

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

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File #: 2019-24
07/09/2019 08:33 AM
7 Pages

RECEIVED FOR RECORD
SUSAN M. PAWLUK
2019 JUL -9 AM 8:33

ELECTION FILINGS

Susan M. Pawluk, Town Clerk

ER PAGE

STRAITFORD TOWN CLERK

1. NAME OF COMMITTEE Pia for Council			
2. TREASURER NAME Susan			
First	MI	Last	Suffix
Susan	F	Barksdale	
3. TREASURER ADDRESS Street Address 180 Grove Street			
City	State	Zip Code	
Stratford	CT	06615	
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUGHT (Complete only if Candidate Committee)	6. DISTRICT NUMBER (if applicable)	
11/05/2019	Councilman	1	
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First	MI	Last	Suffix
Christopher	J	Pia	
8. TYPE OF REPORT (Check One Box)			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement <i>(PACS ONLY)</i>
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input checked="" type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report:
<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="radio"/> Termination	
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date	Ending Date		
04/01/2019	thru	06/30/2019	
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
TREASURER OR DEPUTY TREASURER (SIGNATURE) <i>Susan Barksdale</i>		PRINT NAME OF SIGNER Susan Barksdale	DATE (mm/dd/yyyy) 7/1/2019
<i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i>			

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 Reposition) Pia for Council	TYPE OF REPORT July 10 filing	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	0
12. Balance on hand at the beginning of Reporting Period		0	
13. Contributions Received from Individuals (Sections A and B)		\$ 2155	\$ 2155
14. Receipts from Other Committees (Sections C1 and C2)		0	0
15. Other Monetary Receipts (Sections D through K)		0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2, removed</i>			
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)		\$ 2155	\$ 2155
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)		\$ 2155	\$ 2155
19. Expenses Paid by Committee (Section P)		0	0
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)		\$ 2155	\$ 2155
21. In-Kind Donations not Considered Contributions Received (Section L4)		0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		0	0
23. In-Kind Contributions Received (Section M)		0	0
24. Refundable Deposit to Telephone Company (Section N)		0	0
25. Loan Balance		0	
25a. + Loans Received (Section D)		0	0
25b. + Interest and Penalties on Loan		0	0
25c. - Payments on Loan		0	0
25d. Total Outstanding Loan Amount		0	
26. Campaign Expenses Paid by Candidate (Section Q)		0	0
27. Expenses Incurred on Committee Credit Card (Section R)		0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		0	

4873

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Plia for Council	TYPE OF REPORT	July 10 filing
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A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A	\$ 0
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B. Itemized Contributions from Individuals

Last Name: **Pia** First: **Andrew** MI

Residential Street Address: **77 Pond Road** City: **Wilton** State: **CT** Zip Code: **06897**

Principal Occupation: **Accountant** Name of Employer: **PWC**

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes No
Amount of Contribution: 200

Is this contribution associated with an event reported in Section L1? Yes No
 Is contributor a principal of a state contractor or prospective state contractor? Yes No
 If yes, list Event # _____ 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
 Date Received: **5/9/2019** Aggregate Contributions: **200**

Last Name: **Glad** First: **Carl** MI

Residential Street Address: **80 Candlewood Road** City: **Stratford** State: **CT** Zip Code: **06614**

Principal Occupation: **Attorney** Name of Employer: **Law Offices of Kurt M Ahlberg LLC**

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes No
Amount of Contribution: 250

Is this contribution associated with an event reported in Section L1? Yes No
 Is contributor a principal of a state contractor or prospective state contractor? Yes No
 If yes, list Event # _____ 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
 Date Received: **6/25/2019** Aggregate Contributions: **250**

Last Name: **Snyder** First: **Jeff** MI

Residential Street Address: **73 Dutton Street** City: **Wallingford** State: **CT** Zip Code: **06492**

Principal Occupation: **Digital Marketing** Name of Employer: **The Hartford**

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes No
Amount of Contribution: 100

Is this contribution associated with an event reported in Section L1? Yes No
 Is contributor a principal of a state contractor or prospective state contractor? Yes No
 If yes, list Event # _____ 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
 Date Received: **6/25/2019** Aggregate Contributions: **100**

SUBTOTAL Section B — This Page		550
TOTAL of additional Section B Pages		1605

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		2155
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Section B ADDITIONAL PAGE 1 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Plaf for Council	TYPE OF REPORT	July 10 filing
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A. Total Contributions from Small Contributors-Received this Period ONLY
(See instructions for definition of Small Contributor)

SUBTOTAL SECTION A \$ 2155

B. Itemized Contributions from Individuals

Last Name	First	MI
Romanoff	Daniel	

Residential Street Address	City	State	Zip Code
10 Coventry Court	Harrison	NY	10577

Principal Occupation	Name of Employer
Management	Nebraskaland

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	250
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Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Executive <input checked="" type="radio"/> Legislative	Amount of Contribution	250
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Method of Contribution:	Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	6/25/2019	250

Last Name	First	MI
Florek	John	A

Residential Street Address	City	State	Zip Code
264 Victoria Lawn	Stratford	CT	06615

Principal Occupation	Name of Employer
Attorney	Florek and O'Neill

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	250
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Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Executive <input checked="" type="radio"/> Legislative	Amount of Contribution	250
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Method of Contribution:	Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	6/27/2019	250

Last Name	First	MI
Aldrich	Barbara	J

Residential Street Address	City	State	Zip Code
100 Parrott Drive	Shelton	CT	06484

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	50
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Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Executive <input checked="" type="radio"/> Legislative	Amount of Contribution	50
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Method of Contribution:	Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	6/27/2019	50

SUBTOTAL Section B — This Page	550
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TOTAL of additional Section B Pages	1605
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	2155
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57B

Section B ADDITIONAL PAGE 2 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Plia for Council	TYPE OF REPORT	July 10 filing
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A. Total Contributions from Small Contributors-Received this Period ONLY
(See instructions for definition of Small Contributor)

SUBTOTAL SECTION A \$ 2155

B. Itemized Contributions from Individuals

Last Name	First	MI
Gordon	Nan	

Residential Street Address	City	State	Zip Code
181 Turn of River Road #2	Stamford	CT	06905

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	100
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Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	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:	<input type="radio"/> Executive <input type="radio"/> Legislative	Amount of Contribution	100
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Method of Contribution:	Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	6/27/2019	100

Last Name	First	MI
Mercede	Erin	

Residential Street Address	City	State	Zip Code
117 Knapp Street	Stamford	CT	06907

Principal Occupation	Name of Employer
Director	BRBC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	25
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Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	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:	<input type="radio"/> Executive <input type="radio"/> Legislative	Amount of Contribution	25
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Method of Contribution:	Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	6/27/2019	25

Last Name	First	MI
Pannese	Christopher	

Residential Street Address	City	State	Zip Code
125 Lexington Way North	Milford	CT	06461

Principal Occupation	Name of Employer
Funeral Director	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	100
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Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	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:	<input type="radio"/> Executive <input type="radio"/> Legislative	Amount of Contribution	100
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Method of Contribution:	Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	6/28/2019	100

SUBTOTAL Section B — This Page 225

TOTAL of additional Section B Pages 1930

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
(Enter total on Line 13, Column A of Summary Page Totals) 2155

2155

Section B ADDITIONAL PAGE 3 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT
 Pia for Council July 10 filing

A. Total Contributions from Small Contributors-Received this Period ONLY \$ 2155
(See Instructions for definition of Small Contributor) SUBTOTAL SECTION A

B. Itemized Contributions from Individuals

Last Name First MI
 Halper Marc

Residential Street Address City State Zip Code
 4 McGrath Lane Trumbull CT 06611

Principal Occupation Name of Employer
 Police Officer Town of Stratford

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes No valued at more than \$5,000? Yes No Amount of Contribution
 30

Is this contribution associated with an event reported in Section L1? Yes No 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 Yes No Amount of Contribution
 30

Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate Contributions
 6/28/2019 30

Last Name First MI
 Whitman Kerry

Residential Street Address City State Zip Code
 4 Third Avenue Stratford CT 06615

Principal Occupation Name of Employer
 Retired Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes No Amount of Contribution
 50

Is this contribution associated with an event reported in Section L1? Yes No 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 Yes No Amount of Contribution
 50

Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate Contributions
 6/28/2019 50

Last Name First MI
 Sheehy Theresa

Residential Street Address City State Zip Code
 190 Chapel Street Stratford CT 06614

Principal Occupation Name of Employer
 Homemaker n/a

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes No Amount of Contribution
 250

Is this contribution associated with an event reported in Section L1? Yes No 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 Yes No Amount of Contribution
 250

Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate Contributions
 6/30/2019 250

SUBTOTAL Section B — This Page 330

TOTAL of additional Section B Pages 1825

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) 2155
(Enter total on Line 13, Column A of Summary Page Totals)

5819

Section B ADDITIONAL PAGE 4 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT
 Pia for Council July 10 filing

A. Total Contributions from Small Contributors-Received this Period ONLY
(See instructions for definition of Small Contributor)

SUBTOTAL SECTION A \$ 2155

B. Itemized Contributions from Individuals

Last Name First MI
 Sheehy Jay B

Residential Street Address City State Zip Code
 190 Chapel Street Stratford CT 06614

Principal Occupation Name of Employer
 Owner Kamco Supply

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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 No Amount of Contribution
 250

Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No
If yes, list Event # _____ *If yes, indicate which branch or branches of government the contract is with: Executive Legislative*

Method of Contribution: Date Received Aggregate Contributions
 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6/30/2019 250

Last Name First MI
 Pia Michele

Residential Street Address City State Zip Code
 165 Forest Road Stratford CT 06614

Principal Occupation Name of Employer
 Registered Nurse Yale New Haven Hospital

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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 No Amount of Contribution
 250

Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No
If yes, list Event # _____ *If yes, indicate which branch or branches of government the contract is with: Executive Legislative*

Method of Contribution: Date Received Aggregate Contributions
 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6/30/2019 250

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 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 No Amount of Contribution

Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No
If yes, list Event # _____ *If yes, indicate which branch or branches of government the contract is with: Executive Legislative*

Method of Contribution: Date Received Aggregate Contributions
 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order

SUBTOTAL Section B — This Page 500

TOTAL of additional Section B Pages 1655

US FROM INDIVIDUALS (Sections A + B) 2155
(on Line 13, Column A of Summary Page Totals)

RECEIVED FOR RECORD AT STRATFORD, CT
 7/9/2019 08:33 AM
Sharon M. Barlock
 Stratford Town Clerk
 ELECTION FILINGS
 File # 2019-24

MS

RECEIVED FOR RECORD
SUSAN M. FARLEY

2019 JUL -9 AM 8:33

STRAITFORD TOWN CLERK