant as	
A Family LLC						<u> </u>	eported in Section P: Check # 102 Debit Card EFT			
•	Person or Entity Paid by Committee Worker/Consultant		City				_1 7 5	State	Zip Code	
30-1 Ferry Blvd	•		Stratford					СТ	06615	
Burnosa of Evnanditure	Description			Even	t #				Amount	
(by code) PRNT	Flyers				 1120	19		Amount		
						• •		66.47		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	ed t	ınless "None of the below	" is che	cked)					
	None of the below Coordinated with reimbursement sought (joint expe	ndit I con		-	\cup	ОВС	$C \circ D$			
Last Name of Worker/Cons	sultant	Fir	rst				MI		ayment to Vendor,	
Pia		c	hris					7/25/	-	
	Fentity Paid by Committee Worker/Consultant	<u> </u>				Payment to	Reimburse		Vorker/Consultant as	
re							Section P:	_	bit Card CEFT	
Street Address of Vendor,	Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant City							State	Zip Code	
60 Access Road Stratford							СТ	06615		
Purpose of Expenditure	Description			Even	nt#				Amount	
(by code) FOOD	Campaign Meeting Food/Drink		n/a					62.24		
Expenditure #	Type of Expenditure (Itemization in Addendum T Requir	red	unless "None of the below	v" is che	ecked)			1		
(if applicable)	None of the below Coordinated with reimbursement sought (joint expe	endit	ure) 🔘 Inde	ependen	tO	O €) O			
Last Name of Worker/Con	sultant	Fi	rst				MI		Date of Payment to Vendor, Person or Entity	
Pia		C	hris			7/2			*	
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant	_1				Payment t	ment to Reimburse Committee Worker/Consultant as			
La Vera Pizzaria							n Section P: ck # <u>107</u>	_ O De	bit Card OEFT	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code	
60 Access Road			Stratford					СТ	06615	
Purpose of Expenditure	Description		1	Eve	nt#				Amount	
(by code) FOOD	Campaign Meeting Food/Drink			n/	/a			48.01		
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	rod	unless "None of the below	v" is ch	ecked)			1		
(if applicable)	Type of Expenditure (Hemization in Addendum 1 Requirements) None of the below		amess Tione of the vetor	, is cit	concu)					
	Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kine)			ependen anizatio		O_{B}				
			SUBTOTAL Section	r — T	his Pa	ge 176	.72			
		T	OTAL of additional S	ection	T Pag	ges 772	2.44			
		XX 1-		NOTIT	ባ ግ ል እን	TC 040) 16			
TOTAL OF ALI	REIMBURSEMENT TO COMMITTEE	W	JKKERS AND CO	NOUL	IAN	TS 949	7.10			
1										

Section B ADDITIONAL PAGE 1 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Pia for Council			October 10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$				
B. Itemized Co.	ntrib	outions from Indivi	duals				
Last Name	١.	irst				MI	
Dunphy	L	_ouise					
Residential Street Address	City	£l		State		Code 3437	
63 Davis Dr	Guil			СТ			
Principal Occupation		Name of Employer	11				
RN		Yale New Haven	-				
r dependent child of a lobbyist? Yes Vegendent child of a candidate 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? Yes No				/, Am 10		of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lfyes, indicate which bra	nch or	branches	_ No				
If yes, list Event # 07112019A of government the contract	Date Received	C Legislative Aggregate Contributions	-		•		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	, Order		100				
		irst	1.00			М	
Last Name Bardales		Alex				I WI	
Residential Street Address	City			State	Zip	Code	
29 Deer River Lane	Mor	roe		СТ	1	3568	
Principal Occupation		Name of Employer		<u> </u>			
Insurance		New York Life Ins	urance				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	Indidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality		Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which bra of government the contra	nch or	branches	O Legislative No				
Method of Contribution:		Date Received Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/3/2019	200				
Last Name	- 1	irst				MI	
Cerrone		Maryjane					
Residential Street Address	City			State	_ I ^	Code	
219 Crown St	Stra	atford ————————————————————————————————————		СТ	0	6615	
Principal Occupation		Name of Employer					
Manager		William Pitt Sothe	eby's				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executivociated with have a contract Yes No	e officer of a municipality with said municipality	y, An 50		of Contribution	
event reported in Section L1?	Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or provided in Section L1? Is this contributor a principal of a state contractor or provided in Section L1?						
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	7//72019	\$50			•	
SUB	ГОТА	AL Section B — This	Page \$350				
TOTA	L of a	dditional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM	M INI 13, Co	DIVIDUALS (Sections A Jumn A of Summary Page	A + B) Totals)				

Section B ADDITIONAL PAGE 2 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Pia for Council	October 10 filing							
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A							
B. Itemized Cor	ntrib	utions from Individ	duals					
Last Name		rst			MI			
Mathewson		Paul		l a	a: 0.1			
Accardential Direct Fidulesis	City Strat	fford		State	Zip Code 06614			
3209 Main St	Olla	Name of Employer		<u> </u>	100011			
Principal Occupation Clerk		Town of Stratford						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract OYes No	e officer of a municipality	y, Amo	unt of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a s If yes, list Event # 07112019A No If yes, indicate which bran of government the contract	nch or	branches	e contractor? Yes OLegislative					
Method of Contribution:		Date Received	Aggregate Contributions					
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/9/2019	100					
Last Name	1	irst			MI			
Bourassa		Viichael		Laur	Zip Code			
Account of the second of the s	City VMet	hersfield	•	State	06109			
248 Dale Rd	VVCI	Name of Employer						
Principal Occupation Insurance		Guardian Life Insi	urance					
00400	to a car			y, Amo	ount of Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contract Yes No	oct with said municipality 200					
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	ospective state contractor? Yes No Executive C Legislative					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney			200		MI			
Last Name Hoydick		^{irst} Laura			IVII			
Residential Street Address	City		,	State	Zip Code			
55 Castle Dr	Stra	atford		СТ	06614			
Principal Occupation		Name of Employer						
Mayor		Town of Stratford						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	re officer of a municipalit with said municipality	y, Ame	ount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or	th: Executive	O Legislative					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	Date Received 7/9/2019	Aggregate Contributions					
SUB	ГОТА	AL Section B — This	Page \$240					
TOTAL	L of a	additional Section B l	Pages	-				
TOTAL OF ALL CONTRIBUTIONS FROM	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

Section B ADDITIONAL PAGE 3 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Pia for Council	October 10 filing							
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$							
B. Itemized Cor	ıtrib	outions from Indivi	duals					
Last Name		irst			MI			
DeMartino	J	Joseph ————————————————————————————————————		γ				
ACCIONALLE DI VOLTA LE	City	itford		State	Zip C	Code 315		
137 Tyegate	Sua			01	1000	J 10		
Principal Occupation		Name of Employer Bloomberg Finance	rial					
Sales						Cautibution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Special Properties of \$400 to does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contract OYes No	with said municipality	50	ount oi	Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or	branches	e contractor? Yes OLegislative					
If yes, list Event # 07112019A of government the contract Method of Contribution:		Date Received	Aggregate Contributions					
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	7/10/2019	50					
Last Name		irst		<u></u>		MI		
Carroll	.	Justin						
Residential Street Address	City			State	Zip C			
1011 Wallingford RD	Che	esire		СТ	06	410 		
Principal Occupation		Name of Employer						
IT Manager		Middlesex Health		· · · · · · · · · · · · · · · · · · ·				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso	indidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality		Amount of Contribution 100			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which brain of government the contract	nch or	branches	te contractor? Yes No Legislative					
Method of Contribution:		Date Received	Aggregate Contributions					
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	7/10/2019	100					
Last Name	F	irst				MI		
Lenkowski		Micheal						
Residential Street Address	City			State	1.7	Code		
612 Breakneck Hill Red	Mid	dlebury		СТ	106	762 —————		
Principal Occupation		Name of Employer						
CPA		Marcum LLP						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality	y, Am 50	ount o	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which brai of government the contract	nch or	th: Executive	O Legislative					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	7/10/2019	Aggregate Contributions 50			- Litanisiani		
SUBT	ГОТА	AL Section B — This	Page \$200					
TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

Section B ADDITIONAL PAGE 4 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Pia for Council			October 10 filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed th	his Period ONLY TOTAL SECTION A	\$			·		
B. Itemized Co		butions from Indivi	duals					
Last Name	- 1"	^{First} Kurt				MI M		
Ahlberg		Nuit		State	Zip (
Residential Street Address 82 Coach House Rd	City Stra	atford		CT	1 -	614		
Principal Occupation		Name of Employer		<u></u>				
Judge		Probate Court - S	tate					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes O No Secontributor or business he/she is associated with have a contract with said municipality.					f Contribution		
event reported in Section L1? No If yes, indicate which bra	event reported in Section L1? No If yes, indicate which branch or branches							
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received Aggregate Contributions							
Last Name	- 1	First	·			МІ		
Cabral .		Carol				G		
Residential Street Address	City	affard		State	Zip (Code 614		
1034 East Main St	Stra	atford			100			
Principal Occupation		Name of Employer Retired						
Retired Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400			officer of a municipality	71 A.m.		f Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is ass	sociated with have a contract Yes No	with said municipality	80				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which bra of government the contra	anch o	or branches	te contractor? Ye					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney			80			150		
Last Name		First Richard				мі F		
Fredette		Nichard		State	Zin	Code		
Residential Street Address 73 Ferry Court	City Str	ratford		CT		615		
Principal Occupation	1	Name of Employer						
Blight Enforce Officer		Town of Stratford						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a c	candidate for a chief executive sociated with have a contract Yes No	ve officer of a municipality	ty, Am 40	ount o	of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch o	or branches with: Executive	O Legislative					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Ordo	Date Received er 7/11/2019	Aggregate Contributions					
SUB	тот	TAL Section B — This	s Page \$220					
		additional Section B						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

Section B ADDITIONAL PAGE 5 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Pia for Council			October 10 filing					
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)	ed tl	his Period ONLY TOTAL SECTION A	-\$					
B. Itemized Contributions from Individuals								
Last Name	- 1	^{First} John				м A		
Harkins	L	JOHN		State	Zip C			
Residential Street Address 1000 Avalon Way #2202	City State					314		
Principal Occupation		Name of Employer		<u> </u>	1			
Lobbyist		Molter Governmen	nt					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a lobbyist of the contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes O No Ves does contributor or business he/she is associated with have a contract with said municipality				unt of	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a second reported in Section L1? No If yes, indicate which branch of government the contract	nch or	r branches	e contractor? Yes OLegislative					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde	er 7/11/2019	100					
Last Name	1	First				М		
Kelly		Kevin		Т.	Tar.	C		
Residential Street Address	City Ctr/	atford		State	Zip C	615		
240 York St	Suc	Name of Employer			100			
Principal Occupation Attorney		Kevin Kelly						
And the state of t								
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is ass	sociated with have a contract Yes No	with said municipality	250	250			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	or branches	⊙ No					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde	er 7/11/2019	250					
Last Name	- 1	First				MI		
Knorr	City	Amy		State	Zip	Code		
Residential Street Address 90 Margherita Lawn	1 -	atford		CT	-	615		
Principal Occupation	L	Name of Employer		<u> </u>	<u> </u>			
Supervisor		Town of Stratford						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes No	re officer of a municipality with said municipality	ty, Am	ount o	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which bra of government the contra	nch o	or branches with: Executive	O Legislative					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Orde	Date Received 7/11/2019	Aggregate Contributions					
SUB	гот	AL Section B — This	Page \$390					
		additional Section B						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE __U___ of __47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Pia for Council			October 10 filing					
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) SI	d this Period UBTOTAL SEC	ONLY CTION A	\$					
B. Itemized Con	tributions fr	om Indivi	duals					
Last Name	First					мі Н		
Meyers	Ralph			Г <u>а.</u> .	17: 0			
Residential Street Address	Stratford			State	2ip C			
3/3/	Name of En				-			
Principal Occupation Retired	Retired	-						
	o a candidate for a	chief executiv	e officer of a municipality	, Amc	unt of	Contribution		
or dependent child of a lobbyist? No does contributor or business he/she is valued at more than \$5,000?	s associated with h	es ONo	with said municipality	40				
event reported in Section L1? No If yes, indicate which brane	ent reported in Section L1? No If yes, indicate which branch or branches							
If yes, list Event # 07112019A of government the contract Method of Contribution:	Date Receiv	/ed	Aggregate Contributions					
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 7/11/20	019	40					
Last Name	First					MI		
Mitchell	Reese			T =	Ta: 6			
Residential Steet Address	City		•	State	Zip C	ode 315		
121 Margherita Lawn	Stratford				1000	J 10		
Principal Occupation Attorney Attorney Mitchell & Sheahan								
Attorney Is contributor a lobbyist, spouse. Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is valued at more than \$5,000?	o a candidate for a is associated with h	nave a contract	with said municipality	, Ain 80				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which bran of government the contract	ich or branches		te contractor? Yes					
Method of Contribution:	Date Receiv		Aggregate Contributions					
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 7/11/2	019	80					
Last Name	First					MI		
Mitchell	Robert			Tetata	7in /	Code		
Residential Street Address	City Stratford			State	1 -	615		
274 Second Ave	Name of E	mnlover		<u> </u>				
Principal Occupation	i	ш _{рюус} . II & Sheah	an		٠			
Attorney Is contributor a lobbyist, spouse. Yes If contribution is in excess of \$400 to \$100.00 t				v. Am	ount o	f Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of does contributor or business he/she valued at more than \$5,000?	is associated with	have a contrac	t with said municipality	200				
event reported in Section L1? (1) No If yes, indicate which bran	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: Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative							
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 7/11/2		Aggregate Contributions 200					
SUBT	TOTAL Sectio	n B — Thi	s Page \$320					
TOTAL	of additional	Section B	Pages					
TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT							
Pia for Council		October 10 filing	ctober 10 filing						
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)	ed this Period ONI SUBTOTAL SECTION	Y A \$							
B. Itemized Contributions from Individuals									
Last Name	First			MI					
Mitzera Casmir									
Residential Street Address 185 Boston Ave	City Stratford		1 1 -	Code 6614					
Principal Occupation	Name of Employer								
Retired	Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a co	ontract with said municipality No	y, Amount	of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a section L1? If yes, list Event # 07112019A Is contributor a principal of a section L1? If yes, list Event # 07112019A	nch or branches	cutive OLegislative No							
Method of Contribution:	Date Received	Aggregate Contributions							
Cash Personal Check Credit/Debit Card Payroll Deduction Money		100		MI					
Last Name	First Margaret			IVII					
Pancak Residential Street Address	City		State Zip	Code					
72 Ryegate Terrance	Stratford		CT 0	6615					
Principal Occupation Name of Employer									
Jr. HR Generalist Town of Stratford									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a c	xecutive officer of a municipality ontract with said municipality No	y, Amount 50	of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branches	tive state contractor? Yes							
Method of Contribution:	Date Received	Aggregate Contributions							
Cash Personal Check Credit/Debit Card Payroll Deduction Money		50		МІ					
Last Name Paquette	First Margaret		10	S p Code					
Residential Street Address 40 California St Unit B16	City Stratford		1 1	16615					
Principal Occupation	Name of Employer		<u> </u>						
Council Clerk	Town of Stra	atford							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a g	executive officer of a municipality O No	ty, Amount	of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Yes Yes Yes Yes Is contributor a principal of a If yes, indicate which brateful of government the contrast	state contractor or prospec inch or branches ict is with:	tive state contractor? OYes Coutive O Legislative							
Method of Contribution:	Date Received 7/11/2019	Aggregate Contributions							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	, 6.144								
SUB	TOTAL Section B —	-This Page #190							
•	L of additional Section								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)									

Section B ADDITIONAL PAGE 8 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Pia for Council			October 10 filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved tl SUBT	his Period ONLY OTAL SECTION A	\$				
B. Itemized Co	ontrib	outions from Indivi	duals				
Last Name	Γ.	irst			MI P		
Petruccelli	City	Leonard 		State	Zip Code		
Residential Street Address 105 Euclid Ave	CT	06614					
Principal Occupation	<u> </u>	Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is ass	ociated with have a contract Oyes No	with said municipality	40	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or	r branches	e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	·····		40		MI		
Last Name Proto	- 1	^{?irst} Benjamin			S		
Residential Street Address	City			State	Zip Code		
2090 Cutspring Rd	Stra	atford		СТ	06614		
Principal Occupation Name of Employer							
Attorney Law Offices of Benjamin S. Proto Jr.							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contributor or business he/sh valued at more than \$5,000?	e is ass	ociated with have a contract Yes No	with said municipality	y, Amo	ount of Contribution)		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which broof government the contributor a principal of a list of government the contributor a principal of a list of government the contributor a principal of a list of government the contributor a principal of a list of government the contributor a principal of a list of government the contributor a principal of a list of government the contributor a principal of a list of government the contributor a principal of a list of government the contributor a principal of a list of government the contributor a principal of a list of government the contributor a principal of a list of government the contributor a principal of a list of government the contributor and a list of government the	ranch o	r branches	O Legislative No				
Method of Contribution:		Date Received 7/11/2019	Aggregate Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction Mone		First	100		MI		
Proto	- 1	Robyn			•		
Residential Street Address	City			State	Zip Code		
2090 Cutspring Rd	Str	atford		СТ	06614		
Principal Occupation		Name of Employer					
School Administrator		Cooperative Edu		<u> </u>	4 CO 4 thurston		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000?	ne is ass	sociated with have a contrac Yes No	t with said municipality	y, Ame 50	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Section Yes Is contributor a principal of the section of government the contributor apprincipal of the section	ranch o	r branches vith: Executive	O Legislative				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMono	ey Orde	Date Received 7/11/2019	Aggregate Contributions 50				
SUE	втот	AL Section B — This	s Page \$190				
		additional Section B					
TOTAL OF ALL CONTRIBUTIONS FRO	OM IN 1e 13, C	DIVIDUALS (Sections of Summary Page	A + B) Totals)				

Section B ADDITIONAL PAGE 9 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Pia for Council	October 10 filing	ber 10 filing						
A. Total Contributions from Small Contributors-Receives (See instructions for definition of Small Contributor)	ved th SUBT	nis Period ONLY OTAL SECTION A	\$					
B. Itemized Contributions from Individuals								
Last Name Rivers		_{irst} Clarence				MI		
Residential Street Address City State Zip Code								
100 Spruce St	Stra	atford		СТ	06	3615		
Principal Occupation		Name of Employer						
Retired		Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	e is asso	ociated with have a contract OYes No	with said municipality	/, An 60		of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Section L1? Yes Is contributor a principal of a lf yes, indicate which broad of government the contral of government the contral of government the contral of the list of government the contral of the list of government the contral of the list of th	anch or	branches	e contractor? Yes OLegislative					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	r 7/11/2019	60					
Last Name	F	irst				MI		
Silhavey	(Christopher				S		
Residential Street Address						Code		
111 Hickory Woods Lane	Stra	atford 		СТ	0	6615		
Principal Occupation		Name of Employer				•		
Tech Consultant Accenture								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a ca ne is asso	andidate for a chief executiv ociated with have a contract Yes O No	e officer of a municipalit with said municipality	- 1	Amount of Contribution 40			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of If yes, indicate which by of government the contributor.	ranch o	r branches	te contractor? Yes					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	ey Orde	r 7/11/2019	40					
Last Name	1	First				MI .		
Dennis		Tomsheck		-p				
Residential Street Address	City	atford		State	- 1 '	p Code 16615		
175 Lighthouse Ave		Name of Employer		L				
Principal Occupation Commercial Water Treatment		Azure Water Ser	vices LLC					
2010)() to a c			v. A	mount	of Contribution		
or dependent child of a lobbyist? No does contributor or business he/st valued at more than \$5,000?	he is ass	sociated with have a contract Yes No	with said municipality	40		VI COMMANDA		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which be of government the contributor of government the contributor apprincipal of the section L1?	ranch o	r branches	⊙No					
Method of Contribution: Date Received Aggregate Contributions								
OCash Personal Check Credit/Debit Card Payroll Deduction Mon	ey Orde	er 7/11/2019	40					
SUI	втот	AL Section B — This	Page \$140					
TOTA	AL of	additional Section B	Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

Section B ADDITIONAL PAGE 10 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Pia for Council	October 10 filing							
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)	\$							
B. Itemized Con	ntril	butions from Individ	luals					
Last Name	1.0	First				MI		
Tomsheck		Karen		State	7:- 0	l l		
Residential Baset Fiduces	nai Street Address							
175 Lighthouse Ave	Out	Name of Employer		<u> </u>		J 10		
Principal Occupation		Azure Water Serv	ices LLC					
HR Manager Is contributor a lobbyist, spouse. Yes If contribution is in excess of \$400	to a co			/ Am	ount of	of Contribution MI A D Code 6615 of Contribution MI E p Code 16614		
or dependent child of a lobbyist? On does contributor or business he/she valued at more than \$5,000?	is ass	sociated with have a contract OYes No	with said municipality	40	ount o	Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a significant which brain of government the contract	nch oi	r branches	contractor? Yes OLegislative					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Orde	er 7/11/2019	40					
Last Name	I	First				1		
Vidal		Randolf						
Residential Street Address	City			State	1 -			
Stratford CT						615		
Principal Occupation Name of Employer								
Sales Vidal Wettenstein								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	ent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality				100			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch o	or branches	⊙ No					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Orde	er 7/11/2019	100					
Last Name	1	First				1		
Wiltsie		Amy		State	Zin			
Residential Street Address	City Str	ratford		CT	1 -			
77 Allyndale Drive		Name of Employer		1				
Director		Central CT Coast	YMCA					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipalit with said municipality	y, An	ount o	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch o	or branches with: Executive	OLegislative No					
Method of Contribution: OCash Personal Check OCredit/Debit Card Payroll Deduction OMoney	y Orde	Date Received 7/11/2019	Aggregate Contributions 50					
SUB	тот	FAL Section B — This	Page \$190					
		additional Section B l						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

Section B ADDITIONAL PAGE 11 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Pia for Council	October 10 filing							
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this I	Period ONLY AL SECTION A	\$					
B. Itemized Contributions from Individuals								
Last Name	First				- 1	мī F		
Wiltsie	Jam	es 		State	Zip Co			
Residential Street Address 77 Allyndale Drive	City Stratfor	d		CT	066			
Principal Occupation		ame of Employer		Ė	<u> </u>			
Police Officer	Т	own of Fairfield						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candida is associate	ate for a chief executive ed with have a contract OYes No	e officer of a municipality with said municipality	/, Amo	unt of (Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a significant which brain of government the contract.	nch or bran	nches _	contractor? Yes OLegislative					
Method of Contribution:	[ate Received	Aggregate Contributions					
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney		7/11/2019	50		, , , , , , , , , , , , , , , , , , ,			
Last Name	First Mar	io			- 1	мі Р		
Pia Residential Street Address	City			State	Zip Co	de		
265 Shelton Rd	dientiai Siteet Addiess				066			
Principal Occupation	l Na	ame of Employer		L				
Retired Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	ate for a chief executive ed with have a contract O Yes O No	e officer of a municipality with said municipality	/, Amo		Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which bra of government the contra	anch or bra	nches	O Legislative No					
Method of Contribution:	- 1	ate Received 7/11/2019	Aggregate Contributions 250					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order First	7/11/2019	250		T	MI		
Last Name Downes	1	heal				1411		
Residential Street Address	City			State	Zip Co	ode		
32 Farmington Drive	Northfo	ord		СТ	064	72		
Principal Occupation		ame of Employer						
Chief of Staff		Fown of Stratford						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candid is associate	late for a chief executived with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo		Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branct is with:	nches Executive	O Legislative					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money		ate Received 7/11/2019	Aggregate Contributions 100					
SUB	TOTAL	Section B — This	Page \$400					
TOTA	TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

Section B ADDITIONAL PAGE 12 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Pia for Council			Octob	ectober 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$					
B. Itemized Contributions from Individuals								
Last Name	Firs						мī R	
Thomas		enneth		1	0	a: c		
Residential proof / Address	City Stratf	ford			State CT	Zip C	1	
140 Ocean Ave	Ollali	Name of Employer						
Principal Occupation Retired		Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she i valued at more than \$5,000?	If contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes ontributor a lobbyist? Yes ontribution is in excess of \$400 to a candidate 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? Yes ontributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				, Amo		Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a st If yes, indicate which bran of government the contract	ich or b	oranches	OLegi	O No				
Method of Contribution:		Date Received	00 0	e Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/11/2019	100					
Last Name	Firs						MI	
Julian					State	Zip C	ode	
Residendat Biteet Made 55	lential Street Address			CT	1	615		
33 Third Ave		Name of Employer						
Principal Occupation Real Estate Broker		Julian Realty LLC						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	is assoc	eiated with have a contract Yes No	with said	municipality	, Ame	Amount of Contribution 40		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which bran of government the contract	nch or l	branches	O Leg	islative O No				
Method of Contribution:		Date Received	l	e Contributions				
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney			40				Tyg	
Last Name	Fir	rst Karen					MI A	
Rodia	City	(dicii			State	Zip	Code	
Residential Street Address 2115 Cutspring Rd	Strat	tford			СТ	1 -	614	
Principal Occupation		Name of Employer			L,,			
LPN		Dr. T Brunoski						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of State o	to a car is assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer with said	of a municipality I municipality	/, Am	oun <u>t</u> o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or l	branches th:	OLeg	islative ONo				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	Date Received 7/11/2019	Aggrega 40	te Contributions				
SUBT	ГОТА	L Section B — This	Page.	\$180				
TOTAL	Lofa	dditional Section B l	Pages					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M IND 13, Col	IVIDUALS (Sections A Jumn A of Summary Page	A + B) Totals)					

Section B ADDITIONAL PAGE 3 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT								
Pia for Council	October 10 filing								
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed th	nis Period ONLY OTAL SECTION A	\$						
B. Itemized Contributions from Individuals									
Last Name	1	irst Christino				мі М			
Griffin		Christine	· .	State	Zip C				
Residential Street Address 62 Laurel St	City Stra	tford		CT	066				
Principal Occupation		Name of Employer			<u></u>				
Retired		Retired							
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	utor a lobbyist, spouse, ent child of a lobbyist? Yes No Ves No V				unt of	Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which brate of government the contraction.	ınch or	branches ith:	OLegislative No	-					
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Money	y Order	Date Received Aggregate Contributions 40							
Last Name		irst Dornard				MI M			
McGorty		Bernard —————		State	Zip C	1			
Residential Street Address	City	elton		CT	1 -	484			
30 Wigwam Dr Principal Occupation		Name of Employer							
Realtor		William Raveis							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? Yes or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate 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? Yes No					Amount of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which bra of government the contra	anch o	r branches	O Legislative	:s o					
Method of Contribution:		Date Received	Aggregate Contributions 40						
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone			40			MI			
Last Name	- 1	_{First} Patti							
Sorrentino	City			State	Zip	Code			
Residential Street Address 2220 Main St	1 -	atford		СТ	06	615			
Principal Occupation	_i	Name of Employer							
Business Owner		Self							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a cane is ass	andidate for a chief executive cociated with have a contract Yes No	ve officer of a municipal t with said municipality	ity, Am-	ount o	of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bree of government the control of government the control of government.	anch o	r branches vith: C Executive	O Legislative						
Method of Contribution:	0 !	Date Received 7/11/2019	Aggregate Contributions						
Cash Personal Check Credit/Debit Card Payroll Deduction Mone		AL Section B — This	1.100						
			71.60						
		additional Section B							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)									

Section B ADDITIONAL PAGE 14 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) T				TYPE OF REPORT				
Pia for Council	October 10 filing							
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)	\$							
,								
B. Itemized Contributions from Individuals								
Last Name	First					мі А		
Scala	Judy			Ta	[m: 6			
Kesidelidal Succi Admoss	City Stratford	•		State	2ip C			
435 Warner Hill Rd		Employer				· · · · · · · · · · · · · · · · · · ·		
Principal Occupation	1	of Stratford						
Assistant Registrar Is contributor a lobbyist, spouse. O Yes If contribution is in excess of \$400 to 100			e officer of a municipali	ity. Amc	unt of	Contribution		
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is associated with	have a contract Yes ONo	with said municipality	40				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a s If yes, indicate which brar of government the contract	nch or branches	prospective stat	e contractor? Ye OLegislative	S				
Method of Contribution:	Date Rec	eived	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/11/	2019	40			•		
Last Name	First		1			MI		
Swanson	Anthony							
Residenda Sueet Address	City			State	Zip C	Code 615		
627 Selbys Pond Rd	Stratford			СТ	1000	010		
Principal Occupation		Employer						
Is contributor a lobbyist, spouse. Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated wit	h have a contract Yes No	with said municipality	40	ount of	Сопиньшион		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which bra of government the contra	nch or branches		te contractor? OYO N Legislative					
Method of Contribution:	Date Rec		Aggregate Contributions					
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 7/11	/2019	40					
Last Name	First					MI		
Bardes	Theresa	l		- Contract	7in	Code		
Residential Street Address	City Stratford			State	1 -	6615		
627 Selbys Pond Rd	<u> </u>	f Employer						
Principal Occupation Operations Manager	ISS	Employer						
		r a chief executi	ve officer of a municipal	lity, Am	ount c	f Contribution		
or dependent child of a lobbyist? One does contributor or business he/she valued at more than \$5,000?	is associated wi	h have a contrac Yes ① No	t with said municipality	40				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branches ct is with:	C Executive	C Legislative	lo				
Method of Contribution:	Date Re	ceived /2019	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order // II	2019						
SUB	TOTAL Sect	ion B — Thi	s Page \$120			· · · · · · · · · · · · · · · · · · ·		
TOTAL	L of addition	al Section B	Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

Section B ADDITIONAL PAGE 5 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Pia for Council			October 10 filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed thi	is Period ONLY OTAL SECTION A	\$					
B. Itemized Contributions from Individuals								
Last Name	Firs			·		MI		
O'Leary	Je	effery						
Residential Street Address	City			State	Zip C			
31 Pine St	Strat			СТ	066	615 		
Principal Occupation		Name of Employer Self						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate 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? Yes No					unt o	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	inch or b	oranches	contractor? Yes No Legislative			,		
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/11/2019	80					
Last Name	Fin					MI M		
Guinta		Synthia ————————————————————————————————————		State	Zip (
Residential Street Address	lai Street Address					611		
211 Beacon Hill Rd	1 Tuil	Name of Employer		Τ				
Principal Occupation Retired Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is assoc	ciated with have a contract Yes No	with said municipality	40				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which bra of government the contra	anch or	branches	e contractor? Yes No Legislative					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney			40			Tva		
Last Name	Fin	rst 「homas				MI J		
Guinta	City			State	Zip	Code		
Residential Street Address 211 Beacon Hill Rd	1 1	nbull		CT	1	611		
Principal Occupation		Name of Employer		.1				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a car e is asso	ndidate for a chief executiv ciated with have a contract Yes No	e officer of a municipalit with said municipality	y, Ame	ount o	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or	branches th:	O Legislative					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	ey Order	Date Received 7/11/2019	Aggregate Contributions					
SUB	тота	AL Section B — This	Page \$160					
		dditional Section B l				,		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

Section B ADDITIONAL PAGE $1/\psi$ of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) T			TYPE OF REPORT	'E OF REPORT				
Pia for Council			October 10 filing	per 10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed th	nis Period ONLY OTAL SECTION A	\$					
B. Itemized Contributions from Individuals								
Last Name	1	_{irst} Anthony				мі J		
Collins	City	Anthony		State	Zip C			
Residential Street Address 102 Margherita Lawn	1	atford		СТ	1 -	615		
Principal Occupation	L	Name of Employer			1			
		n/a						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$400 to a candidate 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?					unt of	Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes OLegislative					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	r 7/11/2019	50			T		
Last Name	1	First				MI M		
Giordano		Victoria		State	Zip (
Residential Street Address E. L. ovington, Gardons	City	th Haven		CT	1	473		
5 Lexington Gardens								
Principal Occupation Social Worker		Bridges Healthca	re					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipalit with said municipality	y, Am	ount o	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a lifyes, indicate which broad of government the control of government the government that government the government the government the government that government the government tha	anch o	r branches	te contractor? Yes					
Method of Contribution:		Date Received	Aggregate Contributions					
Cash Personal Check Credit/Debit Card Payroll Deduction Mone	y Orde	r 7/11/2019	50			.,		
Last Name	- 1	First				S S		
O'Brien-Law		Joan		C4-4-	7 in	Code .		
Residential Street Address	City Stra	atford		State	1 -	614		
151 Flagler Ave	1000	Name of Employer						
Principal Occupation Member Engagement Director		BRBC						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca e is ass	andidate for a chief executive sociated with have a contract Yes No	ve officer of a municipality	ty, Am	ount o	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch o	r branches vith: Executive	Legislative ONC					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	y Orde	Date Received 7/11/2019	Aggregate Contributions 50					
SUB	тот	AL Section B — This	s Page \$150					
TOTA	TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

Section B ADDITIONAL PAGE 17 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Pia for Council				October 10 filing				
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	eived SUE	this l	Period ONLY AL SECTION A	\$				
B. Itemized C	Contr	ributi	ons from Individ	duals				
Last Name	,	First Patr	ricia					мі A
Morrissey	City		ICIA		T	State	Zip C	
Residential Street Address 570 Whipporwill Lane	1 -	_y tratfor	·d			CT	066	
Principal Occupation		N	ame of Employer		I.		l	
School Counselor	Objectional POE							
or dependent child of a lobbyist? No does contributor or business he/s valued at more than \$5,000?	dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality				, Amo	Amount of Contribution 50		
s this contribution associated with an vent reported in Section L1? Yes No Yes No Yes Is contributor a principal of a state contractor or prospective state contractor? Yes No Yes No Yes No Yes No Of government the contract is with: OExecutive OLegislative								
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mon	oney Or		ate Received 7/11/2019	Aggregate 50	Contributions			_
Last Name		First						MI
McCain		Tho	omas & Shira				T=: -	F
Residential Street Address	City	y Stratfo	rd			State CT	Zip (315
344 First Ave			lame of Employer				L	
Principal Occupation Sales		l l	BSN Sports					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate 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? Yes No 50						f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which of government the core	branch	h or bra is with:	nches Executive	O Legi	slative No			
Method of Contribution:		-	Pate Received 7/11/2019	Aggregate 50	Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Mo	oney Or	rder First	7/11/2019	30				МІ
Last Name Pia		į.	egory					M
Residential Street Address	Cit		-	-		State	1 . *	Code
17 Lorma Ave	Т	Γrumb	ull			СТ	06	611
Principal Occupation			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	3400 to a	a candio	date for a chief executive ted with have a contract Yes No	ve officer of the contract with said	of a municipality municipality	, Am	ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contribu	branch	h or bra is with:	nnches Executive	OLegi	slative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMo	oney O	1.	Date Received 7/11/2019	Aggregat 50	e Contributions			
SU	UBŢO	OTAL	Section B — This	s Page	\$150			
тот	TAL o	of add	litional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L.	ROM I Line 13,	INDIV	IDUALS (Sections on A of Summary Page	A + B) Totals)				

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE | 8 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Pia for Council			October 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved the	his Period ONLY TOTAL SECTION A	\$			·
B. Itemized Co		butions from Indivi	duals			D.a.
Last Name	- 1	First Gene				MI
Zwicharowski Residential Street Address	City			State	Zip C	Code
80 Hemlock St	1 -	atford		СТ		315
Principal Occupation	<u> </u>	Name of Employer		<u>.</u>		
		Construction				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes O No If contribution is in excess of \$400 to a candidate 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? Yes O Yes Yes O Yes Yes Yes Ye					ount of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes 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: Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor or prospectiv						
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Last Name	- 1	^{First} Justin	•			В
Sabatino	City	Justin		State	Zip C	<u> </u>
Residential Street Address 194 River Rd	1 *	elton		СТ	1 -	484
Principal Occupation		Name of Employer		<u> </u>		
Carpenter		Town of Stratford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Ves on the contribution is in excess of \$400 to a candidate 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? Yes No					f Contribution	
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Method of Contribution:		Date Received	Aggregate Contributions			
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Last Name		First William				H
Huntting	City	Vinam		State	Zip	Code
Residential Street Address 150 Tanglewood Rd	1 -	ratford		СТ	06	614
Principal Occupation		Name of Employer				
VP		JB Moving				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a o	candidate for a chief executi sociated with have a contrac Yes No	ve officer of a municipal t with said municipality	ity, Am 50	ount o	f Contribution
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	ey Ord	Date Received 7/11/2019	Aggregate Contributions			
SUB	втот	TAL Section B — Thi	s Page \$150		· · · · · · · · · · · · · · · · · · ·	
		additional Section B				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line)M IN e 13, C	NDIVIDUALS (Sections Column A of Summary Page	A + B) Totals)			

Section B ADDITIONAL PAGE 19 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Pia for Council			October 10 filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed thi SUBTO	s Period ONLY OTAL SECTION A	\$				
B. Itemized Con	ntribu	itions from Individ	luals				
Last Name	Firs					MI	
Jackson	Bı	ruce				D	
103dondar order 1 toll-05	City	1		State	Zip C		
8 Westminster Ct	Milfor			01	002	+01	
Principal Occupation		Name of Employer	ın.				
Attorney		Jackson Law Grou	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate 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? Yes No				50	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brain of government the contract	nch or b	ranches	e contractor? Yes No Legislative				
If yes, list Event # 07112019A of government the contract Method of Contribution:		Date Received	Aggregate Contributions				
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Last Name	Firs	_{st} hiarina				MI M	
Pia				State	Zip C		
Residential Busiler Hadisa	City Trum	bull		CT	060		
17 Lorma Ave	11411	Name of Employer		<u> </u>	1		
Trimopal Secupation							
Iviedical bining							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract Yes No	with said municipality	50	ount of	Contribution	
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Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		<u> </u>	50			T	
Last Name	Fir					MI	
DeLorenzo		Robert		Ta	Tor.	<u> </u>	
Residential Street Address	City Strat	Hord		State	Zip 0	614	
185 Shepard St	Strat						
Principal Occupation		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	ndidate for a chief executive ciated with have a contract Yes No	re officer of a municipalit with said municipality	50 Am	ount o	f Contribution	
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	Date Received 7/11/2019	Aggregate Contributions				
SUB	тота	L Section B — This	Page \$150				
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM	M IND 13, Coli	IVIDUALS (Sections . umn A of Summary Page	A + B) Totals)	. —			

Section B ADDITIONAL PAGE 20 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						
Pia for Council			October 10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this SUBTOT	Period ONLY TAL SECTION A	\$				
			· ·				
B. Itemized Co	ntribut	ions from Individ	luals				
Last Name	First				MI		
Bedell		sten			L		
Residential Street Address	City Stratfo	ard		State	Zip Code 06615		
276 Laurel St		Name of Employer			1 000.0		
Principal Occupation Legal Para	· 1	BIC Corporation	•				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400		•	officer of a municipality	y, Amo	unt of Contribution		
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	ependent child of a lobbyist? One does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				50		
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Last Name	First				R R		
Bedell .		atthew		1 04-4-			
Residential Street Address	City Stratfo	ord .		State CT	Zip Code 06615		
276 Laurel St		Name of Employer		<u> </u>			
Principal Occupation Systems Manager	- 1	Advanced Compu	ter Tech Inc				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400				y, Amo	unt of Contribution		
or dependent child of a lobbyist? One does contributor or business he/she valued at more than \$5,000?	e is associa	ated with have a contract Yes No	with said municipality	50			
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Method of Contribution:	- 1	Date Received	Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone		7/11/2019	50		T) d		
Last Name	First	mes		•	м R		
Carroll	City	11163		State	Zip Code		
Residential Street Address 67 Fieldstone Lane	1 *	on Falls		СТ	06403		
Principal Occupation	<u> </u>	Name of Employer		<u> </u>			
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000?	0 to a cand e is associ	idate for a chief executiv ated with have a contract Yes • No	e officer of a municipalit with said municipality	ty, Amo	ount of Contribution		
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone		Date Received 7/11/2019	Aggregate Contributions 75				
SUB	BTOTAI	Section B — This	Page \$175				
		ditional Section B l					
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDI ^N e 13, Colui	VIDUALS (Sections A mn A of Summary Page	A + B) Totals)				

Section B ADDITIONAL PAGE 21 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Pia for Council			October 10 filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved tl SUBT	his Period ONLY TOTAL SECTION A	\$					
B. Itemized Co	ontrik	outions from Indivi	duals					
Last Name	1	First					МI М	
Garofalo		Nicholas			O	Zip (
Residential Street Address	City	w Haven			State CT	1 -	470	
7 Bari Drive Principal Occupation	1	Name of Employer						
Finance Director		The Gould Insura	nce Gr	oup LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? Yes on the contribution is in excess of \$400 to a candidate 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? Yes ONO				75	Amount of Contribution 75			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or	r branches	_	⊙ No				
Method of Contribution:		Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Orde	er 7/11/2019	75					
Last Name	1	First					MI P	
Ralabate		James			State	7:- /	<u> L'</u>	
Residential Street Address	City	atford				Zip 0	615 ·	
Z41 ZIIU AVE								
Principal Occupation Physician State of Conn.								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a ca	andidate for a chief executive cotated with have a contract Yes No	e officer with said	of a municipality I municipality	7, Amo	Amount of Contribution		
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Method of Contribution:		Date Received	1	e Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	ey Orde	er 7/11/2019	75					
Last Name	- 1	^{First} Teresa					MI M	
Ralabate	City	lelesa			State	Zip	Code	
Residential Street Address 241 2nd Ave		atford			СТ	1 -	615	
Principal Occupation		Name of Employer			<u> </u>			
		n/a				•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a c	candidate for a chief executive sociated with have a contract Yes No	e officer with said	of a municipality I municipality	7, Am	ount o	of Contribution	
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mondon	ey Orde	Date Received 7/11/2019	Aggrega 75	te Contributions				
		AL Section B — This	Page	\$225				
		additional Section B						
TOTAL OF ALL CONTRIBUTIONS FRO	M IN		A + B)					
(Enter total on Line	e 13, C	ошти л ој миттигу r uge	a otuis)		_			

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Section B ADDITIONAL PAGE 22 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Pia for Council			October 10 filing					
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)	ed th	is Period ONLY OTAL SECTION A	\$					
B. Itemized Cor		utions from Individ	luals					
Last Name	Fir	rst Charles				мі R		
Foss		manes		State	Zip C			
Residential Direct Address	City Strat	tford		CT	066	ſ		
356 Curtis Ave Principal Occupation		Name of Employer		<u> </u>	1			
CDR Compliance Officer		MTA Metro North	RR					
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate 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?				150	Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes 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: OExecutive OLegislative			e contractor? Yes No Legislative					
Method of Contribution:	Date Received Aggregate Contributions							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/11/2019	150					
Last Name		rst				А		
Kochiss		Karen		Tetata	Zip C			
Residential Street Address	City Stra	tford		State	1 -	615		
194 Lordship Rd								
Principal Occupation Retired Retired								
To contribute a labbuist groups Ques If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution								
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract Yes No	with said municipality	100)			
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Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney			100			МІ		
Last Name Burnes	1	_{irst} Patricia				M		
Residential Street Address	City			State	Zip	Code		
65 Bayview Blvd	Stra	atford		СТ	06	615		
Principal Occupation	<u> </u>	Name of Employer			, 1			
		n/a						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ciated with have a contract of Yes O No	ve officer of a municipali with said municipality	ty, Am		f Contribution		
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Method of Contribution:		Date Received 7/11/2019	Aggregate Contributions					
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	y Order	7/11/2019						
SUB	TOTA	AL Section B — This	Page \$350					
TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS FROM	M INI 13, Co	DIVIDUALS (Sections blumn A of Summary Page	A + B) Totals)					

Section B ADDITIONAL PAGE 23 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Pia for Council			October 10 filing	J				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed th	is Period ONLY OTAL SECTION A	\$					
						-		
B. Itemized Co.	ntrib	utions from Individ	duals					
Last Name	Fir	st Susan				MI		
lanniello	City	ousan		State	Zip (Code		
Residential Street Address 19 Rivendell Dr	Shel	ton		СТ	06	484		
Principal Occupation	l	Name of Employer						
Financial Services		New York Life Ins						
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	ent child of a lobbyist? No loss contributor or business he/she is associated with have a contract with said municipality					f Contribution		
event reported in Section L1? No If yes, indicate which bra	rent reported in Section L1? No If yes, indicate which branch or branches				•			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	v Order	Date Received Aggregate Contributions Order 7/11/2019 100						
Last Name		rst	<u> </u>			MI		
Knapp	K	(yle				В		
Residential Street Address	City			State	1 -	Code 6615		
400 Washington Parkway	Stra			СТ	0	0010		
Principal Occupation CFO Name of Employer Kamco Supply Corp								
Very life contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution								
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	e is asso	ciated with have a contract Yes No	with said municipality	10	00			
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Method of Contribution:		Date Received 7/11/2019	Aggregate Contributions					
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone		irst	100			МІ		
Leary	1	Edward				J		
Residential Street Address	City		•	State	1 -	Code		
400 Washington Parkway	Stra	atford		СТ	00	6615 —————		
Principal Occupation		Name of Employer		•				
Security Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	0 4	Town of Westpor		ality A	mount	of Contribution		
or dependent child of a lobbyist? On does contributor or business he/sh valued at more than \$5,000?	e is asso	ociated with have a contrac Yes • No	t with said municipality	10		or Commination		
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Cash Personal Check Credit/Debit Card Payroll Deduction Mone		AL Section B — This	10000					
			71"50					
		additional Section B		L				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INI e 13, Ca	DIVIDUALS (Sections olumn A of Summary Page	A + B) Totals)					

Section B ADDITIONAL PAGE 24 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposi	IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Pia for Council				October 10 filing					
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	eceived SU	d this BTO	s Period ONLY TAL SECTION A	\$					
B. Itemized	d Cont	tribu	tions from Indivi	duals					
Last Name		Firs						мі J	
Castelot	lo		om			State	Zip C		
Residential Street Address 251 Crown St	Ci	Stratf	ord			CT	066		
Principal Occupation			Name of Employer						
President			Sound View TV						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o does contributor or business valued at more than \$5,000? Is this contribution associated with an	s he/she is ?	associ	lidate for a chief executive intended with have a contract Yes No tractor or prospective states	with said	municipality	, Amo		Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a princip. No If yes, indicate whi of government the	ich branc	h or b	ranches :: OExecutive	OLegis	slative No				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction C) Money C	Order	Date Received 7/11/2019	Aggregate 100	Contributions				
Last Name		Firs						мı D	
Miranda	Ia		ohn			State	Zip C		
Residential Street Address 124 Knapp St		^{ity} Easto	on			CT	060		
Principal Occupation			Name of Employer						
					•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business valued at more than \$5,000?	s he/she is	a cano	didate for a chief executive intended with have a contract Yes No	ve officer of t with said	of a municipality municipality	, Ame		Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate who of government the	nich bran	ch or t			⊙ No				
Method of Contribution:			Date Received	1 00 0	e Contributions				
OCash Personal Check OCredit/Debit Card Payroll Deduction	Money (7/11/2019	100				МІ	
Last Name Kaiser		Fir	aren			1			
Residential Street Address	- 1	_{lity} Fairfi	ield			State	Zip 0	Code 824	
120 Catamount Rd		1 41111	Name of Employer						
Principal Occupation			Fairfield Universi	-					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000	s he/she is	o a can s assoc	didate for a chief execution in the contract of the contract o	ve officer t with said	of a municipality I municipality	/, Am 100		f Contributio	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Solve Yes Yes Yes Yes Is contributor a princip Yes, indicate who of government the	nich bran	ch or b	h: Executive	Legi	islative				
Method of Contribution:	7.	0-1	Date Received 7/11/2019	Aggregat	e Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction					\$300				
			L Section B — Thi	3 1 1150	\$300				
			Iditional Section B						
TOTAL OF ALL CONTRIBUTIONS	FROM	IND	IVIDUALS (Sections umn A of Summary Page	A + B) Totals)					

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Pia for Council			October 10 filing					
A. Total Contributions from Small Contributors-Received	ed ti	his Period ONLY FOTAL SECTION A	\$					
B. Itemized Con	atril	butions from Individ	duals					
Last Name		_{First} Ryan					мі K	
Miller	City	Tyan		-	State	Zip (
Residential Street Address 53 Blueberry Lane	-	elton			CT	1 -	484	
Principal Occupation		Name of Employer		<u> </u>				
Attorney		Self						
Is contributor a lobbyist, spouse, and the spouse of the s					Amo		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No No No No No Section L1? If yes, list Event # 07112019A Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 07112019A Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 07112019A			⊙ No					
Method of Contribution:		Date Received		e Contributions				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney			100				T	
Last Name	- 1	^{First} Richard					мі G	
Williams Residential Street Address	City	Titoliaia			State	Zip (Code	
655 Short Beach Rd		atford			CT	06	615	
Principal Occupation		Name of Employer				I		
n/a								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes No	e officer with said	of a municipality I municipality	, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which bra of government the contra	nch c	or branches	_	⊙ No				
Method of Contribution:		Date Received		e Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney			100				Lνα	
Last Name		First Nicole					MI	
Cappozzo-Hennessy Residential Street Address	City	THOOLO			State	Zip	Code	
2453 Huntington Turnpike	! -	umbull			СТ	06	611	
Principal Occupation	<u> </u>	Name of Employer	,					
Server		Beach House Gri	11					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract of Yes O No	e officer with sai	of a municipality I municipality	, Amo		of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch c	or branches Executive	OLeg	islative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Ord	Date Received 7/11/2019	Aggrega 135	te Contributions				
SUB	тот	TAL Section B — This	Page	\$335				
TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS FROM	M IN 13, C	IDIVIDUALS (Sections . Column A of Summary Page	A + B) Totals)					

Section B ADDITIONAL PAGE 24 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Pia for Council			October 10 filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this	s Period ONLY TAL SECTION A	\$					
B. Itemized Con	ntribu	tions from Individ	luals					
Last Name	First					мі A		
Skara	Ni	CK	-	la.	7:- C			
Residential Butter Address	City Rivers	eide		State	Zip C			
21 Wescott St	TUVCI	Name of Employer		L .				
Principal Occupation		reame of Employer						
or dependent child of a lobbyist? On does contributor or business he/she valued at more than \$5,000?	does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes ONo				Amount of Contribut			
event reported in Section I.1? No If yes, indicate which bran	is contribution associated with an interported in Section L1? No							
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	/ Order	Date Received 7/11/2019	Aggregate Contributions 250					
Last Name	Firs	t				MI		
Bastarache	R	aymond						
Residential Street Address	City			State	Zip C	ode 315		
967 Prospect Dr	Stratf			СТ	.000) i o		
Principal Occupation		Name of Employer Retired						
Nettled Contribution Contributi								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associ	iated with have a contract Yes No	with said municipality	250		Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which bra of government the contra	anch or b	oranches h: Executive	O Legislative					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		7/11/2019	250			MI		
Last Name Barksdale	Firs	usan				F		
Residential Street Address	City			State	1 "	Code C15		
180 Grove St	Strat			CT	100	615		
Principal Occupation		Name of Employer Town of Stratford						
Asst Human Resources Director			65 £isissli			f Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can e is assoc	didate for a chief executive ciated with have a contract Yes No	with said municipality	40	ουπτ ο	1 Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	oranches h: Executive	ONG					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	7/11/2019	40					
SUB	тота	L Section B — This	Page \$540					
TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

Section B ADDITIONAL PAGE 27 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Pia for Council			October 10 filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed t	his Period ONLY TOTAL SECTION A	\$					
B. Itemized Co.	ntril	butions from Indivi	duals					
Last Name	- 1	First				MI		
Barksdale		George		Т.	Ta: .	S		
	City	atford		State	Zip C	ode 315		
180 Grove St	Our	Name of Employer		0	100			
Principal Occupation Sales Manager		Sikorsky						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Sepandent child of a candidate 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? Yes one of the contributor of a municipality of the contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					ount of	Contribution		
this contribution associated with an ent reported in Section L1? No Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative								
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Orde	Date Received 7/11/2019	Aggregate Contributions					
Last Name	l l	First				МІ		
Sheehy		Adam				Н		
Residential Street Address	City	-171		State	Zip (
190 Chapel St	Str	atford		CT	06	614 		
Principal Occupation		Name of Employer	e Inc					
IT Computer Systems Inc. Is contributor a lobbvist, spouse. Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	sociated with have a contract Yes No	with said municipality	y, Amo		Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	anch c	or branches	te contractor? O Legislative	5				
Method of Contribution:		Date Received	Aggregate Contributions					
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	-		250					
Last Name Gribbon	- 1	First Patrick				MI		
Residential Street Address	City			State	Zip (Code		
40 Butternut Lane	1 -	ratford		СТ	1 '	614		
Principal Occupation	1	Name of Employer			<u></u>			
Retired		Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a c	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipalit with said municipality	50 Am	ount o	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch o	or branches	O Legislative					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Orde	Date Received 7/11/2019	Aggregate Contributions 50					
SUB	тот	FAL Section B — This	Page \$340					
TOTA	L of	additional Section B l	Pages					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M IN 13, C	DIVIDUALS (Sections A Column A of Summary Page	A + B) Totals)					

Section B ADDITIONAL PAGE <u>28</u> of <u>47</u>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Pia for Council			October 10 filing					
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	ived t	this Period ONLY FOTAL SECTION A	\$					
B. Itemized Contributions from Individuals								
Last Name		First			MI			
Brooks		Harrison						
Residential Street Address 50 Pine St	City Str	atford		State CT	Zip Code 06615			
Principal Occupation	1	Name of Employer						
Outreach Coordinator		CT General Asser	nbly					
or dependent child of a lobbyist? No does contributor or business he/s valued at more than \$5,000?	s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate 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? Yes ONO				ount of Contribution			
event reported in Section L1? No If yes, indicate which b	oranch o		e contractor? Yes No Legislative					
1) yes, list Evelten or rize to t	tract 15 v	Date Received	Aggregate Contributions	-	·			
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Mon	ney Orde	er 7/11/2019	40					
Last Name		First			MI			
Campbell	- 1	Dennis						
Residential Street Address	City	-		State	Zip Code			
25 Lighthouse Ave	Str	ratford		СТ	06615			
Principal Occupation		Name of Employer						
Retired Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	100 to a c she is as:	candidate for a chief executiv sociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	Amount of Contribution 50			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which of government the con-	branch (te contractor? Yes No Legislative					
Method of Contribution:		Date Received	Aggregate Contributions					
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMon	ney Ord	er 7/11/2019 .	50					
Last Name		First			MI			
Dean		Mary		Ta	72:- 0-1-			
Residential Street Address	City	ratford		State	Zip Code 06614			
995 Beaver Dam Rd		Name of Employer		L				
Principal Occupation Economic Development Director		Town of Stratford						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	400 to a	candidate for a chief executive sociated with have a contract Yes No	re officer of a municipalit with said municipality	y, Am	ount of Contribution			
	branch o	with:	O Legislative					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mo	oney Ord	Date Received 7/11/2019	Aggregate Contributions 50					
SU	втот	FAL Section B — This	Page \$140		bearing a second se			
TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

Section B ADDITIONAL PAGE 29 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Pia for Council		October 10 filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$				
B. Itemized Co	ntributions from Indiv	iduals				
Last Name	First Leonard			MI		
Courtemanche			State Zi	ip Code		
Residential Street Address 634 Whalley Ave	New Haven		i i	06511		
Principal Occupation	Name of Employer		<u> </u>			
Director of Prey, Outreach, Advocacy	Health Care Adv	ocates International	l			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	Amount	Amount of Contribution				
	state contractor or prospective stanch or branches act is with: Date Received					
©Cash	y Order 7/11/2019	40	·			
Last Name	First			МІ		
McKnight	Patricia		<u> </u>			
Residential Street Address	City North Haven		1 1	ip Code 06473		
11 Saint John St Unit F3	Name of Employer					
Principal Occupation Exec Director	1	ocates Internationa	}			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	O to a candidate for a chief execut e is associated with have a contra Yes No	ct with said municipality	y, Amoun	t of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which be of government the contributor a principal of a section L1? If yes, list Event # 07112019A	act is with: Executiv	re C Legislative				
Method of Contribution:	Date Received 7/11/2019	Aggregate Contributions 100				
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	First	100		MI		
Last Name Pottoglia	Thomas					
Battaglia Residential Street Address	City		State 2	Zip Code		
380 Pilgrim Lane	Stratford		СТ	06614		
Principal Occupation	Name of Employer		<u></u>			
Attorney	Law Office of At	ty Battaglia				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate for a chief execute is associated with have a contra O Yes No	ct with said municipality	ty, Amour	at of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which be of government the contributor a principal of If yes, indicate which be of government the contributor.	ract is with: Executiv	ve OLegislative	;			
Method of Contribution: On a Chapter of Chapter O'Credit/Debit Cord O'Powrell Deduction O'Mon	Date Received 7/11/2019	Aggregate Contributions 50				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	Cy O1001 171112010					
SUF	BTOTAL Section B — Th	is Page \$190				
TOTA	AL of additional Section E	B Pages				
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Section e 13, Column A of Summary Page	s A + B) ge Totals)				

Section B ADDITIONAL PAGE 30 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Pia for Council			October 10 filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this PosuBTOTA	eriod ONLY L SECTION A	\$					
			-					
B. Itemized Cor	ntributio	ns from Individ	luals					
Last Name	First					мı D		
Salls	Roge	Г		State	Zip C			
Residential Street Address 421 Laughlin Rd	City Stratford			CT	066			
Principal Occupation		ne of Employer			l			
Commercial Photographer	Ro	ger Salls Photo	graphy					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	dependent child of a lobbyist? No local contribution or business he/she is associated with have a contract with said municipality					Amount of Contribution		
	nch or branc	ate contractor or prospective state contractor? Yes Ch or branches No						
Method of Contribution:		e Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 7/	11/2019	40					
Last Name	First Linda					MI M		
Dominick	City	1		State	Zip C			
Residential Street Address 266 Laurel St	Stratford	I		СТ	066			
Principal Occupation	Naı	ne of Employer						
Admin Asst	To	own of Stratford	•					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associated	with have a contract Yes No	with said municipality	y, Amo	ount of	Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	anch or bran act is with:	ches Executive	O Legislative		•			
Method of Contribution:		e Received /11/2019	Aggregate Contributions					
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order /	/11/2019	00			МІ		
Last Name Emerson	Cha	les				J		
Residential Street Address	City			State	Zip (
642 Sedgewick Ave	Stratfor	d		СТ	06	615 		
Principal Occupation CHFA		me of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a candida e is associate	te for a chief executived with have a contract Yes No	e officer of a municipalit with said municipality	y, Am	ount o	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A O Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or bran act is with:	ches Executive	O Legislative					
Method of Contribution:		te Received /11/2019	Aggregate Contributions			ı		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order /	1114010						
SUB	TOTAL S	Section B — This	Page \$160	•				
		tional Section B						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

Section B ADDITIONAL PAGE 3 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Pia for Council		October 10 filing	October 10 filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	d this Period ONLY UBTOTAL SECTION A	\$						
B. Itemized Con	tributions from Indi	viduals						
Last Name	First			MI A				
Ramos	Alexander		State	Zip Code				
Residential States Auditors	City State Z							
172 Reeds Lane Principal Occupation	Name of Employer							
Student	Student	·						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a candidate for a chief execu s associated with have a contra OYes ON	, Amou	int of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a st If yes, indicate which bran of government the contract	ch or branches	No No						
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/11/2019	Date Received Aggregate Contributions						
Last Name	First		_1	MI				
Jennings	Randy			L				
Residendati Breet / Redices	City		State	Zip Code				
704 River Road	Shelton		СТ	06484				
Principal Occupation	Name of Employer	lorino						
Manager Beacon Point Marine Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	o a candidate for a chief executive associated with have a control Yes N	act with said municipality o	100	ant of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a significant which brain of government the contract	nch or branches	ive C Legislative						
Method of Contribution:	Date Received	Aggregate Contributions						
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		100		МІ				
Last Name Bogdany	First James			IVII				
	City		State	Zip Code				
185 5th Ave	Stratford		СТ	06615				
Principal Occupation	Name of Employer							
Retired	Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief execuis associated with have a control Yes	act with said municipality	y, Amo 50	unt of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No Is contributor a principal of a second by the	nch or branches bt is with: Executi	ive C Legislative						
Method of Contribution:	Date Received 7/11/2019	Aggregate Contributions 50						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		1						
	TOTAL Section B — T	113 1 1160						
	of additional Section							
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	A INDIVIDUALS (Section 13, Column A of Summary Pa	ns A + B) age Totals)						

Section B ADDITIONAL PAGE 32 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Pia for Council	October 10 filing						
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	nis Period ONLY OTAL SECTION A	\$					
		•					
B. Itemized Co.	ntrib	outions from Indivi	duals				
Last Name		irst				MI	
Bogdany		Christine	-	State	Zip C	ode	
Residential Street Address	Ctrofford					315	
100 Ottl AVE					<u></u>		
Principal Occupation Retired		Retired					
6	to a ca	ndidate for a chief executiv	e officer of a municipalit	y, Ame	ount of	Contribution	
or dependent child of a lobbyist? On does contributor or business he/she valued at more than \$5,000?	e is asso	ociated with have a contract OYes ONo	with said municipality	50	50		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or	branches	e contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	r 7/11/2019	50				
Last Name		irst				MI	
Petillo	(Oreste			T	M	
Residential Street Address	City	attard		State	Zip (614	
125 McLeod Place	Stra	atford			100	017	
Principal Occupation		Name of Employer Nutrx, Inc.					
Nutritionist Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400) +		ve officer of a municipali	v Am	ount o	f Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of September 1 of September 2 of Sept	e is ass	ociated with have a contract Yes No	with said municipality	50	ount o	ant or contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which broof government the contributor.	anch o	r branches	tte contractor? Ye No Legislative			•	
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone			50			Tyr	
Last Name	1	_{First} Christa				MI M	
Madison		Cilista		State	Zip	Code	
Residential Street Address	City	atford		CT	1 -	615	
209 Crown St		Name of Employer					
Principal Occupation Self employed		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh	0 to a c		ve officer of a municipal			of Contribution	
valued at more than \$5,000?		Yes O No		40			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which be of government the contributor a principal of a section L1?	anch o	or branches	: O Legislative				
Method of Contribution:		Date Received er 7/11/2019	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMono							
SUE	втот	TAL Section B — Thi	s Page P 140				
		additional Section B					
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin)M IN e 13, C	DIVIDUALS (Sections Column A of Summary Page	A + B) e Totals)				

Section B ADDITIONAL PAGE 33 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Pia for Council			October 10 filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) St	d thi	is Period ONLY OTAL SECTION A	\$					
B. Itemized Con	tribu	utions from Individ	luals					
Last Name	Fire					MI		
Lombard		ohn 		State	Zip C	`ode		
Residential Buck Address	City Strat	ford		CT	1 -	314		
3094 Broadbridge Ave Principal Occupation		Name of Employer		l	<u> </u>			
Tax collection		Town of Stratford						
Yes If contribution is in excess of \$400 to	o a can	Indidate for a chief executive	e officer of a municipalit	, Amo	ount of	Contribution		
or dependent child of a lobbyist? No No No No No No No No No N	is assoc	ciated with have a contract OYes No	with said municipality	40				
Is this contribution associated with an Yes Is contributor a principal of a st	tate co	ntractor or prospective state	e contractor? Yes					
event reported in Section L1? If yes, list Event # 07112019A No If yes, indicate which bran of government the contract	ch or t t is with	branches h: OExecutive	OLegislative No					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/11/2019	40					
Last Name	Fir					MI		
Lombard	K	(athy ————————————————————————————————————			T=: .	<u> </u>		
Kesidemiai bileet Madaess	^{City} Strat	tford.		State	Zip (^{30de}		
3094 Broadbridge Ave	Strai	Name of Employer			100			
Principal Occupation		Town of Stratford						
Tax Assessors								
or dependent child of a lobbyist? ONO does contributor or business he/she i valued at more than \$5,000?	is asso	ciated with have a contract Yes No	with said municipality	40				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which bran of government the contract	nch or	branches	te contractor? Ye					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	7/11/2019	40			Tie		
Last Name	- 1	_{irst} Pat				MI		
Murphy		rai		State	Zio	Code		
Residential Street Address- 78 Hartland St	^{City} Stra	atford		CT	1 -	615		
Principal Occupation		Name of Employer						
Finicipal Occupation								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	indidate for a chief executive ciated with have a contract Yes No	ve officer of a municipalit t with said municipality	ty, Am		of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which bran of government the contract	nch or	branches	_ ONG					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/11/2019	40					
SUBT	ГОТА	AL Section B — This	s Page \$120					
		additional Section B			-			
TOTAL OF ALL CONTRIBUTIONS FROM	M INI	DIVIDUALS (Sections plumn A of Summary Page	A + B)					

Section B ADDITIONAL PAGE 34 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Pia for Council			October 10 filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this	Period ONLY TAL SECTION A	\$				
B. Itemized Cor	ntribu	tions from Individ	luals				
Last Name	First					MI	
Fitzpatrick	City	ITIS		State	Zip C	ode	
Residential Street Address 48 2nd Ave	esidential Street Address					315	
Principal Occupation	. 1	Name of Employer			<u></u>		
Self employed		self	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a second by the s	nch or br	anches	e contractor? Yes OLegislative				
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Money	1	Date Received 7/11/2019	Aggregate Contributions			-	
Last Name	First					МI G	
Zbell	Jo			State	Zip C		
Residential Street Address 75 Deep Wood Rd	City Stratf	ord		СТ	1 -	614	
Principal Occupation	.	Name of Employer					
Hydrogeologist		WSP USA					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	lidate for a chief executiv ated with have a contract Yes No	with said municipality	40	ount o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which bra of government the contra	anch or b	ranches	C Legislative No				
Method of Contribution:		Date Received	Aggregate Contributions	-			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney			40			МІ	
Last Name Martin	Firs	elly	•			WIL	
Residential Street Address	City			State	1 -	Code	
411 Walnut St #5537	Gree	n Cove Springs		FL	32	.043	
Principal Occupation Retired		Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand e is assoc	didate for a chief executive iated with have a contract Yes O No	e officer of a municipali with said municipality	ty, Am	ount o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	ranches : O Executive	O Legislative				
Method of Contribution:	v Order	Date Received 7/11/2019	Aggregate Contributions 40				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone						. ""	
		L Section B — This	71.160	-			
		ditional Section B					
TOTAL OF ALL CONTRIBUTIONS FROM	M INDI	VIDUALS (Sections amn A of Summary Page	A + B) Totals)				

Section B ADDITIONAL PAGE 35 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Pia for Council				October 10 filing			
A. Total Contributions from Sm (See instructions for definition of Small C	nall Contributors-Receive Contributor) S	ed th	is Period ONLY OTAL SECTION A	\$.			
						`	
	B. Itemized Cor	ıtrib	utions from Individ	luals			
Last Name Wierzbicki			rst Ioseph	·			MI ·
Residential Street Address		City			State CT	1 -	Code 615
162 Jefferson St		Stra				100	010
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract OYes ONo	y, Am	Amount of Contribu		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract	nch or	branches	CLegislative Yes			
Method of Contribution: Cash Personal Check Credit/Debit Ca	ard OPayroll Deduction OMoney	Order	Date Received 7/11/2019	•			
Last Name		Fi	irst				MI
Fitchtel		ŀ	-lolly		·		
Residential Street Address		City			State	1 -	Code 86145
242 Breakers Lane		Stra	atford		01	100	
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	indidate for a chief executive ociated with have a contract Yes No	e officer of a municipalit with said municipality	y, Am		of Contribution
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	ınch or	r branches	te contractor? Ye.			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Co	ard OPayroll Deduction OMoney			20			T) a
Last Name		,	^{rirst} Richard				MI
Diedrichsen			Nichard		State	Zir	Code
Residential Street Address . 64 Pauline St		City Stra	atford		CT	1 ~	6615
Principal Occupation		<u> </u>	Name of Employer		1		
Dental Hygienist			Kenneth Rabine	DDS			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contrace Yes No	ve officer of a municipality	ty, An		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch oi	r branches vith:	O Legislative			
Method of Contribution:		- ا	Date Received 7/11/2019	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMone	y Orde	er //1//2019				
	SUB	TOT	AL Section B — This	s Page \$70			
			additional Section B				
TOTAL OF A	ALL CONTRIBUTIONS FRO (Enter total on Line	M IN	DIVIDUALS (Sections olumn A of Summary Page	A + B) Totals)			

Section B ADDITIONAL PAGE 36 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Pia for Council			October 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved th	is Period ONLY OTAL SECTION A	\$			
B. Itemized Co	ontrib	utions from Individ	luals			
Last Name	Fir			,		MI
Massey	P	atrick		T =	I mi . c	
Residential Street Address	City	Hard		State CT	Zip C	615
100 Bayview Blvd	Strat			<u> </u>	1000	J 10
Principal Occupation	Name of Employer Merrill Lynch			•		
or dependent child of a lobbyist? On does contributor or business he/she valued at more than \$5,000?	dependent child of a lobbyist? It is associated with have a contract with said municipality					Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or	branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	7/11/2019	100			
Last Name	Fi	rst				MI
Burr	S	Susan				L
Residential Street Address	City			State	Zip C	
116 Washington Pkwy	Stra	tford		СТ	06	6145
Principal Occupation		Name of Employer				
Paralegal		Subway				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a car re is asso	ndidate for a chief executive iciated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No Is contributor a principal of a If yes, indicate which brof government the contributor of government the contributor of government the contributor apprincipal of a list of the principal of a list of the list of the principal of a list of the list of the principal of a list of the principa	ranch or	branches	te contractor? O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	ey Order	7/11/2019	100			
Last Name	1	irst				D
Dolyak		Robert		Te	7:0	Code
Residential Street Address	City	atford		State	1 ^	615
559 Oak Bluff Ave	Olic	Name of Employer		<u> </u>		
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000?	he is asso	ociated with have a contract Yes No	with said municipality	40	ount o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which br of government the contributor a principal of a second by the s	ranch or	th: Executive	O Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	iey Ordei	7/11/2019	Aggregate Contributions 40			
SUE	втота	AL Section B — This	Page \$240			
TOTA	AL of a	additional Section B	Pages			
TOTAL OF ALL CONTRIBUTIONS FRO	OM INI 1e 13, Co	DIVIDUALS (Sections olumn A of Summary Page	A + B) Totals)			

Section B ADDITIONAL PAGE 37 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Pia for Council				October 10 filing				
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	ceived SUB	this Peri STOTAL S	od ONLY ECTION A	\$				
								•
B. Itemized	Contr	ibutions	from Indivi	duals				
Last Name		First						MI
O'Connor		Bryan			· · · · · · · · · · · · · · · · · · ·		T = :	
Residential Street Address	City State CT					Zip C	ode 315	
20 Prospect Dr	Name of Employer					1000		
Principal Occupation Sales		1	a Energy					
	\$400 to a			ve officer of	a municipality	. Amo	unt of	Contribution
or dependent child of a lobbyist? No does contributor or business he valued at more than \$5,000?	does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				80			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal If yes, indicate which of government the contributor of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which is principal If	h branch	or branches		_	⊙ No			
Method of Contribution:		Date Re		Aggregate	Contributions			
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Money Ord		/2019 .	80		<u> </u>		1.0
Last Name		First Anna						MI ·
Scala	lc:r.	1				State	Zip C	Code
Residential Street Address 435 Warner Hill Rd	City St	tratford				CT	1	614
Principal Occupation		Name o	f Employer					
Owner/Stylist		Anna	a's of Stratfor	rd			-	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he valued at more than \$5,000?	\$400 to a ne/she is as	ssociated wi	or a chief executive the have a contract Yes No	ve officer of t with said	f a municipality nunicipality	, Amo	ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which of government the contributor a principal of government the contributor aprincipal of government the governme	ch branch	ı or branche	or prospective sta s Executive		⊙ No			
Method of Contribution:		Date Re		Aggregate	Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OM	Money Or	der 7/11	/2019	40				
Last Name		First						MI
Gross	- Iai	Greg				State	7 in (Code
Residential Street Address	City	y tratford				CT	1 -	615
569 Riverdale Dr			of Employer			L		
Principal Occupation Work	•	Elm						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of does contributor or business h valued at more than \$5,000?	f \$400 to a he/she is a	associated w	or a chief executi th have a contract Yes • No	ve officer o	f a municipality municipality	y, Ame	ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yarded at more than \$5,000? Yes Yes No Is contributor a principal If yes, indicate which of government the contributor and principal in the second sec	ch branch	e contractor or branche with:	or prospective sta	e OLegis	lative ONo	-1		÷
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Or	Date R	eceived /2019	Aggregate 50	Contributions			
					\$170	<u>l</u>		
			tion B — Thi	31 1150	γ11 V			
			al Section B					
TOTAL OF ALL CONTRIBUTIONS F (Enter total on	FROM II 1 Line 13,	NDIVIDU Column A c	ALS (Sections of Summary Page	A + B) e Totals)				

Section B ADDITIONAL PAGE 35 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Pia for Council			October 10 filing			
A. Total Contributions from Small Contributors-Receive	ed this	S Period ONLY TAL SECTION A	\$			
B. Itemized Con	ntribu	tions from Individ	luals			
Last Name	First					MI
Sheck	Lir	nnea			1	A
Residential Street Address City State 72 Howard St Stratford CT					Zip (Code 615
72 Howard Ot		Name of Employer			100	
Principal Occupation Construction	l	Butterworth and S	check, Inc.			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 t	to a cand	lidate for a chief executive	officer of a municipality	, Amo	unt o	f Contribution
or dependent child of a lobbyist? No No does contributor or business he/she valued at more than \$5,000?	is associa	ated with have a contract OYes ONo	with said municipality	50		
Is this contribution associated with an Yes Is contributor a principal of a s	state cont	tractor or prospective state	e contractor? Yes			
event reported in Section L1? No If yes, indicate which bran of government the contract of government the government of government of government the government of	ncn or br et is with:					
Method of Contribution:	1	Date Received	Aggregate Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney		7/11/2019	50			T. a
Last Name	First	bbert				MI
Moro	City	DOCIT		State	Zip (Code
732 Smithtown Bypass - Suite 100	dennai Street Address				1	787
Principal Occupation		Name of Employer			.1	
Planner		Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a cand is associ	lidate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	, Amo		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No Is contributor a principal of a section L1? If yes, list Event # 07112019A	nch or b	ranches	O Legislative			
Method of Contribution:	1	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		7/11/2019	200			Тмі
Last Name Wiley	Firs	atthew				1411
Residential Street Address	City			State	Zip	Code
97 Washington Ave. Ste 2	1	n Haven		СТ	06	473
Principal Occupation		Name of Employer				-
Attorney		Wiley Etter, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	didate for a chief executiv iated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which brain of government the contract	nch or b	ranches n:	O Legislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	Date Received 7/11/2019	Aggregate Contributions 250			
SUBT	TOTA)	L Section B — This	Page \$500			
TOTAL	L of ad	lditional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDI 13, Colu	VIDUALS (Sections A mmn A of Summary Page	A + B) Totals)			

Section B ADDITIONAL PAGE 39 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Pia for Council			October 10 filing			
A. Total Contributions from Small Contributors-Receive	ed thi SUBTO	s Period ONLY OTAL SECTION A	\$			·
B. Itemized Con	ıtribu	itions from Individ	luals			
Last Name	Firs					MI
Martins	D	aniel		·		
Residential Officer Address	City			State	Zip (Code 606
343 Gurdon St	Briag	jeport		01	00	
Principal Occupation		Name of Employer Tallento Corporati	on ·			
Owner				. I A		f Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? Yes on the contribution is in excess of \$400 to a candidate 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? Yes No						Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or b	oranches	e contractor? Yes No Clegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/11/2019	100			
Last Name	Fire	st				MI
Jaekle	. R	obert				
Residential Direct Nations					1 1	Code
175 Twin Oaks Terr	Strat			СТ	100	614 ————
Principal Occupation		Name of Employer				
Market Consultant		WFHM				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Source of \$400 to does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a can is assoc	ididate for a chief executive ciated with have a contract Yes No	with said municipality	y, Amo 50	ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Section L1? No If yes, indicate which brain of government the contract	nch or	branches	C Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/11/2019	50			T:
Last Name	Fir	rst Gusan				MI N
Birge		ousaii		State	Zin	Code
Residential Street Address 100 Lordship Rd	City Strat	tford		СТ	1 .	614
Principal Occupation		Name of Employer				,
Administrator						•
Le contributor a lobbyist spouse Yes If contribution is in excess of \$400	to a car	 ndidate for a chief executiv	e officer of a municipali	ty, Am	ount o	of Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract O Yes No	with said municipality	100)	
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Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Order	Date Received 7/11/2019	Aggregate Contributions			
		L Section B — This	1,0050			
		dditional Section B				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	VL IND 13, Col	IVIDUALS (Sections A Jumn A of Summary Page	Totals)			

Section B ADDITIONAL PAGE 40 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT								
Pia for Council		October 10 filing							
A. Total Contributions from Small Contributors-Receiv	ed th	nis Period ONLY OTAL SECTION A	\$						
B. Itemized Contributions from Individuals									
Last Name	1 _	irst				MI M			
Paradise State 7 in Code									
Residential Street Address 50 Birdseye St. Unit 215	Address					315			
Principal Occupation	Di Cradina				<u> </u>				
Retired		Retired		•					
In contributor a lobbyist spouse Yes If contribution is in excess of \$400	ibutor a lobbyist, spouse, ndent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which brain of government the contract.	nch or	branches							
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	Date Received 7/20/2019	Aggregate Contributions 50						
Last Name	F	irst				MI			
Martin	F	Ray			T	<u> </u>			
Residential Street Address	City	ton		State	Zip C	612			
39 Deerfield Dr	Las	Name of Employer				· · · · · · · · · · · · · · · · · · ·			
Principal Occupation Broker Name of Employer Martin Real Estate									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	I undidate for a chief executive ociated with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo		f Contribution			
Is this contribution associated with an event reported in Section 1.19 If yes, list Event # Yes No If yes, indicate which bra of government the contra	anch o	r branches vith: Executive	O Legislative	3					
Method of Contribution:	0.1	Date Received 7/27/2019	Aggregate Contributions						
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		First	100			MI			
Last Name Marino		Scott				A			
Residential Street Address	City			State	Zip	Code			
352 Curtis Ave	Stra	atford		СТ	06	615			
Principal Occupation		Name of Employer							
Property Manager		Rose Associates	•						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?	O to a ca e is ass	andidate for a chief executivociated with have a contract Yes No	ve officer of a municipality with said municipality	ty, Amo		f Contribution			
Is this contribution associated with an event reported in Section 1.19 If yes, list Event # Yes No If yes, indicate which bra of government the contra	anch o	r branches vith: O Executive	Legislative ONC						
Method of Contribution:	ar Orda	Date Received	Aggregate Contributions 100						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone			0050			22			
		AL Section B — This	, r ugo		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		additional Section B							
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M IN 2 13, Ca	DIVIDUALS (Sections olumn A of Summary Page	A + B) Totals)	•					

Section B ADDITIONAL PAGE 4 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Pia for Council			October 10 filing					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$				
В	. Itemized Con	tribu	tions from Individ	duals			_	
Last Name		Firs						MI M
Forzley			usan				T =: 0	
Residential Street Address	1	City Stratf	ford		1	State CT	Zip C	
353 Curtis Ave		Silali						
Principal Occupation			Name of Employer					
or dependent child of a lobbyist? No does contribute valued at more	or or business he/she i e than \$5,000?	s assoc	I didate for a chief executive iated with have a contract Yes •No	with said municip	ality	Amo	unt of	Contribution
event reported in Section J.1? (a) No If yes	outor a principal of a st s, indicate which bran overnment the contract	ch or b		e contractor? (CLegislative	Yes No		,	
Method of Contribution:			Date Received	Aggregate Contribu	itions			
Cash Personal Check Credit/Debit Card Payroll I	Deduction OMoney	Order	7/20/2019	100				
Last Name		Firs						MI
Giasullo		K	evin					
Residential Street Address	l l	City	6l			State CT	Zip C	code 314
175 Val Drive		Stratt				<u></u>	UO	014
Principal Occupation			Name of Employer					
EMS Administrator			Town of Stratford					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate 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?					Amo 50	unt of	Contribution	
event reported in Section L.1? No If ye	butor a principal of a s s, indicate which bran sovernment the contrac	nch or t		te contractor? Legislative	Yes No			
Method of Contribution:			Date Received	Aggregate Contrib	utions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll I	Deduction OMoney	Order	8/22/2019	50				
Last Name		Fir						MI
Sierman			avid				1-:	
Residential Street Address		^{City} Strat	ford		i	State CT	Zip (615
417 Curtis Ave		Juai						
Principal Occupation			Name of Employer					
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality					, Amo		f Contribution	
event reported in Section L1?	butor a principal of a state contractor or prospective state contractor? s, indicate which branch or branches overnment the contract is with: Executive Legislative							
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll	Deduction OMoney	Order	Date Received 8/22/2019	Aggregate Contrib	utions			
	SUBT	ОТА	L Section B — This	Page \$300				
	TOTAL	of ac	dditional Section B	Pages				
TOTAL OF ALL CONTR	IBUTIONS FROM (Enter total on Line	1 IND: 13, Coli	IVIDUALS (Sections Aumn A of Summary Page	A + B) Totals)				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Pia for Council			October 10 filing				,	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A						····		
		,						
B. Itemized Con	ntrib	outions from Individ	luals				·	
Last Name	- 1	irst					MI A	
Marino		Scott			<u> </u>	la: 6		
ACSINERICAL SUCCESSION	City	tford			State CT	Zip (315	
353 Curtis Ave	Sua							
Principal Occupation		Name of Employer Rose Associates						
Property Manager Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	.		officer (of a municipality	Amo	unto	Contribution	
or dependent child of a lobbyist? On does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contract OYes ONo	with said	municipality	150	Amount of Contribution		
Is this contribution associated with an event reported in Section I.1? If yes, list Event #	nch or	branches	e contract Legis	⊙ No				
Method of Contribution:		Date Received	Aggregate	Contributions	1			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	8/3/2019	150					
Last Name		irst					MI	
Hamill		Cathleen						
Residential Street Address	City				State	Zip (
172 Ryegate Terrace	Stra	atford		·	СТ	06	615	
Principal Occupation		Name of Employer						
Teacher		Fairfield Board of						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	undidate for a chief executive ociated with have a contract Yes No	e officer of with said	of a municipality municipality	, Amo	Amount of Contribution 30		
Is this contribution associated with an event reported in Section L1? We list Event # Is contributor a principal of a fyes, indicate which brateful of government the contraction.	anch or	r branches		⊙ No				
If yes, list Event # of government the contra	101 15 11	Date Received		e Contributions				
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	8/26/2019	30		1			
Last Name		irst	1				MI	
Petrone		David					Α	
Residential Street Address	City				State	1 -	Code	
35 Atwood St	Milf				СТ	106	3461 	
Principal Occupation		Name of Employer						
Self employed		Self					**************************************	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?	or dependent child of a lobbyist? •• No does contributor or business he/she is associated with have a contract with said municipality					Amount of Contribution 40		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which brate of government the contration of government the contration.	Yes Is contributor a principal of a state contractor or prospective state contractor? No If yes, indicate which branch or branches			⊙ No				
Method of Contribution: Date Received Aggregate C								
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	r 8/22/2019	40					
SUBTOTAL Section B — This Page \$220								
TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

Section B ADDITIONAL PAGE 43 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT				
Pia for Council	October 10 filing	October 10 filing				
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) S	\$	\$				
B. Itemized Con	tributions from Ind	lividuals				
Last Name	First			MI		
Dobensky	Betty		La.	7: 0.1		
Residential Direct Address	^{City} Stratford		State	Zip Code 06615		
303 Niverdale Di	Name of Employer					
Principal Occupation Retired	Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is associated with have a con Yes O	tract with said municipality No	25	Amount of Contribution 25		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brant of government the contract	ich or branches	tive OLegislative	Yes No			
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 9/3/2019	Aggregate Contributions 25				
Last Name	First		-	MI		
Kurdziel	Kimarie		State	Zip Code		
Kesidental Succi Address	^{City} Stratford		CT	06615		
206 Margherita Lawn Principal Occupation	Name of Employer		<u> </u>			
Risk Management	Bouvier Insura	ance				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	y, Amo					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contra	nch or branches ct is with: Exec	utive C Legislative	s ,			
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		50		MI		
Last Name Davis	First Rich			1		
Residential Street Address	City		State .	Zip Code		
14 Beach Drive	Stratford		CT	06615		
Principal Occupation	Name of Employer					
Bar Owners	Riley's	.: CC	E. A	ount of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a co	ntract with said municipality No	100			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branches ct is with: Exec	utive OLegislative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received 7/11/19	Aggregate Contributions				
	FOTAL Section B —	11113 1 1160				
TOTAL OF ALL CONTRIBUTIONS FROM	L of additional Section					
TOTAL OF ALL CONTRIBUTIONS FROM	13, Column A of Summary	Page Totals)				

Section B ADDITIONAL PAGE 44 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Pia for Council	October 10 filing					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
B. Itemized Con	ntributi	ions from Individ	luals			
Last Name	First					MI
Pia	Kim	nberly				
Residential Street Francisco	City	·		State CT	Zip Co 068	
77 Pond Rd	Wilton	T CT . 1	•	01	000	
Principal Occupation)	Name of Employer YUM Earth				
Manager Is contributor a lobbyist, spouse. O Yes If contribution is in excess of \$400	_1_		officer of a municipalit	V Amoi	int of	Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is associat	ted with have a contract OYes No	with said municipality	100	Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a second reported in Section L1? No If yes, indicate which brain of government the contract	nch or bra	inches	e contractor? Yes No Clegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	9/3/2019	100			
Last Name	First					MI
Pia	Ga	ry				
Residential proof Address	City	and	• •	State	Zip C 066	
165 Forest Rd	Stratfo			O1	000	714
Principal Occupation		Name of Employer Costco				
Manager	1		officer of a municipalit	V Amor	unt of	Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associa	ted with have a contract Yes No	with said municipality	100		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or br	anches	e contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions			•
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	9/17019	100			,
Last Name	First					MI
Gross	Gr	eg 		Ctat	Zip C	ode
Residential Street Address	City Stratfo	ord		State	1	.oae 615
569 Riverdale Dr	<u> </u>	Name of Employer	•	1 - '		
Principal Occupation Work	l	Elm				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candi is associa	idate for a chief executivated with have a contract	e officer of a municipali with said municipality	ty, Amo		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Valued at more than \$5,000? Yes 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: Executive Legislative						
Method of Contribution:	ı	Date Received	Aggregate Contributions			
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	7/11/19	150			
SUB	TOTAL	Section B — This	Page \$300	· · · · · · · · · · · · · · · · · · ·		
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

Section B ADDITIONAL PAGE 45 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Pia for Council			October 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
B. Itemized Con	ntribu	itions from Individ	luals				
Last Name	Firs					MI	
Foss		oanna 		Га	7:- C		
Residential Street Address	City Stratf	ford		State CT	Zip C 066	í	
152 Ryegate Terrace	Otrati	Name of Employer					
Principal Occupation RN		Stamford Hospital					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is assoc	eiated with have a contract OYes No	with said municipality	100	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which brain of government the contract.	nch or b	oranches	contractor? Yes No Legislative				
Method of Contribution:	_	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		7/11/19	100			, MI	
Last Name	Firs	st Pavid	•			IVII	
Schrader .	City	ar.a		State	Zip C	Code	
Residential Street Address 345 3rd Avenue	Strat	ford		СТ	1 "	315	
Principal Occupation	<u></u>	Name of Employer		L	1		
Cabinetmaker		Bristol Fashion Ca	abinetry				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	didate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo		Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which bra of government the contra	anch or l	branches	O Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney			100			Tyr	
Last Name	Fir	rst Patricia				MI	
Lamb	City	attioid .		State	Zip (Code	
Residential Street Address 345 3rd Avenue	Strat	tford		CT	1 -	615	
Principal Occupation	1	Name of Employer		<u> </u>			
RN		Yale					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a can e is assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A 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: Security Security							
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMone	y Order	Date Received 9/12/19	Aggregate Contributions 100		<u> </u>		
SUB	ТОТА	L Section B — This	Page \$300				
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM	M IND	IVIDUALS (Sections A Jumn A of Summary Page	A + B) Totals)				

Section B ADDITIONAL PAGE 46 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT			
Pia for Council	October 10 filing	October 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	NLY S				
B. Itemized Co.	ntributions from	Individuals			
Last Name	First			MI	
Dominick	Richard		1. 1	<u> </u>	
Kesidendal biteet Address	City Stratford	,	State CT	Zip Code 06615	
266 Laurel St				00010	
Principal Occupation retired	Name of Employer	л			
Is contributor a lobbyist snowse Yes If contribution is in excess of \$400	to a candidate for a chief	executive officer of a municipali	ty, Amou	ınt of Contribution	
or dependent child of a lobbyist? No No No No No No No No No N	is associated with have a	contract with said municipality No	100		
Is this contribution associated with an Yes Is contributor a principal of a	state contractor or prospe	ctive state contractor? Ye			
event reported in Section L1? No If yes, indicate which brain of government the contract of government the government the government the government of government the government of government the government the government the government the government the government the government of government the government of government the government of government the government of government the government the government of government the government of government the government of government the government of gove		xecutive OLegislative			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		100		T	
Last Name	First			MI	
Pia	Andrew		State	Zip Code	
Residential Street Address 77 Pond Rd	^{City} Wilton		CT	06897	
// PONG KG Principal Occupation	Name of Employ	ег			
Accountant	PwC				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a candidate for a chie	executive officer of a municipal	ty, Amor	unt of Contribution	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is associated with have a	contract with said municipality No	50		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes No If yes, indicate which bra of government the contra	nch or branches	ective state contractor? PYONEXECUTIVE C Legislative		•	
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 7/11/19	250			
Last Name	First			MI	
Foss	Charlie		Tau	7:- 0-1-	
Residential Street Address	City Stratford		State CT	Zip Code 06615	
356 Curtis Ave	Name of Employ	er		1	
Principal Occupation CDR Compliance Officer	1	North RR			
Is contributor a lobbyist spouse O Yes If contribution is in excess of \$400	to a candidate for a chie	f executive officer of a municipal	ity, Amo	unt of Contribution	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is associated with have O Yes	a contract with said municipality No	100		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branches ct is with: OF	Executive O Legislative			
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order Date Received 9/12/19	Aggregate Contributions 250			
SUB'	TOTAL Section B	— This Page 4 2	50		
	L of additional Sec				
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (S 13, Column A of Summ	ections A + B)			
(Enter total on Line	13, Couann A oj Summ	ary 1 age 101ais)			

Section B ADDITIONAL PAGE 47 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Pia for Council	October 10 filing							
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$							
B. Itemized Contributions from Indivi	duals							
Last Name First	MI							
Bukovchik Raymond								
Residential Street Address 125 Carol Road Principal Occupation Name of Employer City Stratford City	State Zip Code CT OWWY							
Principal Occupation Name of Employer retred	j.							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ve officer of a municipality, t with said municipality 25							
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective statement of the section L1? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches	te contractor?							
If yes, list Event # 07112019A of government the contract is with: OExecutive	Aggregate Contributions							
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 7/11/19	25							
Last Name First	MI							
	·							
Residential Street Address City	State Zip Code							
Principal Occupation Name of Employer								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? Yes ovalued at more than \$5,000? Yes on No	ve officer of a municipality, twith said municipality Amount of Contribution							
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective st If yes, indicate which branch or branches of government the contract is with:	ate contractor? Yes No							
If yes, list Event # 07112019A of government the contract is with: Method of Contribution: Date Received	Aggregate Contributions							
©Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order	·							
Last Name First	MI							
Residential Street Address City	State Zip Code							
Principal Occupation Name of Employer								
Principal Occupation Name of Employer								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contractive valued at more than \$5,000? Yes No	ct with said municipality							
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07112019A Yes Is contributor a principal of a state contractor or prospective state of government with the contract of the security of government the contract is with: Is contributor a principal of a state contractor or prospective state of government of the contract or prospective state of government the contract or prospective state of government of of governmen	Legislative ONo							
Method of Contribution: Date Received	Aggregate Contributions							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order								
SUBTOTAL Section B — Thi	s Page \$25							
TOTAL of additional Section B	Pages							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Pag	A + B) e Totals)							

Section P. ADDITIONAL PAGE

1	of	2
	UI	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Pia for Council				October 10 filing			
Name of Payee			D	ate of Payment	Method of Payment:		
Oar and Oak			7	7/25/2019	O Check		
Street Address		City			State	Zip Code	
7365 Main Stree	•	Stratford			СТ	06614	
Purpose of Expenditure (by code)	Description Food for Fundraiser		Event # 07112	2010		Amount	
Expenditure #					1000.0	00	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	•	checked)				
	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur	e) 🔘 Indepen					
N. CD	Coordinated without reimbursement sought (in-kind contr	ibution) Organiza		OB OC OD	36.4.1.67		
Name of Payee Chris Pia				ate of Payment 7/25/2019	Method of F Check	•	
		F		725/2019	O Debit (Card OEFT	
Street Address		City			State	Zip Code	
152 Ryegate Te	rrace	Stratford			СТ	06615	
Purpose of Expenditure (by code)	Description		Event #			Amount	
Campaign meeting food/drinks 07112019					110.25		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)				
	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure		dant .				
Name of Payee			Da	ate of Payment	Method of P	•	
Roger Salls			8	3/1/2019	Check #108 Debit Card EFT		
Street Address		City			State	Zip Code	
	Suite 106, Stratford, CT 06615	Stratford			СТ	06615	
Purpose of Expenditure (by code)	Description Event #				Amount		
I'A-OTH	Campaign photos		07112	2019	106.3	5	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	s checked)				
19 477	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure)						
	Coordinated with reimbursement sought (in-kind control		_	Ов Ос Ор			
Name of Payee			Da	ate of Payment	Method of P	•	
Red November	Strategies		8	3/27/2019	Check Debit (
Street Address		City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
65 Railroad Ave	65 Railroad Ave Apt 2H Milford				СТ	06460	
Purpose of Expenditure (by code)	nditure Description Event #					Amount	
1 A - OTH	_ OTH Social Media Ad Management n/a				250.00		
Expenditure # (if applicable)							
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent							
	ı	;					
<u> </u>							

		, .					

Section P. ADDITIONAL PAGE 2____ of 2____

NAME OF COMMITT	r	TYPE OF REPORT							
Pia for Council		October 10 filing							
P. Expenses Paid by Committee									
Name of Payee Chris Pia			[Pate of Payment 3/27/2019	Method of P Check Debit 0	#110			
Street Address		City		•	State	Zip Code			
152 Ryegate Ter	race	Stratford			СТ	06615			
Purpose of Expenditure (by code)	Campaign meeting food/drinks	n/a		106.92	Amount				
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribute)								
Name of Payee				ate of Payment	Method of P Check	-			
Lighthouse Signs			6	9/19/2019	O Debit (
Street Address		City			State	Zip Code			
662 Boston Post	Rd .	Westbrook	1		СТ	06498			
Purpose of Expenditure (by code)	Banners		Event#		Amount				
Expenditure #	 Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is o	checked)		430.72	2			
(if applicable)	ОвОсОр								
Name of Payee	Method of Payment:								
Northeast Printin	g Network			9/19/2019	O Check # 112 O Debit Card DEFT				
Street Address	ro Cuito 9	City Cromwell			State CT	Zip Code 06416			
135 Sebethe Driv	ve, Suite o	Gionweii			00410				
Purpose of Expenditure (by code)	1st Mailer		Event# n/a		Amount 2195.12				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co	mmittee))					
4-DM	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con		ation O	а Ов Ос Ор					
Name of Payee				Date of Payment	Method of P Check	-			
Anedot			1	9/30/2019	O Debit (
Street Address		City			State	Zip Code			
Purpose of Expenditure (by code)	Description Online contributions fee for this reporting period Event # n/a				157.20	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr								
	S	UBTOTAL Section P —	– This P	age 2889.96					

Section T ADDITIONAL PAGE _ 1 _ of _ 1

	EE (Provide Complete Name as Registered with Filing Repositor	<u>y)</u>			TYPE OF RE		t fer it.		
					October 10) filing			
	T. Itemization of Reimb	u	rsements and Second	dary I	ayees	at San Tala			
Last Name of Worker/Cons	sultant	Fi				MI	Date of F Person of	Payment to Vendor, r Entity	
Pia		CI	nris		:		8/27/	'19	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant							Committee \	Worker/Consultant as	
La Vera Pizzaria					نشا	n Section P: ck # <u>110</u>	_ Q De	bit Card OEFT	
Street Address of Vendor, 1	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code	
60 Access Road			Stratford				СТ	06615	
Purpose of Expenditure (by code) FOOD	Description Campaign Meeting Food/Drink			Event #			45.44	Amount	
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind	ired unless "None of the below" is checked) penditure)							
Last Name of Worker/Cons	sultant	Fi	rst			MI	Date of I Person o	Payment to Vendor, r Entity	
Pia		c	hris				8/27/		
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant	<u></u>					Committee '	Worker/Consultant as	
Last Call Liquors					1 -	in Section P: ock # <u>110</u>	_ Q De	bit Card OEFT	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code	
2385 Main Street			Stratford				СТ	06615	
Purpose of Expenditure	Description			Event #				Amount	
(by code) FOOD	Campaign Meeting Food/Drink			n/a			61.48		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	endi	ture) O Indepe	endent C) () () () ()			
Last Name of Worker/Con	sultant	F	rst			MI		Payment to Vendor, or Entity	
Pia		C	hris				7/11	/2019	
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	.!					Committee	Worker/Consultant as	
South Main Wine	and Liquor				1 -	in Section P: eck # <u>104</u>	_ Q De	ebit Card OEFT	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code	
1065 Main Street			Stratford				CT	06615	
Purpose of Expenditure	Description			Event #				Amount	
(by code) FNDR	Fundraiser drinks			07112019A			665.52		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) O None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D								
			SUBTOTAL Section T -	— This	Page 77	2.44			
		Т	OTAL of additional Sec	tion T l	Pages				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	W	ORKERS AND CONS	ULT⊿	NTS				
MANUAL OF ALL		.,,	James And Colle	- VIII E.					