



File #: 2019-101  
 10/08/2019 03:16 PM  
 24 Pages  
 ELECTION FILINGS

SSION



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Susan M. Pawluk, Town Clerk

SUMMARY PAGE

STRATFORD TOWN CLERK

<b>1. NAME OF COMMITTEE</b>			
Tichy For Stratford			
<b>2. TREASURER NAME</b>			
Title Mr	First John	MI B	Last Hughes
<b>3. TREASURER ADDRESS</b>			
Street Address 422 Housatonic Ave		City Stratford	State Ct
		Zip Code 06615	
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/05/2019		<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee) Councilman	
		<b>6. DISTRICT NUMBER</b> (if applicable) 2	
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)			
Title Mr	First Ronald	MI G	Last Tichy
<b>8. TYPE OF REPORT</b> (Check One Box)			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report:
<input checked="" type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election (State Central Committees Only)	<input type="radio"/> Termination	
<input type="radio"/> Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date		Ending Date	
07/01/2019		09/30/2019	
thru			
<b>10. CERTIFICATION</b>			
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.			
		John B. Hughes	
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	
		10/07/2019	
		DATE (mm/dd/yyyy)	
<b>PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</b>			

# SEEC FORM 20

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

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
	10/10/2019	
Tichy For Stratford	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$0.00	
13. Contributions received from Individuals (Sections A and B)	\$1,875.00	\$1,875.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D-K)		\$2,275.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	\$0.00	\$0.00
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	\$400.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$2,275.00	\$2,275.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$2,275.00	\$2,275.00
19. Expenses Paid by Committee (Section P)	\$1,172.78	\$1,172.78
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$1,102.22	\$1,102.22
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	\$0.00
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	\$0.00
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE						FILING DUE DATE	
Tichy For Stratford						10/10/2019	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>						Subtotal Section A \$	
<i>(See instructions for definition of Small Contributor)</i>							
<b>B. Itemized Contributions from Individuals</b>							
Last Name Downes		First Michael		MI	Principal Occupation Chief of Staff		Amount of Contribution
Residential Street Address 32 Farmington Dr.		City Northford	State CT	Zip Code 06472	Name of Employer Town of Stratford		
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 committee 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					
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 09/12/2019		Aggregate contributions \$150.00	\$150.00
Last Name Tomas		First Rich		MI	Principal Occupation Heavy Equip Tech		Amount of Contribution
Residential Street Address 210 Wood Ave		City Stratford	State CT	Zip Code 06614	Name of Employer Tri-Lift		
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 committee 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					
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 08/03/2019		Aggregate contributions \$25.00	\$25.00
Last Name Glad		First Carl		MI	Principal Occupation Attorney		Amount of Contribution
Residential Street Address 80 Candlewood Rd		City Stratford	State CT	Zip Code 06614	Name of Employer Law Office Kurt Ahlberg		
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 committee 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					
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 08/07/2019		Aggregate contributions \$40.00	\$40.00
Last Name Hoydick		First Laura		MI	Principal Occupation Mayor		Amount of Contribution
Residential Street Address 55 Castle Dr.		City Stratford	State Ct	Zip Code 06614	Name of Employer Town of Stratford		
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 committee 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					
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 08/02/2019		Aggregate contributions \$100.00	\$100.00
<b>SUBTOTAL Section B-This Page</b>						\$315.00	
<b>TOTAL of additional Section B Pages</b>						\$0.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 13 of Summary Page)</b>						\$315.00	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Tichy for Council	FILING DUE DATE 10/10/2019
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<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$
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**B. Itemized Contributions from Individuals**

Last Name Schrader	First David	MI W	Principal Occupation Cabinetmaker	Amount of Contribution
Residential Street Address 345 3rd Ave	City Stratford	State Ct	Zip Code 06615	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/03/2019	Aggregate contributions \$100.00	\$100.00

Last Name Hughes	First John	MI B	Principal Occupation Investment Advisor	Amount of Contribution
Residential Street Address 422 Housatonic Ave	City Stratford	State Ct	Zip Code 06615	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/02/2019	Aggregate contributions \$25.00	\$25.00

Last Name Mathewson	First Paul	MI	Principal Occupation Clerk	Amount of Contribution
Residential Street Address 3209 Main St	City Stratford	State CT	Zip Code 06614	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/02/2019	Aggregate contributions \$40.00	\$40.00

Last Name Downes	First Michael	MI	Principal Occupation Chief of Staff	Amount of Contribution
Residential Street Address 32 Farmington Dr	City Northford	State CT	Zip Code 06472	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/23/2019	Aggregate contributions \$100.00	\$100.00

<b>SUBTOTAL Section B-This Page</b>	\$265.00
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<b>TOTAL of additional Section B Pages</b>	\$0.00
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<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 13 of Summary Page)</b>	\$265.00
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**I. MONETARY RECEIPTS**  
**Section B. Additional Page**

NAME OF COMMITTEE Tichy For Council	FILING DUE DATE 10/10/2019
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**B. Itemized Contributions from Individuals**

Last Name Aldrich	First Barbara	MI	Principal Occupation Retired	<b>Amount of Contribution</b>	
Residential Street Address 100 Parrott Dr 304	City Shelton	State CT	Zip Code 06484		Name of Employer Retired
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 07/30/2019	Aggregate contributions \$50.00	<b>\$50.00</b>

Last Name Tichy	First Charles	MI	Principal Occupation Retired	<b>Amount of Contribution</b>	
Residential Street Address 8385 SW 82nd Loop	City Ocala	State FL	Zip Code 34481		Name of Employer Retired
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>A</u>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 08/03/2019	Aggregate contributions \$200.00	<b>\$200.00</b>

Last Name Scheck	First Linnea	MI A	Principal Occupation Owner	<b>Amount of Contribution</b>	
Residential Street Address 72 Howard St	City Stratford	State CT	Zip Code 06615		Name of Employer Butterworth Scheck
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>A</u>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 08/03/2019	Aggregate contributions \$50.00	<b>\$50.00</b>

Last Name Raposa	First Mark	MI	Principal Occupation Director of Finance	<b>Amount of Contribution</b>	
Residential Street Address 169 Brightwood Ave	City Stratford	State CT	Zip Code 06614		Name of Employer Lifcbrfng Community Service
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>A</u>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 08/03/2019	Aggregate contributions \$100.00	<b>\$100.00</b>

Last Name Stonaha	First Rosemarie	MI	Principal Occupation Admin	<b>Amount of Contribution</b>	
Residential Street Address 55 Glenwood Ave	City Stratford	State CT	Zip Code 06614		Name of Employer RD SCinto
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>A</u>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 07/31/2019	Aggregate contributions \$100.00	<b>\$100.00</b>

**SUBTOTAL Section B-This Page** **\$500.00**

**I. MONETARY RECEIPTS**  
**Section B. Additional Page**

NAME OF COMMITTEE Tichy For Council	FILING DUE DATE 10/10/2019
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**B. Itemized Contributions from Individuals**

Last Name Florek	First John	MI	Principal Occupation Attorney	<b>Amount of Contribution</b>
Residential Street Address 264 Victoria Lawn	City Stratford	State CT	Zip Code 06615	Name of Employer Florek and Oneil
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/03/2019	Aggregate contributions \$100.00	\$100.00
Last Name Cabral	First Carol	MI G	Principal Occupation Retired	<b>Amount of Contribution</b>
Residential Street Address 1034 E Main St	City Stratford	State CT	Zip Code 06614	Name of Employer Retired
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/03/2019	Aggregate contributions \$80.00	\$80.00
Last Name Paquette	First Margaret	MI S	Principal Occupation Town Clerk	<b>Amount of Contribution</b>
Residential Street Address 40 California St. B16	City Stratford	State Ct	Zip Code 06615	Name of Employer Town of Stratford
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/03/2019	Aggregate contributions \$100.00	\$100.00
Last Name Mitchell	First Robert	MI B	Principal Occupation Attorney	<b>Amount of Contribution</b>
Residential Street Address 274 Second Ave	City Stratford	State CT	Zip Code 06615	Name of Employer Mitchell Sheahan PC
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/03/2019	Aggregate contributions \$50.00	\$50.00
Last Name Scala	First Judy	MI A	Principal Occupation Assistant Registrar	<b>Amount of Contribution</b>
Residential Street Address 435 Warner Hill Rd	City Stratford	State CT	Zip Code 06614	Name of Employer Town of Stratford
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/03/2019	Aggregate contributions \$20.00	\$20.00
<b>SUBTOTAL Section B-This Page</b>				<b>\$350.00</b>

**I. MONETARY RECEIPTS**  
**Section B. Additional Page**

NAME OF COMMITTEE Tichy for Council	FILING DUE DATE 10/10/2019
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**B. Itemized Contributions from Individuals**

Last Name Cleri	First Judy	MI L	Principal Occupation RN	<b>Amount of Contribution</b>
Residential Street Address 196 1st Ave	City Stratford	State CT	Zip Code 06615	Name of Employer Stratford BOE
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/03/2019	Aggregate contributions \$40.00	\$40.00
Last Name Julian	First Ward	MI	Principal Occupation Transcriptinist	<b>Amount of Contribution</b>
Residential Street Address 37 Princess Wenahah Dr	City Shelton	State CT	Zip Code 06484	Name of Employer Quest
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/03/2019	Aggregate contributions \$50.00	\$50.00
Last Name Silhavy	First Christopher	MI E	Principal Occupation Tech Consultant	<b>Amount of Contribution</b>
Residential Street Address 111 Hickory Woods La	City Stratford	State CT	Zip Code 06614	Name of Employer Accenture
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/02/2019	Aggregate contributions \$40.00	\$40.00
Last Name Rodia	First Karen	MI	Principal Occupation LPN	<b>Amount of Contribution</b>
Residential Street Address 2115 Cutspring Rd	City Stratford	State CT	Zip Code 06614	Name of Employer Dr Brunoski
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/08/2019	Aggregate contributions \$25.00	\$25.00
Last Name Decilio	First Louis	MI A	Principal Occupation Registrar of Voters	<b>Amount of Contribution</b>
Residential Street Address 160 Timber Ridge Rd	City Stratford	State CT	Zip Code 06614	Name of Employer Town of Stratford
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/03/2019	Aggregate contributions \$100.00	\$100.00
<b>SUBTOTAL Section B-This Page</b>				<b>\$255.00</b>

**I. MONETARY RECEIPTS**  
**Section B. Additional Page**

NAME OF COMMITTEE Tichy for Council	FILING DUE DATE 10/10/2019
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**B. Itemized Contributions from Individuals**

Last Name Roset	First Sally	MI	Principal Occupation N/A	<b>Amount of Contribution</b>
Residential Street Address N/A	City N/A	State CT	Zip Code N/A	Name of Employer N/A
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 committee 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		
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 08/03/2019	Aggregate contributions \$40.00	<b>\$40.00</b>
Last Name Alan	First Llewlyn	MI	Principal Occupation Project Manager	<b>Amount of Contribution</b>
Residential Street Address 949 Huntington Rd	City Stratford	State CT	Zip Code 06614	Name of Employer Centek Engineering
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 committee 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		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 08/03/2019	Aggregate contributions \$20.00	<b>\$20.00</b>
Last Name Feehan	First Armand	MI J	Principal Occupation Student	<b>Amount of Contribution</b>
Residential Street Address 160 Founders Way	City Stratford	State CT	Zip Code 06614	Name of Employer n/a
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 committee 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		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate contributions \$40.00	<b>\$40.00</b>
Last Name Feehan	First James	MI	Principal Occupation Business Owner	<b>Amount of Contribution</b>
Residential Street Address 160 Founders Way	City Stratford	State CT	Zip Code 06615	Name of Employer NEFEA
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 committee 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		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 08/03/2019	Aggregate contributions \$40.00	<b>\$40.00</b>
Last Name Harkins	First John	MI	Principal Occupation Lobbyist	<b>Amount of Contribution</b>
Residential Street Address 2202 Avalon Way	City Stratford	State CT	Zip Code 06614	Name of Employer Malta Gov't Affairs
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 committee 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		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # A		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <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		Date Received 08/03/2019	Aggregate contributions \$50.00	<b>\$50.00</b>
<b>SUBTOTAL Section B-This Page</b>				<b>\$190.00</b>



**I. MONETARY RECEIPTS (Sections A-K)**

<b>NAME OF COMMITTEE</b> Tichy For Stratford	<b>FILING DUE DATE</b> 10/10/2019
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**C1. Contributions from Other Committees**

Name of Committee					Name of Treasurer		Amount of Contribution
Address					Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		
City	State	Zip Code	Date Received	Aggregate Contributions			\$0.00
	CT			\$0.00			

  

Name of Committee					Name of Treasurer		Amount of Contribution
Address					Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		
City	State	Zip Code	Date Received	Aggregate Contributions			\$0.00
	CT			\$0.00			

  

Name of Committee					Name of Treasurer		Amount of Contribution
Address					Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		
City	State	Zip Code	Date Received	Aggregate Contributions			\$0.00
	CT			\$0.00			

  

Name of Committee					Name of Treasurer		Amount of Contribution
Address					Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		
City	State	Zip Code	Date Received	Aggregate Contributions			\$0.00
	CT			\$0.00			

  

Name of Committee					Name of Treasurer		Amount of Contribution
Address					Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		
City	State	Zip Code	Date Received	Aggregate Contributions			\$0.00
	CT			\$0.00			

  

Name of Committee					Name of Treasurer		Amount of Contribution
Address					Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		
City	State	Zip Code	Date Received	Aggregate Contributions			\$0.00
	CT			\$0.00			

**C2. Reimbursements, Payments, or Surplus Distributions from other Committees**

Name of Committee				Name of Treasurer				Amount of Receipt
Address				Date Received				
City	State	Zip Code		<input type="checkbox"/> Reimbursement for shared expense		<input type="checkbox"/> Surplus Distribution		\$0.00
	CT			<input type="checkbox"/> Payment for goods and services				

  

Name of Committee				Name of Treasurer				Amount of Receipt
Address				Date Received				
City	State	Zip Code		<input type="checkbox"/> Reimbursement for shared expense		<input type="checkbox"/> Surplus Distribution		\$0.00
	CT			<input type="checkbox"/> Payment for goods and services				

  

<b>SUBTOTAL Section C-This Page</b>							\$0.00
<b>TOTAL of additional Section C Pages</b>							\$0.00
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)</b>							\$0.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Tichy For Stratford	FILING DUE DATE 10/10/2019
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**D. Loans Received this Period**

Name of Lender	Source of Loan:	Is there a Cosigner or Guarantor of this loan?	Amount Received
Street Address	<input type="checkbox"/> Bank <input type="checkbox"/> Candidate	<input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor)	\$0.00
City	<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	<input type="checkbox"/> No	
State	Date of Receipt		
Zip Code			
Name of Cosigner/Guarantor			
Street Address			
City			
State			
Zip Code			

<b>Total Section D</b>	\$ 0.00
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**E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)**

Name of Entity	Date Received	Amount Received
Street Address		\$0.00
City	Aggregate Contributions	
State	\$0.00	
Zip Code		

<b>Total Section E</b>	\$ 0.00
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**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

Date of Receipt	Amount	Date of Receipt	Amount	Total Transfers
	\$0.00		\$0.00	\$ 0.00
Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)**

Date of Receipt	Amount	Date of Receipt	Amount	Total Transfers
	\$0.00		\$0.00	\$ 0.00

**H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of payment:	Date of Receipt	Method of payment:	Total Amount Received
	<input type="checkbox"/> Cash		<input type="checkbox"/> Cash	\$ 0.00
Amount	<input type="checkbox"/> Personal Check	Amount	<input type="checkbox"/> Personal Check	
\$0.00	<input type="checkbox"/> Credit/Debit Card	\$0.00	<input type="checkbox"/> Credit/Debit Card	

**I. MONETARY RECEIPTS (Sections A-K)**

NAME OF COMMITTEE Tichy For Stratford	FILING DUE DATE 10/10/2019
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**I. Anonymous Contributions (Specify dollar amount of the bills received)**

Date Received	Amount \$0.00	Date Received	Amount \$0.00	<b>Total Amount Received</b>
\$1 bills \$0.00	\$5 bills \$0.00	\$1 bills \$0.00	\$5 bills \$0.00	
coins \$0.00	\$10 bill \$0.00	coins \$0.00	\$10 bill \$0.00	
				\$ 0.00

**J. Interest from Deposits in Authorized Accounts**

Date Received	Amount \$0.00	Date Received	Amount \$0.00	<b>Total Amount Received</b>
Name of Institution		Name of Institution		
Street Address		Street Address		
City	State CT	City	State CT	
Zip Code		Zip Code		
				\$ 0.00

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	<b>Amount Received</b>
Street Address	City	
Description		\$ 0.00
Name	Date of Transaction	<b>Amount Received</b>
Street Address	City	
Description		\$ 0.00
Name	Date of Transaction	<b>Amount Received</b>
Street Address	City	
Description		\$ 0.00
<b>Total Section K</b>		\$ 0.00

**Summary of Other Monetary Receipts (Sections D-K)**

Total Loans Received this Period (Section D)	+	0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	0.00
Total Amount of Anonymous Contributions (Section I)	+	0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	0.00
<b>Total of Other Monetary Receipts (Add Sections D-K)</b> <i>(Enter total on Line 15 of Summary Page)</i>		0.00

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE	FILING DUE DATE
Tichy For Stratford	10/10/2019

**L1. Fundraiser Event Information**

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
08/03/2019	A	Fundraiser Picnik	Longbrook Park	Stratford	CT	06614

**Subpart 1: (All Committees)**

Was this fundraising event hosted at a personal residence?  Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)  No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?  Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.)  No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?  Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.)  No

**Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)**

Were there purchases of advertising space in a program book associated with this fundraiser?  Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.)  No

**Subpart 3: (Town Committees ONLY)**

Did your committee sell food or beverage at a fair or similar mass gathering held within the state?  Yes (If yes, enter Total Receipts from small purchases here.)  No \$ 0.00

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
					CT	

**Subpart 1: (All Committees)**

Was this fundraising event hosted at a personal residence?  Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)  No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?  Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.)  No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?  Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.)  No

**Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)**

Were there purchases of advertising space in a program book associated with this fundraiser?  Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.)  No

**Subpart 3: (Town Committees ONLY)**

Did your committee sell food or beverage at a fair or similar mass gathering held within the state?  Yes (If yes, enter Total Receipts from small purchases here.)  No \$ 0.00

<b>SUBTOTAL Section L1 (Town Committees ONLY) Total Receipts-This Page</b>	\$0.00
<b>TOTAL of additional Section L1 Pages</b>	+ \$0.00
<b>TOTAL OF ALL RECEIPTS FROM SECTION L1 (Enter total on Line 16a of Summary Page)</b>	\$0.00

**II. FUNDRAISING EVENT ACTIVITY**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
Tichy For Stratford	10/10/2019

**L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items**

Name of Purchaser <i>(Individuals ONLY)</i>	Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #
Items Purchased					\$0.00
Name of Purchaser <i>(Individuals ONLY)</i>	Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #
Items Purchased					\$0.00
Name of Purchaser <i>(Individuals ONLY)</i>	Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #
Items Purchased					\$0.00
Name of Purchaser <i>(Individuals ONLY)</i>	Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #
Items Purchased					\$0.00
Name of Purchaser <i>(Individuals ONLY)</i>	Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #
Items Purchased					\$0.00
Name of Purchaser <i>(Individuals ONLY)</i>	Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #
Items Purchased					\$0.00
Name of Purchaser <i>(Individuals ONLY)</i>	Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #
Items Purchased					\$0.00
Name of Purchaser <i>(Individuals ONLY)</i>	Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #
Items Purchased					\$0.00
<b>SUBTOTAL Section L2-This Page</b>					\$0.00
<b>TOTAL of additional Section L2 Pages</b>					\$0.00
<b>TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS</b> <i>(Enter total on Line 16h of Summary Page)</i>					\$0.00



**II. FUNDRAISING EVENT ACTIVITY**

<b>NAME OF COMMITTEE</b> Tichy For Stratford	<b>FILING DUE DATE</b> 10/10/2019
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**L4. In-Kind Donations Not Considered Contributions**

Name of Donor				Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation				Date Received	Event #
Name of Donor				Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation				Date Received	Event #
Name of Donor				Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation				Date Received	Event #
Name of Donor				Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation				Date Received	Event #
Name of Donor				Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation				Date Received	Event #
Name of Donor				Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation				Date Received	Event #
Name of Donor				Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation				Date Received	Event #
Name of Donor				Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation				Date Received	Event #
Name of Donor				Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation				Date Received	Event #
<b>SUBTOTAL Section L4-This Page</b>					\$0.00
<b>TOTAL of additional Section L4 Pages</b>					\$0.00
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page)</b>					\$0.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE Tichy For Stratford	FILING DUE DATE 10/10/2019
--	-------------------------------

M. In-Kind Contributions

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		Aggregate contributions \$0.00	\$0.00
Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		Aggregate contributions \$0.00	\$0.00
Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		Aggregate contributions \$0.00	\$0.00
Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		Aggregate contributions \$0.00	\$0.00
Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		Aggregate contributions \$0.00	\$0.00

SUBTOTAL Section M-This Page \$0.00

TOTAL of additional Section M Pages \$0.00

TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page) \$0.00

N. Refundable Deposit to Telephone Company

(NOTE: This section refers only to advances of deposits by individuals from personal funds to benefit the committee, not deposits made by the committee.)

Last Name of Individual	First	MI	Date Deposit Made	Amount of Deposit
Residential Street Address		City	State CT	
Name of telephone company				\$0.00
Street Address		City	State CT	

Total Section N (Enter total on Line 23 of Summary Page) \$0.00



**III. NONMONETARY RECEIPTS**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
Tichy For Stratford	10/10/2019

**O. Non-Monetary Receipts of Organization Expenditures Made By  
Legislative Leadership, Legislative Caucus, and Party Committee**

<b>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</b>			<b>Name of Treasurer</b>		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		\$0.00
			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
<b>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</b>			<b>Name of Treasurer</b>		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		\$0.00
			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
<b>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</b>			<b>Name of Treasurer</b>		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		\$0.00
			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
<b>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</b>			<b>Name of Treasurer</b>		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		\$0.00
			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
<b>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</b>			<b>Name of Treasurer</b>		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		\$0.00
			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
<b>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</b>			<b>Name of Treasurer</b>		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		\$0.00
			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
<b>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</b>			<b>Name of Treasurer</b>		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		\$0.00
			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
<b>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</b>			<b>Name of Treasurer</b>		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		\$0.00
			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
<b>Total Section O (Enter total on Line 24 of Summary Page)</b>					\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE			
Tichy For Stratford				10/10/2019			
P. Expenses Paid by Committee							
Name of Payee MitchCo			Date of Payment 8/26/2019		Method of Payment <input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card		Amount
Street Address 3129 Main St		City Stratford	State CT	Zip Code 06614			
Purpose of Expenditure (by code) Fundraiser		Description Chairs etc.			Event # A		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) Tichy		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 108.48
Name of Payee Premier Graphics			Date of Payment 9/30/2019		Method of Payment <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card		Amount
Street Address 860 Honeyspot Rd		City Stratford	State CT	Zip Code 06615			
Purpose of Expenditure (by code) Palm Cards		Description Campaign Palm Cards			Event #		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) Tichy		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 1,036.40
Name of Payee Anetdot			Date of Payment 9/15/2019		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		Amount
Street Address		City	State CT	Zip Code			
Purpose of Expenditure (by code) fees		Description fees			Event #		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) Tichy		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 27.90
Name of Payee			Date of Payment		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		Amount
Street Address		City	State CT	Zip Code			
Purpose of Expenditure (by code)		Description			Event #		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 0.00
Name of Payee			Date of Payment		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		Amount
Street Address		City	State CT	Zip Code			
Purpose of Expenditure (by code)		Description			Event #		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 0.00
<b>SUBTOTAL Section P-This Page</b>							\$ 1,172.78
<b>TOTAL of additional Section P Pages</b>							\$ 0.00
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)</b>							\$ 1,172.78

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
Tichy For Stratford	10/10/2019

**Q. Campaign Expenses Paid by Candidate**

Name of Payee (Name of Vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT			<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State	Zip Code								
		CT									
Purpose of Expenditure (by code)	Description	Event #									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT			<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State	Zip Code								
		CT									
Purpose of Expenditure (by code)	Description	Event #									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT			<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State	Zip Code								
		CT									
Purpose of Expenditure (by code)	Description	Event #									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT			<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State	Zip Code								
		CT									
Purpose of Expenditure (by code)	Description	Event #									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT			<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State	Zip Code								
		CT									
Purpose of Expenditure (by code)	Description	Event #									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT			<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State	Zip Code								
		CT									
Purpose of Expenditure (by code)	Description	Event #									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT			<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State	Zip Code								
		CT									
Purpose of Expenditure (by code)	Description	Event #									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT			<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State	Zip Code								
		CT									
Purpose of Expenditure (by code)	Description	Event #									
<b>SUBTOTAL Section Q-This Page</b>			\$0.00								
<b>TOTAL of additional Section Q Pages</b>			\$0.00								
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page)</b>			\$0.00								

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
Tichy For Stratford	10/10/2019

**R. Expenses Incurred on Committee Credit Card**

<b>Name of Issuing Institution</b>	<b>Type of Credit Card:</b>
	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other

Name of Vendor	Date of Transaction	Amount
Street Address		
City		
State		
Zip Code		
Purpose of Expenditure (by code)	Description	Event #
		\$0.00
Name of Vendor	Date of Transaction	Amount
Street Address		
City		
State		
Zip Code		
Purpose of Expenditure (by code)	Description	Event #
		\$0.00
Name of Vendor	Date of Transaction	Amount
Street Address		
City		
State		
Zip Code		
Purpose of Expenditure (by code)	Description	Event #
		\$0.00
Name of Vendor	Date of Transaction	Amount
Street Address		
City		
State		
Zip Code		
Purpose of Expenditure (by code)	Description	Event #
		\$0.00
Name of Vendor	Date of Transaction	Amount
Street Address		
City		
State		
Zip Code		
Purpose of Expenditure (by code)	Description	Event #
		\$0.00
Name of Vendor	Date of Transaction	Amount
Street Address		
City		
State		
Zip Code		
Purpose of Expenditure (by code)	Description	Event #
		\$0.00
Name of Vendor	Date of Transaction	Amount
Street Address		
City		
State		
Zip Code		
Purpose of Expenditure (by code)	Description	Event #
		\$0.00

<b>SUBTOTAL Section R-This Page</b>		\$0.00
<b>TOTAL of additional Section R Pages</b>		\$0.00
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27 of Summary Page)</b>		\$0.00

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
Tichy For Stratford	10/10/2019

**S. Expenses Incurred by Committee but Not Paid During this Period**

Name of Creditor		Date Incurred		<b>Amount Incurred (Estimate or Actual)</b>
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable) Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Description				\$0.00

Name of Creditor		Date Incurred		<b>Amount Incurred (Estimate or Actual)</b>
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable) Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Description				\$0.00

Name of Creditor		Date Incurred		<b>Amount Incurred (Estimate or Actual)</b>
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable) Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Description				\$0.00

Name of Creditor		Date Incurred		<b>Amount Incurred (Estimate or Actual)</b>
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable) Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Description				\$0.00

<b>SUBTOTAL Section S-This Page</b>				\$0.00
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<b>TOTAL of additional Section S Pages</b>				\$0.00
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<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28 of Summary Page)</i>				\$0.00
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<b>Previously reported Expenses Unpaid and still Outstanding</b>				\$0.00
--	--	--	--	--------

<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a of Summary Page)</i>				\$0.00
---	--	--	--	--------

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
Tichy For Stratford	10/10/2019

**T. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	<b>Amount</b>																																																
				<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card																																																	
Secondary Payee			Purpose of Expenditure (by code)																																																		
Street Address		City	State	Zip Code																																																	
			CT																																																		
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**CODED PURPOSES FOR EXPENDITURES**  
**(For use with Sections P, Q, R, S, & T of the SEEC Form 20)**

(Note: Asterisk \* adjacent to the left of an Expenditure Code indicates that **Description Field** is **Mandatory**)

**(Warning: The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, treasurers must read the committee guide applicable to their type of committee.)**

**Advertising** – Each expenditure code beginning with "A-" is to be used to identify the delivery method for paid advertising, which includes advertising to solicit committee funds. Include the costs for *both* the **development** *and* the **delivery** of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below, *not* as **Professional Consultant (CNSLT)**, which is a code that should only be used when no other expenditure code applies. If a single advertising message is developed for several of the delivery mechanisms listed below, use **A-OTH** for the cost of developing the message and then use the applicable code for the payments associated with the several delivery methods used. **Note:** The one **exception** to this advertising rule is when advertising content includes, as part of the message, an invitation to individuals to attend a fundraising event in return for a contribution or attendance fee. **Fundraising Event** advertising must be coded **FNDR** (see explanation below) irrespective of the advertising delivery method.

**A-DM**-expenditure to **advertise** through **direct mail**.

**A-MAG**-expenditure to **advertise** through a **magazine**.

**A-NEWS** –expenditure to **advertise** through a **newspaper**.

**A-ATM** - expenditure to advertise using an **automated telephone/fax message**, or an **automated telemarketing message**.

**A-PH-BNK**-expenditure for the use of **phone banks**, where people are speaking as distinguished from pre-recorded messages (above) and polls and surveys (below).

**A-RAD** –expenditure to **advertise** on **radio**.

**A-SIGN**-expenditure for the cost of preparing, printing, producing or distributing lawn or billboard **signs** visible from any street or highway.

**A-TV**–expenditure to **advertise** on **television**.

**A-WEB** –expenditure to advertise on the **World Wide Web**. This includes Webcasting (sending **audio** and/or **video** live over the **Internet**), or any other form of advertising on the web. See WEB for other web related expenditures.

**A-OTH** –any expenditure for any **other advertising**, not listed above, like the cost of (a) posters, stickers, streamers, banners, *etc.* for distribution on or in buildings or vehicles (i.e. cars, buses, boats, aircraft, *etc.*); (b) campaign paraphernalia, such as pins, hats, potholders, tee shirts and other campaign giveaway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ad placed in ad books, in schools or civic organizations' pamphlets or bulletins, or (e) ad books for fundraising events held by other committees.

\***ATT** – expenditure for **attendance fee** or **entrance fee** for any person to a (1) fundraiser held by *any* committee; (2) an inaugural event of any candidate; (3) a charitable event; (4) an educational course or training seminar; *etc.* In the text box of the **Description Field**, which is **mandatory** under this expenditure category, identify the name and address of the individual who is attending the event as well as the date and location of the event and the name of the sponsoring committee or entity sponsoring the event.

**BNK** - expenditure to record any payment of **BANK fees, interest charges, or penalties** assessed by the bank on the committee's checking account only. Similar fees assessed by a credit card company should be listed under credit card charges in Sec. R of the Form 20, entitled "Expenses Incurred on Committee Credit Card".

**CCP** - expenditure to record **any payment of the Credit Card bill**, including partial payments, finance charges, and mid-cycle payments. See Sec. R of the Form 20, entitled "Expenses Incurred on Committee Credit Card", to record actual charges made against the credit card account, including any finance charges.

**CEF** - expenditure to record any payment to the State of Connecticut's **Citizens Election Fund ("CEF")**. **Checks should be made payable to the Citizens' Election Fund and sent to the State Elections Enforcement Commission, 20 Trinity Street, Hartford, CT 06106**. This expenditure code does not apply to the **SRPLS** (Surplus Distribution) expenditure code explained below.

**CHAR** – expenditure for a payment of committee funds to a tax-exempt **charitable** organization (26 U.S. Code 501(c)(3)).

**CNSLT** – expenditures to a professional **consultant**. Professional consultants are individuals or entities that are paid by the committee as independent contractors for their professional advice. They are not salaried employees and they are not individuals who are serving the committee as volunteers. Examples: management firms, public relations firms, lawyers and accountants, *etc.* However, for payments to professional consultants who design polls and surveys, or advertising messages, use the more specific code (ex. **A-DM, A-OTHR, POLLS**). If the payment to a professional consultant includes costs paid or incurred to some other vendor, following completion of the entry of this expenditure, go immediately to Section T, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of **Secondary Payees**.

**CNTRB**- expenditures that are **contributions to another committee**. The expenditure of a committee's funds to make a contribution to another committee is to be distinguished from an expenditure of committee funds to **pay the other committee (POC)** for shared expenses or fair market value of goods or services provided to the committee by another committee acting as a vendor. See explanation of **POC** below.

\***EFV** – expenditures for **equipment, furniture, and vehicles**. Record only the portion of the cost that is actually paid. Cost includes any costs associated with the delivery or installation of the item. Equipment includes computers, printers, phones, *etc.* The text box of the **Description Field**, which is **mandatory** in this situation, must list the item, and whether the expenditure is a purchase, rental or lease. **Note:** Vehicles may only be leased and may not be purchased.

**FOOD** - expenditures paid directly to a vendor for food and beverage, **except** if the vendor is paid for these items in association with the committee's own sponsored **fundraiser** (see **FNDR** below) or the committee's own sponsored **inaugural event** (see **INAUG** below.)

**CODED PURPOSES FOR EXPENDITURES**  
**(For use with Sections P, Q, R, S, & T of the SEEC Form 20)**

(Note: Asterisk \* adjacent to the left of an Expenditure Code indicates that **Description Field** is **Mandatory**)

(Warning: The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, treasurers must read the committee guide applicable to their type of committee.)

**\*FNDR** - expenditures associated with holding a committee **fundraising event** (i.e. payments to restaurants, hotels, caterers, food and beverage vendors, invitations, entertainers performing at the event, paid speakers, etc.) Advertising content that includes as part of the message invitations to individuals to attend a committee fundraising event in return for a contribution or attendance fee must, however, be coded **FNDR** irrespective of the advertising delivery method. **Note:** This expenditure category **must not include** expenditures of the committee's funds for the **ATT (Attendance fees)** of any persons attending *any* other committee's fundraising event.

**\*GIFT** - record the purchase of any item that is to be given as a **gift** to any individual or entity. Gifts to committee workers are limited to an aggregate of \$100 per recipient. The text box of the **Description Field**, which is **mandatory** in this situation, must identify the item purchased as well as the name and address of the individual or entity who is the recipient of the committee's gift.

**INAUG** - expenditures relating to the committee's costs for hosting an **inaugural event** for the committee's own candidate. This code does not include expenditures by the committee for attendance fees of individuals to another committee's inaugural event, which must be coded as **ATT-Attendance fee** (see above).

**LOAN** - expenditures to record the payment of committee's **LOAN**, whether principal, interest or both. (**Note:** Any penalties assessed for non-payment on a loan, if not paid by the payment due date, must be disclosed as additional "Expenses Incurred by Committee but not Paid During This Period" in Sec. S of the Form 20.)

**OFFICE**-expenditures for **office supplies** such as paper, pens, printer cartridges, etc.

**OVHD** - expenditures of **overhead operating** costs, including the cost of renting office space, parking spaces, repairing or servicing office furniture and equipment used in connection with committee activities, related insurance, utility payments for committee headquarters, subscriptions and similar overhead operating expenses.

**PETTY** - expenditure to replenish the committee's petty cash fund.

**POC** - expenditures to record a **payment to another committee** at fair market value for goods, services or other things of value provided by that other committee acting as a vendor or as a reimbursement of a shared expense. Examples: payment for a mail list, contact list or email distribution list prepared and produced by the other committee, or for the cost of the salaries of the other committee's salaried employees who were loaned to the committee, etc. Absent payment to the other committee at fair market value for such benefits received, **within 45 days of receipt**, the committee would be receiving an **In-Kind Contribution** from the other committee. (**Note:** **In-Kind contributions** do not require an expenditure code because they are receipts of the committee, not expenditures.) The **POC** expenditure code category must be distinguished from expenditures that are coded as **CNTR (contributions to another committee)**.

**POLLS** - expenditures associated with **conducting polls and surveys**. This category is to be distinguished from **A-PH-BNK** (phone banks) because the information isn't just delivered to the public but opinion is carefully being sought and collected from the public in some manner to produce a poll or survey result or report. If a professional consultant is both designing *and* conducting the poll or survey, uses **POLLS** as the expenditure code, not "**CNSLT**" (see above).

**POST**-expenditures for **postage**, such as stamps, bulk mail permits, post office boxes and envelopes, United Parcel Service, Federal Express, etc.

**PRNT**- expenditures associated with the costs of **printing**, photocopying or reproducing literature, stationery, invitations and the like.

**RCW** - Expenditures to **Reimburse Committee Workers**, which may include a candidate. This is when the cost of payment for something needed by the committee is advanced by the committee worker and reimbursement is sought and obtained from the committee's treasurer who authorized the payment within 45 days of receipt of the paid for item. **Note:** Absent reimbursement to the committee worker **within 45 days of receipt** of the paid for item, the committee would be receiving an **In-Kind Contribution** from the committee worker. After making payment to the worker, reporting this item also requires full reporting of the **Secondary Payees** appearing on the payment slip of the committee worker. Go immediately to Section T, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of Secondary Payees. Further Note: When reimbursing the candidate, report the purchase in Section Q of the Form 20, entitled "Campaign Expenses Paid by the Candidate."

**REF** - **Refunds** are expenditures of any committee funds that were deposited into the committee's checking account and then returned to a contributor or any other revenue source for any reason.

**SRPLS** - expenditures which are **surplus distributions** in connection with the termination and dissolution of the committee.

**TRVL** - expenditures for an individual's **transportation** costs and **lodging** authorized by the treasurer, such as the cost of gasoline, other transportation fare, and lodging. The cost of **attending** any event should be coded as **ATT (Attendance)** (see above) and **any separate payment for food** outside the cost of the attendance fee should be coded as **FOOD**.

**WAGE** - expenditures for **Wages and benefits** paid to the committee's staff. This is to be distinguished from payments to professional consultants "**CNSLT**" who are independent contractors.

**WEB** - Expenditures for accessing and having a presence on the **WEB**. This includes payments to develop or maintain: (a) a committee web site and homepage; (b) an internet provider; (c) a domain name on the internet; (d) payments to a merchant account processor or a payment gateway provider to enable the committee to receive online credit and debit card contributions over the internet; and (e) similar costs relating to use of the internet. This is not to be used for any costs related to advertising on the web - see A-WEB above.

**\*MISC** - expenditures of **Miscellaneous** items that are not listed above. The text box of the **Description Field**, which is mandatory in this situation, must explain in narrative form, with sufficient clarity, the purpose of this expenditure.

RECEIVED FOR RECORD AT STRATFORD, CT  
10/8/2019 03:16 PM

*Steven M. Pawluch*

Stratford Town Clerk

ELECTION FILINGS  
File # 2019-101