### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement FIGNIC ENEODCEMENT COMMISSION



10/31/2019 03:54 PM 43 Pages

**ELECTION FILINGS** 

Susan M. Pawluk, Town Clerk

2019 OCT 31 PH 3: 54

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE									
Voices For Stratford 2019	Changed	" of "	to "	For	(t				
2. TREASURER NAME									
First		MI	Las	st					Suffix
Patricia		L.	P	atusky					
3. TREASURER ADDRESS									
Street Address			City				State	Zip (	Code
41 Yarwood Street			Stratfo	ord			CT	06	615
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	GHT (Comple	te only if Co	andidate	Committee)	- 1			TRICT NUMBER
(mm/dd/yyyy) 11/05/2019								(if applicab	le)
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)	) [[[]						
First		MI	La	ist					Suffix
8. TYPE OF REPORT (Check One Box)							What I		
O January 10 filing	O7th day preced	ding primar	ry (	O 7th	day preceding referendum		nitial Cor		or Disbursement
O April 10 filing	O30 days follow	wing prima	ry (	O 45 c	ays following referendum		mendme	20	
July 10 filing	O7th day preced	ding electio	on (	O Deficit Type of Report:					
October 10 filing	O12th day preco						r 10, 2019	Filing	
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		on						
9. PERIOD COVERED								Pa Jil	
	Beginning Da	te			Ending Date				
1	September 1, 20	)19	tl	hru	September 30, 2019				
10. CERTIFICATION									
I hereby certify and state, under possible Disclosure Statement for the pe						his Iten	nized Ca	ampaign I	inance
9-6		P	Patricia	a Patu:	sky			10/10/	/2019
TREASURER OR DEPUTY TREASURI	er (SIGNATURE)		PRINT N	IAME C	F SIGNER			DATE	(mm/dd/yyyy)
A person who is	found to have kn	owingly a	nd willfu	ılly vic	lated any provisions of th	ie camp	oaign fin	ance stati	utes

faces a civil penalty or imprisonment or both.

Page 1 of 17

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

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Voices For Stratford 2019	TYPE OF REPORT October 10 Filing	
1. 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  2. Balance on hand at the beginning of Reporting Period  3. Contributions Received from Individuals (Sections A and B)  4. Receipts from Other Committees (Sections C1 and C2)  15. Other Monetary Receipts (Sections D through K)  6a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)  6b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed  6c. Total Purchases of Advertising—Program Book or Sign (Section L3)  7. Total Monetary Receipts (add totals for Lines 13 through 16e)  8. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)  9. Expenses Paid by Committee (Section P)  10. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Column C1. In-Kind Donations not Considered Contributions Received (Section L4)  2. In-Kind Donations not Considered Contributions — House Party (Section L5)  3. In-Kind Contributions Received (Section M)  4. Refundable Deposit to Telephone Company (Section N)  15. Loan Balance  15a. + Loans Received (Section D)  15b. + Interest and Penalties on Loan  15c Payments on Loan  15d. Total Outstanding Loan Amount  16. Campaign Expenses Paid by Candidate (Section Q)  17. Expenses Incurred on Committee Credit Card (Section R)	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		\$ 10.00
12. Balance on hand at the beginning of Reporting Period	\$ 18,071.64	
13. Contributions Received from Individuals (Sections A and B)	\$ 11,375.00	\$ 32,821.00
14. Receipts from Other Committees (Sections C1 and C2)	\$ 1,500.00	\$ 1,500.00
15. Other Monetary Receipts (Sections D through K)	\$ 0.00	\$ 0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$ 0.00	\$ 0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$ 0.00	\$ 0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$ 12,875.00	\$ 34,321.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$ 30,946.64	\$ 34,331.00
19. Expenses Paid by Committee (Section P)	(\$ 9,677.64)	(\$ 13,062.00)
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$ 21,269.00	\$ 21,269.00
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$ 0.00	\$ 0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$ 0.00	\$ 0.00
23. In-Kind Contributions Received (Section M)	\$ 104.49	\$ 104.49
24. Refundable Deposit to Telephone Company (Section N)	\$ 0.00	\$ 0.00
25. Loan Balance	\$ 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	
25d. Total Outstanding Loan Amount	\$ 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	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	ייייי	AUN.		TYPE OF REPORT						
Voices For Stratford 2019				October 10 Filing						
A. Total Contributions from Small Contributors-Reco			s Period ONLY TAL SECTION A	\$ 322						
B. Itemized (	Contr	ribu	itions from Indivi	duals						
Last Name		Firs	il				MI			
DeBroske		Ca	athy							
Residential Street Address	City	γ			State	Zip	Code			
141 Lone Oak Drive	N	ew l	Milford		СТ	06	6776			
Principal Occupation			Name of Employer							
Office Manager	Office Manager New England Graphics									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$4 does contributor or business he/ valued at more than \$5,000?						mount o	of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of If yes, indicate which of government the core	branch	or b	ranches	C Legislative						
Method of Contribution:			Date Received	Aggregate Contributions	$\dashv$					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Or	der	9/1/2019	\$ 50.00						
Last Name		Firs	it				MI			
Brown		Jo	seph							
Residential Street Address		State	Zip	Code						
8711 Newton Road	Ja	acks	onville		FL	32	2216			
Principal Occupation Name of Employer										
Correctional Officer			Florida Departmen	t of Corrections						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	400 to a /she is a	cano Issoci	lidate for a chief executive intended with have a contract Yes No	e officer of a municipality with said municipality		mount o	of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, indicate which of government the co-	branch	or b	oranches	e contractor? Yes						
If yes, list Event # of government the co	miraci is	s WIII	Date Received	Aggregate Contributions	-					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMC	oney Or	der	9/2/2019	\$ 10.00	ŀ					
Last Name	·····	Firs	ıt				MI			
Housman		Si	mon							
Residential Street Address	City	<u> </u>			State	Zip	Code			
16712 Saybrook Lane 217	Н	unt	ington Beach		CA	97	2649			
Principal Occupation			Name of Employer		t					
Attorney			Self							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$6 does contributor or business her valued at more than \$5,000?						mount o	of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of If yes, indicate which of government the contributor of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which indicate w	branch	or b	ranches	O Legislative						
Method of Contribution:			Date Received	Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Or	der	9/3/2019	\$ 100.00						
SU	SUBTOTAL Section B—This Page \$ 160.00									
тот	ΓAL ο	fad	ditional Section B P	Pages \$ 10,893.00						
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L			VIDUALS (Sections A mn A of Summary Page							
and service because the contract of the contra		1.000	and the state of t							

210 Anson Street    State   Zp Code   Date Received   Aggregate Countribution	NAME OF COMMIT	TEE (Provide Complete	Name as Registered w	th Filing Reposit	ory)			ort
State of Committee	Voices For Stratfo	re real Altracer was a real forms.	Basin a marana	Statistical Control	Accept the second of the		* * **, ** , , , * * * * * * * *	iling mantapatapata katawanan arawat
State of Democratic Town Committee    Some   State   S			C1. C	ontributio.	ns from O		1.75 - 1.75 - 1.75	
210 Anson Street  State   Stat		atic Town Comm	ittee					
State   Stat	Address			,	Is this contri	bution associat	ed with an Oyes No.	Amount of Contribution
State of Committee    Name of Committee   Name of Treasurer	210 Anson Street				event report	ed in Section L	1?	
Name of Committee    State   Sup Code   State   Supported in Section I.17   If yes, list Event #	City		State	Zip Code	Date Rece	ved	Aggregate Contributions	
Is this contribution associated with an   O Yes   O No event reported in Section 1.1?   If yes, lest Event #	Stratford		СТ	06614	09/10/	<u></u>		
Cay   State   Constitute   Cay   State   Cay   State   Cay   State   Cay   State   Capplacable   C	Name of Committee					Name of Treas	шег	
Cay   State   Constitute   Cay   State   Cay   State   Cay   State   Cay   State   Capplacable   C			***************************************					
State   Zip Code   Date Received   Aggregate Contribution	Address					ed in Section L	1?	Amount of Contribution
State   Zip Code   Date Received   State   Zip Code   Date Received   Aggregate Contributions	City		State	Zip Code	Date Rece			
State   Zip Code   Date Received   State   Zip Code   Date Received   Aggregate Contributions								
State   Zip Code   Date Received   Aggregate Contributions	Name of Committee		J			Name of Treas	aurer	
State   Zip Code   Date Received   Aggregate Contributions								
C2. Reimbursements or Surplus Distributions from other Committees  Name of Treasurer  City  State  Zip Code  Date Received  Expenditure # Payment Type OReimbursement for shared expense  OSurplus Distribution  Payment Type OReimbursement for shared expense  City  State  Zip Code  Amount of Receipt  \$ 0.00  City  State  Zip Code  Amount of Receipt  \$ 0.00  Description  Name of Treasurer  Address  City  State  Zip Code  State  Zip Code  State  Surplus Distribution  Description  Name of Treasurer  State  State  Zip Code  State  State  State  Zip Code  State  S	Address				Is this contri event reporte	ed in Section L	1?	Amount of Contribution
C2. Reimbursements or Surplus Distributions from other Committees  Name of Committee  Address  City  State  Zip Code  Amount of Receipt  \$ 0.00  Description  Name of Treasurer  Address  City  State  Zip Code  Amount of Receipt  \$ 0.00  Description  State  State  Zip Code  Amount of Receipt  \$ 0.00  Description  State  Stat	City	4	State	Zip Code	Date Rece			=-
Name of Committee    City   State   Zip Code								
Name of Committee    City   State   Zip Code		No. 27 (17 10 No. 10 10 10 10 10 10 10 10 10 10 10 10 10						
Address City State Zip Code  Date Received Expenditure # (st applicable) Payment Type OReimbursement for shared expense OSurplus Distribution  Description  Name of Committee  Name of Treasurer  City State Zip Code  Date Received (st applicable) Payment Type OReimbursement for shared expense OSurplus Distribution  Description  State Zip Code  Amount of Receipt \$ 0.00  State Zip Code  Amount of Receipt \$ 0.00  SUBTOTAL Section C—This Page \$ 1,500.00		C2, R	eimbursement	s or Surpl	us Distribi			S
Date Received   Expenditure # (ff applicable)   Payment Type   Surplus Distribution   \$ 0.00    Description   Name of Treasurer   State   Zip Code    Date Received   Expenditure # (ff applicable)   Payment Type   State   Zip Code    Date Received   Expenditure # (ff applicable)   Payment Type   Amount of Receipt    Description   Surplus Distribution   Surplus Distribution    Description   Supplicable   Surplus Distribution   Surplus Distribution   Supplicable   Surplus Distribution    SUBTOTAL Section C — This Page   \$ 1,500.00	Name of Committee					Name of Trea	uwer	
Description  Name of Committee  Name of Treasurer  City  State  Zip Code  Amount of Receipt  Payment Type O Reimbursement for shared expense O Surplus Distribution  State  State  State  State  Sup Code  Amount of Receipt  Supplicable  Supp	Address				City			State Zip Code
Description  Name of Committee  Name of Treasurer  City  State  Zip Code  Amount of Receipt  Payment Type O Reimbursement for shared expense O Surplus Distribution  State  State  State  State  Sup Code  Amount of Receipt  Supplicable  Supp								
OReimbursement for shared expense OSurplus Distribution  Source  Name of Treasurer  Address  City  State  Zip Code  Amount of Receipt  Payment Type O Reimbursement for shared expense OSurplus Distribution  Description  SUBTOTAL Section C — This Page \$ 1,500.00	Date Received		Payment Type	****	I			Amount of Receipt
Description  Name of Committee  Address  City  State  Zip Code  Date Received  Expenditure # (f/ applicable)  Payment Type O Reimbursement for shared expense  Surplus Distribution  SUBTOTAL Section C — This Page  \$ 1,500.00		(у аррисавіе)	OReimburseme	ent for shared e	xpense OS	urplus Distribu	tion	-
Name of Committee    Name of Treasurer	Description				www			
Address  City  State  Zip Code  Date Received  Payment Type  (if applicable)  Payment Type  O Reimbursement for shared expense  Surplus Distribution  SUBTOTAL Section C — This Page  \$ 1,500.00	oc scription							
Address  City  State  Zip Code  Date Received  Payment Type  (If applicable)  Payment Type O Reimbursement for shared expense O Surplus Distribution  SUBTOTAL Section C — This Page  \$ 1,500.00	Name of Committee					Name of Treas	quer	
Date Received Expenditure # (if applicable) Payment Type Or Reimbursement for shared expense Osurplus Distribution  Description  SUBTOTAL Section C — This Page \$ 1,500.00								
Date Received Expenditure # (if applicable) Payment Type Or Reimbursement for shared expense Osurplus Distribution  Description  SUBTOTAL Section C — This Page \$ 1,500.00	Addrage	-1,0000			City	1		State Zip Code
Description    Complicable   C	Addiess							
Description  SUBTOTAL Section C — This Page \$ 1,500.00	Date Received		Payment Type					Amount of Receipt
SUBTOTAL Section C — This Page \$ 1,500.00		ty approximaty	O Reimburse	ment for shared	l expense 🔘	Surplus Distri	oution	
	Description	<u></u>			<u>.</u>			
					*****			
TOTAL of additional Section C Pages				SUBTO	TAL Sectio	n C — This	Page \$ 1,500.00	
resident description of the second of the se				TOTAL	of additiona	l Section C	Pages	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)  \$ 1,500.00								
(Sections C1 Ti C2) (Enterioration Line 14) Committee of Summitty Fuge 4 orally [	perantikan di perantikan di Karaman di Karam Karaman di Karaman di K	to the sections	CLT CA) (Emer l	ona on Line 14	<sub>)</sub> Сишта 210 <u>ј</u>	ынянигу х йу	e 🧸 vsais/ 👵	

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Reposito	(ייִח				REPORT	
Voices For Stratford 2019				0	ctober)	· 10 Filing	
	). Loans l	Receiv	ed this Period				
Name of Lender			Source of Loan:  Bank Candid	date 🔘 In	dividual	Other Committee	Date of Receipt
Street Address	City			Sta	ate	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
	T.C.L.			Le	tate	Zip Code	\$ 0.00
Street Address	City			3	iaic	Zip Guac	
Name of Lender	- h		Source of Loan: Bank Candid	date 🔘 In	dividual	Other Committee	Date of Receipt
Street Address	City			Sta	ate	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guaranter (if applicable)	<u> </u>			<u>, I</u>			Amount Received
Street Address	City			S	tate	Zip Code	
	<u> </u>		Source of Loan:	<u> </u>			Data of Daniel
Name of Lender			Bank Candid			Committee	Date of Receipt
Street Address	City			St	ale	Zip Code	Is there a Cosigner or Guarantor of this loan?  O Yes O No
Name of Cosigner/Guarantor (if applicable)				·			Amount Received
Street Address	City	****		S	tate	Zip Code	
			TOTAL SECTIO	D N D	1		
E. Receipts from Entities other th	au Tudiui	duala	on Othon Comm	ittoop //	<b>0</b> a <b>¢</b> aau	don Comulus	- ONLY
	an indivi	uuais	or Other Comm	ittices (v	<i>xejerent</i>	uum Committee	2S.O(ALI)
Name of Entity							
Street Address				Date Rece	eived		Amount Received
City		State	Zip Code	Aggregat	e Contribi	ttions	
Name of Entity	• "						
Street Address			A411046-1-0-	Date Rece	eived		Amount Received
City		State	Zip Code	Aggregate	e Contribu	ntions	
Name of Entity				<u> </u>			
Steam Address	**************************************			Date Rece	eived		Amount Received
Street Address				Sinc Nece			Amount Acceived
City		State	Zip Code	Aggregat	e Contribi	ations	
			TOTAL SECTION	UNE			

	(Provide Camplete Name as Regist	ered with Filing Repositor	מל ביי ביי ביי ליכ			OF REPORT
Voices For Stratford						ober 10 Filing
I.	Amount Transferred	from Affiliated	Busines	s Treasury (Busin	iess Enti	
Date of Receipt	Is this transaction associ		'es <i>If yes.</i> No	list Event#		Amount
Date of Receipt	Is this transaction associevent reported in Section		(es <i>If yes</i> No	list Event #		Amount
Date of Receipt	Is this transaction associevent reported in Section	. 24.	res <i>If yes</i> No	list Event #		Amount
Date of Receipt	Is this transaction associevent reported in Section		res <i>If yes</i> No	list Event #		Amount
				TOTAL SECTIO	NF	0
G. Amount Tr	ansferred from Affilia	ted Labor Unio	n or Oth	er Organization	Treasi	1ry (Organization Committees ONLY)
Date of Receipt		Date of Receipt			Date of l	Receipt
A	mount		Amount			Amount
			T	OTAL SECTION	G	
	H. Personal Funds of	the Candidate I	Received	this Period (Car	ndidate C	Committees ONLY)
Date of Receipt	Method of payment:				Adagaya — Qabiga biring d	Amount
	<b>O</b> Cash	O Persona	l Check	Credit/Debit	Card	
Date of Receipt	Method of payment:					Amount
	<b>○</b> Cash	O Persona	l Check	O Credit/Debit	Card	
Date of Receipt	Method of payment:		CII.			Amount
	<b>O</b> Cash	O Persona	l Check	Credit/Debit	Card	
Date of Receipt	Method of payment:					Amount
	<b>O</b> Cash	O Persona	l Check	O Credit/Debit	Card	
				TOTAL SECTION	ON H	
	energy arrows and the second energy from the second energy of the second		ay kang an makila washini ningilik		gus ugus ada rega	<u></u>
		I. Anonyn	nous Cor	itributions		
	Per Public Act 11-48, ount. If a committee	receives an and	onymous	contribution, tl	ne cam	paign treasurer shall
	immediately remit the	e contribution to	o the Sta	te Elections En	forcem	ent Commission

for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repository)	TYPE	OF RE	PORT		
Voices For Stratford 2019		Octo	ber 10	) Filing		
J. Interest	from Deposits in Authorized Accou	nts				
Name of institution		Date R	eceived			Amount
					0	
Street Address	City	State	Zij	Code		
						THE OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OTHER PROPERTY OTHER PROPERTY O
Name of Institution		Date R	leceived			Amount
			l av			
Street Address	City	State	Zıj	p Code		
	TOTAL SECTION	ONJ				
K. Miscellaneous M	onetary Receipts not Considered C	ontrib	ution	ıs		
Name		1	Date of T	Transaction		Amount Received
				1		
Street Address	City	State	•	Zip Code		
Description				<u> </u>	-	
<i>pessenpress</i>						
Name		1	Date of T	Transaction		Amount Received
Street Address	City	State	•	Zip Code		
Description				<u> </u>		
Description.						
Name		1	Date of T	Transaction .		Amount Received
				Internal		
Street Address	City	State	2	Zip Code		
Description						
					İ	
Name			Date of 1	Transaction		Amount Received
		State		Zip Code		
Street Address	City	Stati	<b>-</b>	Zip Code		
Description						
	TOTAL SECTION K					
			7.63555445361		8088088	
SUMMARY OF OTHE	R MONETARY RECEIPTS (Section	ons D	throu	gh K)		
Total Loans Received this Period (Section D)				0		
Total Receipts from Entities other than Individuals or O	other Committees (Section E)	+		0		
Total Amount Transferred from Affiliated Business Tre	asury (Section F)	+		0		
Total Amount Transferred from Affiliated Labor Union		C) +		0		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			_		
Total Amount of Personal Funds of the Candidate Recei	ived this Period (Section H)	+		0		
Total Amount of Interest from Deposits in Authorized A	Accounts (Section J)	+		0		
Total Miscellaneous Monetary Receipts not Considered	Contributions (Section K)	+		0		
	Total of Other Monetar th K) (Enter total on Line 15, Column A of Summ			0		

NAME OF COMMITTEE	(Provide Complete Nome as Registered with Filing Repository)		TYPE OF REPORT		wegitalowa wwa					
Voices For Stratford 2			October 10 Filing	9						
	L1. Eyen	t Information								
Event#	Description			Was this a fu	ndraising event?					
Date of Event Letter	Zumba Event			<b>⊙</b> Yes	ONo					
09/22/2019 L-1	Zambacvene	101		State	Zip Code					
Location: Street Address		City								
1000 West Broad Stree	et	Stratford		CT	06615					
Subpart 1: (All Committee Was this event hosted at a		<ul> <li>Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions         Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)     </li> <li>No</li> </ul>								
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No	ot Considered	Contributions						
Was this fundraiser a tag	sale, auction, or other sale of donated items	OYes (If yes, enter Total Rec	eipts here.)							
with purchases from an ir	ndividual of up to \$100?	<b>⊙</b> №	***************************************	\$						
Were there purchases of sign associated with this		nittees other than Exploratory OYes (If yes, go to Section L.	Committees) 3 Purchases of Adverti plete required informa		Program Book					
Subpart 3: (Town Come		Yes (If yes, enter Total Rec	einte here \							
	food or beverage at a fair or similar mass state with this fundraiser?		erpts nere.)	\$						
<b>5</b>		<b>⊙</b> No								
					sejego disengadika seti kang besid					
Event # Date of Event Letter	Description			Was this a fu OYes	ndraising event? ONo					
Location: Street Address		City		State	Zip Code					
Subpart 1: (All Committee Was this event hosted at a			5 In-Kind Donations n use Party and complete t(s) for food, beverage a	e required infoi	Contributions mation for any					
	le goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section L and complete required O No		not Considered	Contributions					
	sale, auction, or other sale of donated items	Yes (If yes, enter Total Rec	eipts here.)		1					
with purchases from an in				\$						
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L.	Committees) 3 Purchases of Adverti plete required informa		Program Book					
Subpart 3: (Town Committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$						
CIPTOTAL CAR	on L1—Subpart 1 (All Committees) Total Receipts fr		This Page 0							
SUBTOTAL Section	A DA Supplied (An Communica) 1 old (Note) 15 ii	TOTAL THE STATE OF								
		ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —			***************************************					
		TOTAL of additional Section	n Li Pages 0							
		IPTS FROM SMALL PUI 1 Line 16a, Column A of Summary								

Per P individu	ublic Act 11-48, effe al purchases from a c	ective January 1 committee tag s	, 2012 comr ale, auction,	nittees are no longer requ , or a sale of donated iten	iired i is. <i>Se</i>	to itemize ection L2.	small removed
NAME OF COMMITTEE	. (Provide Complete Name as Regi	stared with Filing Reposito	uad	TYPE OF REPO	RT		
Voices For Stratford 2		sieren min Fring heposio	(3)	October 10 F	<del>`</del>	······································	
		ses of Advertisin	ng in a Progr	ram Book or on a Sign			
Name of Purchaser	1,0,1 111 0110	365 01 2101 01 0101	16 111 M.C. 116	<b>.</b>	Purcha	se Made By:	
					OBI	usiness Entity	Other
					Olno	dividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	l gn Purchase
Date Received	3.4m.*					•	3
Name of Purchaser						se Made By:	<b>^</b> ~
					=	usiness Entity	Other
			rou.		Uno	dividual/Sole P	Zip Code
Street Address			City			State	Zip Code
				-0			
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
Name of Purchaser					Purcha	se Made By:	
					OBi	usiness Entity	Other
					Oin	dividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	1gn Purchase
Date (Cookings)						•	·
Name of Purchaser		•			l _	se Made By:	O4
					1 =	usiness Entity dividual/Sole P	Other
Dr. A Li			City			State	Zip Code
Street Address			City				
							1
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
Name of Purchaser					Purcha	se Made By:	
					OBu	usiness Entity	Other
					Oine	dividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	n Purchase
Dute Received				8			•
	SUBTOTAL Section L:	3 Total Purchases of	Advertising in	Program Book — This Page			
				tising on a Sign — This Page			
			TOTAL o	f additional Section L3 Pages			
		OFIDITION	CON A BROCK	DAM DOOK - ON A GION			Market and American Street, an
TOTA	AL OF ALL PURCHASES			RAM BOOK or ON A SIGN on A of Summary Page Totals)			

NAME OF COMMITTE	E (Provide Complete Name as	Registered with Filing Repos	sitory)	TYPE OF	REPORT		
Voices For Stratforc	1 2019			Octobe	r 10 Filing		
	L4.	In-Kind Donation	ns Not Cons	dered Contributions			
Name of Donor							
Street Address			City			State	Zip Code
	D. M. Therefore					<u> </u>	<u> </u>
Donation Given By:  Business Entity	Description of Donation				Fari	viarket vai	ne of Donation
O Individual	Date Received	Event #		Aggregate Value for this Event			
O Sole Proprietorship	Date Received	Lycia *		Aggregate value to this steel			
Name of Donor		1					
C			City			State	Zip Code
Street Address			City			, crane	2000
Donation Given By:	Description of Donation			- Constitution of the Cons	Fair M	vlarket Val	ue of Donation
OBusiness Entity							
OIndividual	Date Received	Event #		Aggregate Value for this Event	:		
OSole Proprietorship							
Name of Donor							
Street Address		1.2000	City			State	Zip Code
Donation Given By:	Description of Donation				Fair l	viarket Val	ue of Donation
OBusiness Entity							
Ofndividual	Date Received	Event #		Aggregate Value for this Event			
O Sole Proprietorship							
Name of Donor							
Street Address			City			State	Zip Code
)							
Donation Given By:  O Business Entity	Description of Donation		<u> </u>		Fair M	Aarket Val	ue of Donation
O Individual	Date Received	Event#		Aggregate value for this Event			
O Sole Proprietorship							
		SU	JBTOTAL Sec	ion L4 — This Page			·
		То	TAL of addition	nal Section L4 Pages		and the second s	
TO	TAL OF ALL IN-KIND	DONATIONS NOT	CONSIDEREI	CONTRIBUTIONS			
	l de la companya de	(Enter total on Line 2)	1, Column A of S	ummary Page Totals)			

····						
NAME OF COMMITTEE (Prov	ide Complete Name as Registered with Filing Repos	sitory)		TYPE OF REI		
Voices For Stratford 2019				October 10		
L5. I	n-Kind Donations Not Consider	ed Contributions Associa	ited with a I	Iouse Part	y	
Name of Host			committee?	supporting mo OYes ONo mplete Itemiza	)	e candidate or endum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Mar.	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this I	ios) candidate			
Name of Host			committee?	supporting mo OYes ONo omplete Itemiza	)	e candidate or endum L5
Street Address		City	I		State	Zip Code
			Allest		3 457 3	P.D. C
Description of Donation				Fair Mar	ket Value o	1 Donanon
				-		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this I	iost candidate			
Name of Host			Is this event	supporting mo	ore than on	e candidate or
				OYes ON		do 1.5
	- 100 - 100	Cr.	If yes, co	omplete Itemiza	State	Zip Code
Street Address		City			State	Zip Code
Description of Donation		1	***************************************	Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this i	host/candidate			
Name of Host			Is this event committee?	supporting mo	ore than on	e candidate or
			1	omplete Itemiza		endum L5
Street Address		City	444 <del>47</del>		State	Zip Code
Description of Donation				Fair Mar	ket Value o	f Donation
Description of Donacion					ner varae s	. 2 3 11 11 11
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host candidate			
		SUBTOTAL Section L5 —	This Page			
		OTAL of additional Section	1 L5 Pages			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on A	OT CONSIDERED CONTR Line 22, Column A of Summary	IBUTIONS Page Totals)			
THE STATE OF THE S			L			

#### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Repository)		Med Metal		TYPE O	F REPORT		ya a sa ya a
Voices For Stratford 2019							Octob	er 10 Filing		
			M. In-Kind	l Cont	ributio	ns				
Name										
John Layseca			_							
Street Address				(	City				State	Zip Code
59 Church Street					Ansonia	3			CT	06401
Type of contributor: Committee	Date Recei	ved	Aggregate Contrib	utions	Descri	ption of In-Kind	Contributio	n		
● Individual / Sole Proprietorship Oother	09/22/:	2019	100		Zum	ba Instructo	or			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does cor	ntributor or l at more than		associate	d with hav	e a contract wi	ith said m	inicipality		Market Value Contribution
Is this contribution associated with an event reported in Section 1.4?  If yes, list Event # L-1	Yes No	If yes,	itor a principal of a indicate which br rinment the contra	anch or l	branches	prospective st		<b>⊙</b> No	\$ 100.0	00
Name										
Matthew Kube-McDowell										
Street Address				(	City				State	Žip Code
1264 Naugatuck Avenue					Milford				СТ	06401
Type of contributor: OCommittee	Date Recei	ived	Aggregate Contrib	utions		ption of In-Kind		n		
● Individual / Sole Proprietorship ◆ Other	09/22/	2019	4.49		24 P	ack Bottled	Water			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co		n excess of \$400 to business he/she is n \$5,000?			ve a contract v				Market Value s Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # L-1	vent reported in Section L1? No If yes, indicate which branch or branches ONo								4.49	
Name		l								
Street Address			oonAdr's		City				State	Zip Code
Type of contributor: Committee	Date Recei	ived	Aggregate Contrib	ntions	Descri	ption of In-Kind	Contributio	n	<b>.</b>	
OIndividual / Sole Proprietorship Oother							~~ ~	~		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ontributor or	n excess of \$400 to business he/she is n \$5,000?	s associat	ed with ha	ve a contract v	officer of with said m	a municipality, nunicipality		Market Value s Contribution
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	8 Yes No	If yes,	tor a principal of a indicate which branent the contra	anch or l	oranches	prospective sta		ONo		
			SURT	OTALS	Section N	1 — This Pa	ge \$ 1	04.49		
			TOTAL	of addi	tional Se	ction M Pag	es			
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS (A	Enter total on Line	23, Colun	nn A of Su	mmary Page To	otals) \$ 1	04.49		
	N	. Refun	dable Deposi	t to Te	elephon	e Compan	ıy			
Last Name of Individual			Fi	rst				MI	Date Depos	it Made
Residential Street Address			City				State	Zip Code		Amount of Deposit
Name of Telephone Company		****			**************************************		I	1	$\blacksquare$	
Street Address			City				State	Zip Code		
TOTAL S	ECTION	NN (Enter	total on Line 24,	Column .	4 of Sunu	nary Page Tota	nls)	1		W

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20 Revised January 2015

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Voices For Stratf	ord 2019		October 10 Filing		<del> </del>	
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payment	Method of		
Audubon Copy			9/13/2019	O Check # 102 Debit Card O EFT		
Street Address		City		State	Card OEFT Zip Code	
480 Barnum Ave	nue	Bridgeport		CT	06608	
Purpose of Expenditure	Description	1	Event #	1	Amount	
(by code)	Printing Post Cards, Palm Cards and Flyers			Amount \$ 208.98		
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent OrganizationOA OBOCOD						
Name of Payee			Date of Payment	Method of		
Audubon Copy			9/16/2019	O Check		
Street Address		City		State	Zip Code	
480 Barnum Avei	nue	Bridgeport		CT	06608	
Purpose of Expenditure	Description	E	vent#		Amount	
(by code) PRNT	Printing Post Cards, Palm Cards and Flyers			\$ 87.2	1	
Expenditure # (If applicable)  Type of Expenditure (Itemization in Addlendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD						
Name of Payee		y Organizatio	Date of Payment	Method of	Payment:	
Budget Printers				Check # Debit Card OEFT		
Street Address	Ang Alimany I - Andrews	City		State Debit	Card OEFT Zip Code	
1718 Park Street		Hartford		СТ	06106	
Purpose of Expenditure	Description	E	vent#		Amount	
(by code) PRNT	Print Walk Cards			\$ 2,325.84		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) 🔘 Independe	ent orOAOBOCOD			
Name of Payee			Date of Payment	Method of Check	•	
Budget Printers				O Debit		
Street Address		City		State	Zip Code	
1718 Park Street		Hartford		CT	06106	
Purpose of Expenditure	Description	E	Event #		Amount	
(by code) PRNT	Print Walk Cards			\$ 244.	.61	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) [Independe				
	S.	SUBTOTAL Section P — 7	This Page \$ 2,866.64			
	ro	TAL of additional Section	P Pages \$ 6,811.00			
	TOTAL OF ALL EXPE	NSES PAID BY COMP				
personal activation and a company of the company of	and the contract of the contra	,	- / T			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Rep	ository)		TYPE OF REPORT			
Voices For Stratfo	ord 2019			October 10 Filin	g		
	Q. Campaign	Expenses Paid by Ca	andidate				
Name of Payce (Name of 1	endor, Person or Entity who candidate paid directly)			Date of Payment		bursement claimed?	
						Yes O No	
Street Address		City		•	State	Zip Code	
			Event	И		Amount	
Purpose of Expenditure (by code)	Description		Brein			· · · · · · · · · · · · · · · · · · ·	
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	ls reim	bursement claimed?	
						Yes O No	
Street Address		City		L	State	Zip Code	
Purpose of Expenditure	Description		Event	#		Amount	
(by code)							
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		<u> </u>	Date of Payment	Is reim	bursement claimed?	
					0	Yes No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event	#		Amount	
(by code)							
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	ls reim	bursement claimed?	
					0	Yes No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event	#		Amount	
(by code)					}		
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?	
					0	Yes O No	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		<u></u>	Date of Payment	Is reim	bursement claimed?	
					0	Yes O No	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
		SUBTOTAL Section	ı Q — This	s Page			
		TOTAL of additional S	Section Q ]	Pages	***************************************		
		EXPENSES PAID BY					
	(Enter total	on Line 26, Column A of Sur	mmary Page	Totals)			

#### IV. EXPENDITURES (Sections P—T)

	EE (Provide Complete Name as Registered with Filing Repository)		THE OF REPORT		
Voices For Stratfo			October 10 Filin	<b>g</b> Markananan	
	R. Expenses Incurre		edit Card		
Name of Issuing Insti	tution	Type of Credit Card:  O Visa  O Master 6	Card O Discover OAme	rican Expres	s Other:
Name of Vendor, Person o	or Entity	A THE STATE OF THE		Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required  None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought reimbursement sought (in-kind coordinated without reimbursement sought reim	iture) 🚺 Indep	is checked) endent ization: OA OB OC O	o D	
Name of Vendor, Person	r Entity			Date of T	Fransaction
Street Address	and the second s	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required  None of the below Coordinated with reimbursement sought (joint expend	liture) 🔘 Indep	' is checked)  cendent  cization: OA OB OC	) D	
Name of Vendor, Person	or Entity			Date of T	ransaction
Street Address		City	11.11.11.11.11.11.11.11.11.11.11.11.11.	State	. Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required  None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	liture) Indep		) D	
	SI	UBTOTAL Section R —	This Page		
	TOI	FAL of additional Section	n R-Pages		
TO	OTAL OF ALL EXPENSES INCURRED ON (Enter total on Lin	COMMITTEE CREI e 27, Column A of Summary			

NAME OF COMMIT	TEE (Provide Complete Name as Registered	with Filing Repository)	TYPE OF REPORT		
Voices For Stratf	ord 2019		October 10 Filing	J.	
	S. Expenses Incu	irred by Committee but Not Paid D	Ouring this Period		
Name of Creditor				Date Incur	red
Street Address		City	1	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	_ I	ount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Add None of the below Coordinated with reimbursement Coordinated without reimbursement	dendum S Required unless "None of the below" is  Indeper sought (joint expenditure) Organiz ent sought (in-kind contribution)		D	
Name of Creditor				Date Incur	red
Street Address	1. //	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	E	ount Incurred (imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Add O None of the below Coordinated with reimbursement Coordinated without reimbursem			D	
Name of Creditor				Date Incur	red
Street Address	1.4200000	City	LL 1400000000000000000000000000000000000	State	Zip Code
Purpose of Expenditure (by code)	Description	•	Event #	I	ount Incurred (imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Additional None of the below Coordinated with reimbursement Coordinated without reimbursement	dendum S Required unless "None of the below" is  Indeper sought (joint expenditure) cent sought (in-kind contribution)		D	
		SUBTOTAL Section S	-This Page		
		TOTAL of additional Sect	ion S Pages	CA.	
TOTAL OF ALL	EXPENSES INCURRED BY COM	MMITTEE DURING THIS PERIOD BUT (Enter total on Line 28, Column A of Summar	NOT PAID y Page Totals)		
	Previo	usly reported Expenses Unpaid and still Ou	itstanding		
	TOTAL OF ALL EXPEN	ISES INCURRED BY COMMITTEE BUT (Enter total on Line 28a, Column A of Summar			

#### IV. EXPENDITURES (Sections P—T)

Page 17 of 17

NAME OF COMMITTI	EE (Provide Complete Name as Registered with Filing Reposi	tory)		TYPE OF	REPORT		
Voices For Stratfo				Octobe	r 10 Filing		
	T. Itemization of Rein	abursements	and Secondary	Payees			
Last Name of Worker/Con-	sultant	First			MI	Date of Paymen Person or Entity	
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant			report	ent to Reimburse red in Section P: Check #	Committee Worker	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State Zip C	
Purpose of Expenditure (by code)	Description	1	Event	#		Amou	ant
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint export Coordinated without reimbursement sought (in-kin-kin-kin-kin-kin-kin-kin-kin-kin-k	openditure)	of the below" is checonomic of the below" is checonomic of the below" is checonomic of the below is ch		O O 0		
Last Name of Worker/Con	sultant	First			МІ	Date of Paymen Person or Entity	
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	· ·	SANIFARY.	герог	ent to Reimburse ted in Section P: Check #	Committee Worker	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		•		State Zip C	ode.
Purpose of Expenditure (by code)	Description		Event	#		Amou	int
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement Sought (joint expenditure)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kin)	spenditure)	of the below" is checo	0 0	O O		
Last Name of Worker/Con	usultant	First			MI	Date of Paymen Person or Entity	
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant		A. L. AMARIEM PROPERTY.	героп	ent to Reimburse ted in Section P: Check #	Committee Worker	_
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City	· · · · · · · · · · · · · · · · · · ·			State Zip (	
Purpose of Expenditure (by code)	Description		Event	#		Amoi	ınt
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement Sought (joint ex Coordinated with reimbursement sought (in-kit)	rpenditure)	of the below" is chec	റെ	O O		
		SUBTOTA	L Section T — Thi	s Page			
		TOTAL of a	lditional Section T	Pages			
TOTAL OF ALL	. REIMBURSEMENT TO COMMITTEE	WORKERS.	AND CONSULT	ANTS			
		giga ggag New York to hind day ng Jawar day hayba d		1-15-15-11-11			

# Section B ADDITIONAL PAGE 1 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repository)			TYPE OF REPORT	ştê. Mes	Action 1	
Voices for Stratford 2019			October 10 Filing				
A. Total Contributions from Small Contribu (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$		-	
B. 10	temized Cor	itrib	utions from Indivi	duals			
Last Name		Fi	rst	<u> </u>			MI
Kasuba		Т	homas				
Residential Street Address	1	City			State	Zip	p Code
880 Judson Place		Strat	ford		CT	0/	6615
Principal Occupation			Name of Employer		A		
retired			retired				
or dependent child of a lobbyist? No does contributor or valued at more than	r business he/she i n \$5,000?	is asso	ndidate for a chief executive ciated with have a contract  OYes  ONo	with said municipality		mount	of Contribution
event reported in Section L1? No If yes, ind	a principal of a s dicate which bran ment the contrac	ich or l		e contractor? Yes  OLegislative			
	ment the contrac	113 1110	Date Received	Aggregate Contributions	-		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Dedu	action ()Money	Order	9/3/2019	100			
Last Name		Fis	rst				MI
Stewart Jr		- 1	 Nan				
Residential Street Address		City			State	Zip	 n Code
371 Fairfield Woods Road		Fairf	ield		СТ	0	6825
Principal Occupation			Name of Employer		<u> </u>		
Real Estate			ASJ Realty Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in does contributor or valued at more than	r business he/she i	o a car	adidate for a chief executive ciated with have a contract  Yes  No	e officer of a municipality with said municipality		Amount of Contribution \$ 250	
event reported in Section L1?	r a principal of a s dicate which bran nment the contrac	ich or		C Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Dedu	action Money	Order	9/4/2019	250			
Last Name		Fi					MI
Tickey		į	immy				
Residential Street Address		City			State		p Code
9 Madison Avenue		Shel	ton		СТ	0	6484
Principal Occupation			Name of Employer				
Senior Advisor			Office of the Lt. Go	vernor			
	r business he/she		ndidate for a chief executive ciated with have a contract  O Yes  O No			mount	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  Or set the contract of the con							
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Dedu	uction OMoney	Order	Date Received 9/4/2019	Aggregate Contributions 25			
	SUBT	OTA	L Section B — This	Page \$ 375			
	TOTAL	ofa	dditional Section B P	ages			
TOTAL OF ALL CONTRIBU (Ent			IVIDUALS (Sections A umn A of Summary Page				

# Section B ADDITIONAL PAGE 2 of 23

Voices For Stratford 2019 October 10 Filing				
	October 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A				
B. Itemized Contributions from Individuals				
Last Name First		MI		
Geathers Melissa				
Residential Street Address City State		o Code		
465 McKinley Avenue Stratford CT	F 0	6615		
Principal Occupation Name of Employer				
Market research InnovateMR				
or dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N	Amount \$ 25	of Contribution		
Is this contribution associated with an event reported in Section L1?  Yes No    Yes Is contributor a principal of a state contractor or prospective state contractor? Yes No    If yes, list Event #  Yes    Is contributor a principal of a state contractor or prospective state contractor? Yes No    OExecutive OLegislative				
Method of Contribution:  Date Received Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/4/2019 25				
Last Name First	'	MI		
Tavaras Stacie				
Residential Street Address City State	te Zip	o Code		
1372 South Avenue Stratford CT	ГО	6615		
Principal Occupation Name of Employer				
License Practical Nurse Aveana Health Care				
or dependent child of a lobbyist?  No does contributor or business he/she is associated with have a contract with said municipality	Amount of Contribution \$ 500			
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?  Or solvent in the contractor or prospective state contractor?				
Method of Contribution:  Date Received Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/4/2019 500				
Last Name First		MI		
Thompson Christine				
Residential Street Address City State	'	p Code		
10 Robert Court Fairfield CT	1 0	)6824 		
Principal Occupation Name of Employer				
Administrative assistant The Center for Growth and Development				
for dependent child of a lobbyist?  No does contributor or business he/she is associated with have a contract with said municipality	Amount \$ 50	of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Secutive Security				
Method of Contribution:  Date Received Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/5/2019 50				
SUBTOTAL Section B — This Page \$ 575				
TOTAL of additional Section B Pages 375				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$ 950				

# Section B ADDITIONAL PAGE 3 of 23

NAME OF COMMITTEE (Provide Complete Name as Registere	ed with Filing Repository)			TYPE OF	REPORT	Many e		And the great group of the
Voices For Stratford 2019			October 10 Filing					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$					
								:
	B. Itemized Cont	tribu	itions from Individ	luals				
Last Name		Firs	st					MI
Baynes-Dunning		Kā	aren					
Residential Street Address	c	ity				State	Zip C	
105 MATERA CT	(	GREE	NVILLE			SC	296	509
Principal Occupation			Name of Employer					
Attorney			Self					
or dependent child of a lobbyist? On does contributed at 1	ation is in excess of \$400 to libutor or business he/she is more than \$5,000?	s assoc	iated with have a contract OYes ONo	with said m	unicipality		Amount of Contribution \$ 250	
event reported in Section L1?	ntributor a principal of a sta fyes, indicate which brane of government the contract	ch or b	ranches	_	No			
Method of Contribution:			Date Received	Aggregate C	ontributions	1		•
OCash OPersonal Check OCredit/Debit Card OPayr	roll Deduction OMoney (	Order	9/5/2019	250				
Last Name		Firs	st					Mi
McGlashan		C	orrelli					
Residential Street Address	C	ity				State	Zip C	ode
1150 Brooklyn Avenue		Brool	klyn			NY	112	203
Principal Occupation			Name of Employer		<del>.</del> 1		•	
Companion aid			Self					
or dependent child of a lobbyist? O No does contr	ution is in excess of \$400 to ributor or business he/she is more than \$5,000?	o a can s assoc	didate for a chief executive inted with have a contract  Yes  No	e officer of with said m	a municipality unicipality		Amount of Contribution \$ 100	
event reported in Section L1? No No	ontributor a principal of a st If yes, indicate which bran of government the contract	ch or t	branches		<b>⊙</b> No			
Method of Contribution:			Date Received	Aggregate C	ontributions	7		
OCash OPersonal Check OCredit/Debit Card OPaya	roll Deduction OMoney (	Order	9/5/2019	100				
Last Name		Fir	st					MI
Henry		J	oanne					
Residential Street Address		ity	3200			State	Zip €	
4302 13th Place NE		Wash	hington		:	DC	200	017
Principal Occupation			Name of Employer					
Director			NLC					
or dependent child of a lobbyist? No does conti	ution is in excess of \$400 to ributor or business he/she i more than \$5,000?	o a can s assoc	ndidate for a chief executive ciated with have a contract  O Yes  No	e officer of with said n	a municipality nunicipality	, Amo		Contribution
event reported in Section L1?	ent reported in Section L1?  No  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative							
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPay	roll Deduction OMoney	Order	Date Received 9/6/2019	Aggregate (	Contributions			
			L Section B — This	Page \$	400			
	TOTAL	ofac	dditional Section B l	Pages \$	950			
TOTAL OF ALL CON	TRIBUTIONS FROM	I IND		A + B)	0	***************************************		
				and the Section				

# Section B ADDITIONAL PAGE 4 of 23

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE OF REPORT	horașis Silvi	
Voices For Stratford 2019			October 10 Filing			
A. Total Contributions from St (See instructions for definition of Small C			is Period ONLY OTAL SECTION A	\$		
	B. Itemized Co	ntribu	itions from Indivi	duals		
Last Name		Firs	st			Mi
Romans		A	ngela			•
Residential Street Address		City			State	Zíp Code
20 Louis Avenue	, MATEUR	Provi	dence		RI	02907
Principal Occupation			Name of Employer			
nonprofit consultant			AchieveMission			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	iated with have a contract OYes ONo	with said municipality	/, Amo	ount of Contribution
1.2 ////	Yes Is contributor a principal of a some indicate which branched of government the contract.	sch or b	ranches	Chegislative		
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	9/6/2019	25		
Last Name		Firs	S.		•	MI
Carter		Ja	anet			
Residential Street Address		City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		State	Zip Code
				CA	94133	
Principal Occupation			Name of Employer			•
Ceo			Coaching corps			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution
	ls contributor a principal of a  If yes, indicate which bra  of government the contract	nch or b	oranches	e contractor? Yes  No  Legislative		
Method of Contribution:	11 (1)(1)(1)		Date Received	Aggregate Contributions	7	
Ocash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	9/6/2019	250		
Last Name		Firs	şt			MI
Hatot		N	orma			
Residential Street Address		City			State	Zip Code
104 Mia Court		Elizal	beth City		NC	27909
Principal Occupation			Name of Employer			
United States Public Health Service Of	fficer		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution )
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  Yes  No  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative						
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	9/6/2019	50		. ,
	SUB]	(OTA	L Section B — This	Page \$ 325		
	TOTAI	of ad	lditional Section B P	ages 1,350		
TOTAL OF A	LL CONTRIBUTIONS FROM		VIDUALS (Sections A			
	Loner June Dr. Line		7.	::::::::::::::::::::::::::::::::::::::		

## Section B ADDITIONAL PAGE 5 of 23

	TYPE OF REPORT					
Voices For Stratford 2019 October 10 Filing	October 10 Filing					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
B. Itemized Contributions from Individuals						
Last Name First		МІ				
Hayden Carolyn		-				
Residential Street Address City	State	Zip Code				
436 East 44th Street Chicago	IL	60653				
Principal Occupation Name of Employer						
Consultant						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No	, Amo	Amount of Contribution				
Is this contribution associated with an event reported in Section L1?  Yes   Is contributor a principal of a state contractor or prospective state contractor?   Yes   If yes, indicate which branch or branches of government the contract is with:   OExecutive   OLegislative   OExecutive   OLegislative   OExecutive   O						
Method of Contribution:  Date Received Aggregate Contributions	-					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/7/2019 25						
Last Name First		MI				
Tavaras Stacie						
Residential Street Address City	State	Zip Code				
1372 South Avenue Stratford	CT	06615				
Principal Occupation Name of Employer						
LON Aveana						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No	, Amoi	unt of Contribution				
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative						
Method of Contribution:  Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/8/2019 750						
Last Name First		МІ				
Caizzi   Vincent						
Residential Street Address City	State	Zip Code				
34 Chelsea Street Stratford	CT	06615				
Principal Occupation Name of Employer						
Machine Repair Technician/ Union Labor Steward Sikorsky Aircraft						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No	\$ 27	unt of Contribution				
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor? Yes  If yes, list Event #  Security Of a state contractor or prospective state contractor? Of some of government the contract is with:  Executive Of Legislative						
Method of Contribution:  Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/8/2019 87						
SUBTOTAL Section B — This Page \$ 302						
TOTAL of additional Section B Pages 1,675						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$ 1,977	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)					

## Section B ADDITIONAL PAGE 6 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Voices For Stratford 2019		October 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$			
B. Itemized Co	ntributions from Indivi	duals			
Last Name	First			MI	
Caizzi	Vincent				
Residential Street Address	City		State Z	Zip Code	
34 Chelsea St.	Stratford		CT	06615-6833	
Principal Occupation	Name of Employer	***************************************			
Machine Repair Mechanic/ Union Labor Steward	Sikorsky Aircraft				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			/. Amoun	at of Contribution	
Is this contribution associated with an event reported in Section 1.1?  If yes, list Event #  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contra		c contractor? Yes No			
Method of Contribution:	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 9/8/2019	97			
Last Name	First			MI	
Caizzi	Vincent				
Residential Street Address	City		State Z	Zip Code	
34 Chelsea St.	Stratford		CT	06615	
Principal Occupation	Name of Employer			***************************************	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No			Amoun \$ 10	t of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  If yes, indicate which bra of government the contra		te contractor? SYes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	┦		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order Order	107			
Last Name	First			Мі	
Tavaras	Stacie				
Residential Street Address	City		State Z	Zip Code	
1372 South Avenue	Stratford		CT (	06615	
Principal Occupation	Name of Employer				
LPN	Aveana				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			, Amoun \$ 250	t of Contribution	
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  O Executive O Legislative					
Method of Contribution:  Date Received Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 9/8/2019	1000			
SUB	FOTAL Section B — This	Page \$ 270			
TOTAL	of additional Section B F	lages 1,977	-		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections A 13, Column A of Summary Page				
The state of the s	a and a committee of the property of the contracting of the contracting of the contraction of the contractio				

# Section B ADDITIONAL PAGE 7 of 23

NAME OF COMMITTEE (Provide Complete Nat	ne as Registered with Filing Repository)			TYPE OF REPORT			
Voices For Stratford 2019				October 10 Filing			
A. Total Contributions from S (See instructions for definition of Small	auturus eru autama auturus ut ora era olur iru, merkari oli siyakar era olari yakar era olari olari olari olar	******	Period ONLY AL SECTION A	\$			
	B temizet Co	untribust	ions from Indivi	duale			
Last Name	D. Itemizeu Co	First	TOHS IT OIL THUIVE	uuais		MI	
Donald		Bre	nda				
Residential Street Address		City			State	Zip Code	
5511 Colorado Avenue Northwest		Washir	ngton 		DC	20011	
Principal Occupation			Name of Employer				
Director		ļi	DC Government				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo \$10	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	inch or bra	nches	Character? Yes No			
Method of Contribution:		D	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	9/9/2019	100			
Last Name		First				МІ	
Brodeur		Jea	nnette				
Residential Street Address		City			State	Zip Code	
242 Bemis Street		Plymou	uth		CT	06786	
Principal Occupation		N	lame of Employer		L	L.	
Register of Voters		-	Town of Plymouth				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amor	unt of Contribution	
	Yes Is contributor a principal of a  If yes, indicate which bra  of government the contra	anch or bra	inches	e contractor? Yes No Legislative			
Method of Contribution:		D	ate Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	y Order	9/10/2019	25			
Last Name		First	•			MI	
Krause		Jeff	frey				
Residential Street Address		City			State	Zîp Code	
160 Spring Street		Stratfo	rd		CT	06614	
Principal Occupation		N	lame of Employer				
Retired		ı	Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				'. Amor	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Secutive O Legislative  Yes  If yes, indicate which branch or branches of government the contract is with:  O Executive O Legislative							
Method of Contribution:  Date Received Aggregate Contributions							
Cash Personal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	9/13/2019	50			
	SUB	TOTAL	Section B — This	Page \$ 175			
	TOTAL	L of addi	itional Section B P	ages 2,247			
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		IDUALS (Sections A				
	t al lugar de la el comunicación de la comitación de la comitación de la comitación de la comitación de la comi	suratyrrakistylir		2344 CA		****	

## Section B ADDITIONAL PAGE 8

of 23

NAME OF COMMITTEE (Provide Complete Nat	ne as Registered with Filing Repository)			TYPE OF REPORT		
Voices For Stratford 2019				October 10 Filing		
<ul> <li>A consistencial del constitución de la /li></ul>	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A					***************************************
	B. Itemized Co	ntrib	utions from Indivi	duals		
Last Name		Fir	rst			МІ
Meyler		S	ituart			
Residential Street Address		City			State	Zip Code
700 Canal Street 3rd Floor		Stan	nford		CT	06902
Principal Occupation			Name of Employer			
Advertising			Beeby Clark + Mey	ler		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am	ouat of Contribution 25
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	nch or l	branches _	Contractor? Yes OLegislative		
Method of Contribution:	1		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	9/13/2019	125		
Last Name		Fir	rst			MI
Gardner			Colette			
Residential Street Address		City			State	Zip Code
557 Booth Hill Road		SHEL	_TON		СТ	06484
Principal Occupation		•	Name of Employer			•
Administrative Assistant			Di Renzo mechanio	al contractors		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/. Ame	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  No If yes, indicate which bra  of government the contra	inch of	branches	e contractor? Yes		
Method of Contribution:			Date Received	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	9/13/2019	25		
Last Name		Fir	rst	., ,		МІ
Brodnax		S	Shana			
Residential Street Address	· · · · · · · · · · · · · · · · · · ·	City			State	Zip Code
3576 Pine Street		Jack:	sonville		FL	32205
Principal Occupation		<u> </u>	Name of Employer			
Leadership Coach			3 Birds Coaching a	nd Consulting		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Security   Se						
Method of Contribution:			Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	9/13/2019	25		
	SUBT	ГОТА	L Section B — This	Page \$ 175		
	TOTAL	Lofac	lditional Section B P	ages 2,422		
TOTAL OF A	ALL CONTRIBUTIONS FROM		IVIDUALS (Sections A			
	Lines will on Line	્રં દૂર્યા	11 vy Dunamu y 1 uge 1			

## Section B ADDITIONAL PAGE 9 of 23

Voices For Stratford 2019	October 10 Filing						
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$				
B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name	Fii	rst	7,1-1		MI		
Cormier		Christopher					
Residential Street Address	City			State	Zip Code		
127 Warwick Avenue	Strat	tford		CT	06615		
Principal Occupation		Name of Employer					
Teacher		Bridgeport BOE					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Ame	ount of Contribution 5		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or l	branches _	e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	9/14/2019	25				
Last Name	Fir	rst	•	· · · · · · · · · · · · · · · · · · ·	МІ		
Berger	J.	erry					
Residential Street Address	City			State	Zip Code		
166 Thorndike Street	166 Thorndike Street Brookline						
Principal Occupation	<u> </u>	Name of Employer					
Teacher/writer		Self-employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No If yes, indicate which bra of government the contra	anch or	branches	e contractor? Yes  No  Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	9/14/2019	25				
Last Name	Fir	rst			MI		
Schlager	١	Matthew					
Residential Street Address	City			State	Zip Code		
490 Sherwood Place	Strat	tford		СТ	06615		
Principal Occupation		Name of Employer	·				
Paralegal		Yale New Haven He	ealth				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  If yes, list Event #  Executive  Legislative							
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	9/14/2019	20				
SUB*	тота	L Section B — This	Page \$ 70				
TOTA	Lofac	dditional Section B P	ages 2,597				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page 1					

# Section B ADDITIONAL PAGE 10 of 23

A. Total Contributions from Small Contributors-Received this Period ONLY    See instructions for definition of Small Contributors					
B. Hemized Contributions from Individuals    First   State   Cary   State   Cary   State   Cary   Ca					
Last Name   First   Callahan					
Last Name Callahan  Cally Stratford  City Stratford  Connecticut Women's Consortium  Connecticut Women's Conso					
Callahan  Resideatial Street Address 271 Castle Drive  Stratford  Stratford  Stratford  Stratford  Stratford  Name of Employer  Connecticut Women's Consortium  Social Worker  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  No  Social Worker  Is contribution associated with an event reported in Section L1?  If yes, list Event II  Method of Constributor  Last Name  Langston  First  Tammy  State  City  StratforD  State					
Residential Street Address 271 Castle Drive Stratford St					
271 Castle Drive  Stratford  CT 06614  Principal Occupation  Social Worker  Is contributor a lobbysis, spouse, of ependent child of a lobbysis?  Is contribution associated with an event reported in Section L1?  If yes, indicate which bar contribution or principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate Contributions    Date Received   Aggregate Contributions   Name of Employer					
Principal Occupation  Social Worker  Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse,					
Social Worker  Is contributor a lobbyist, spouse, or dependent child of					
Is contribution a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000 the provided in Section 1.1?  Is this contribution associated with an event reported in Section 1.1?  Method of Contribution:  Ocash OPersonal Check Occedit/Debit Card OPayroll Deduction Omoney Order  Principal Occupation  Yes  Occupation  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, alter the provided in Section 1.1?  In the principal occupation  Youth DIRECTOR  Is contributor a lobbyist, spouse, or dependent child of a lobbyist; spouse, or dependent child of a lo					
or dependent child of a lobbyist?  No lodes contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No  No  No  No  No  No  No  No  No  N					
event reported in Section L1?    Jyes, indicate which branch or branches   Date Received   Aggregate Contributions					
Cash   OPersonal Check   OCredit/Debit Card   OPayroll Deduction   OMoney Order   9/14/2019   100					
Last Name Langston  Residential Street Address 205 WIKLUND AVENUE  Principal Occupation YOUTH DIRECTOR  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Cash OPersonal Check Occedit/Debit Card OPayroll Deduction Money Order  Principal Occupation  First  City  STRATFORD  STRATFORD  STRATFORD  Name of Employer  First Congregational Church  Name of Employer  First Congregational Church  Amount of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Payroll Deduction Money Order  MI  Amount of Contribution of Contribut					
Residential Street Address  205 WIKLUND AVENUE  STRATFORD  City  STRATFORD  STRATFORD  STRATFORD  Name of Employer  First Congregational Church  Is contributor a lobby ist, spouse, or dependent child of a lobby ist?  No  State  STRATFORD  Name of Employer  First Congregational Church  Is contributor a lobby ist, spouse, or dependent child of a lobby ist?  No  State  STRATFORD  No  No  No  STRATFORD  Name of Employer  State					
Residential Street Address  205 WIKLUND AVENUE  STRATFORD  STRATFO					
205 WIKLUND AVENUE  STRATFORD  CT 06614  Principal Occupation YOUTH DIRECTOR  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order  Douglas  Residential Street Address  Residential Street Address  Residential Street Address  Principal Occupation  Name of Employer  Name of Employer  Name of Employer  STRATFORD  CT 06614  Anomator Contribution  STRATFORD  CT 06614  Anomator Contribution  STRATFORD  CT 06614  Anomator Contribution  Strate Contribution  Stratford  CT 06614  Anomator Contribution  Strate Contribution  Stratford  CT 06615					
Principal Occupation YOUTH DIRECTOR  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event properties of a state contractor or prospective state contractor?  If yes, list Event #  Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order  Date Received Aggregate Contributions  Ogly Aldron 10  Date Received Aggregate Contributions  Pirst James  First Journal Check Ocredit/Debit Card Opayroll Deduction Money Order  Payroll Deduction Money Order  State Zip Code  CT 06615  Principal Occupation					
YOUTH DIRECTOR   First Congregational Church					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No lost contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order  Date Received Aggregate Contributions  Ogyes ONO  State Zip Code  1460 elm st  Name of Employer					
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No S No					
event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with:  Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Money Order O					
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order 9/14/2019 10  Last Name Douglas First James MI  Residential Street Address 1460 elm st Ctry Stratford CT 06615  Principal Occupation Name of Employer					
Last Name         First         MI           Douglas         James         State         Zip Code           1460 elm st         Stratford         CT         06615           Principal Occupation         Name of Employer					
Douglas James State Address Residential Street Address 1460 elm st Stratford CT 06615  Principal Occupation Name of Employer					
Residential Street Address 1460 elm st Stratford City State City O6615  Principal Occupation Name of Employer					
1460 elm st Stratford CT 06615 Principal Occupation Name of Employer					
Principal Occupation Name of Employer					
Retired Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No  Amount of Contribution  \$ 300					
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, list Event #  Section L1?  If yes, list Event #  Section L1?  Executive Secutive Security Security Security Security Security Security Security Security Security Secutive Security Securi					
Method of Contribution:  Date Received Aggregate Contributions					
Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney Order 9/14/2019 300					
SUBTOTAL Section B — This Page \$ 410					
TOTAL of additional Section B Pages 2,667					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$ 3,077					

## Section B ADDITIONAL PAGE 11 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	Repository)	AMAN.		TYPE OF REPORT	4.474.5	1.11.1111	
Voices For Stratford 2019				October 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$			
B. Itemi	ized Cont		itions from Indivi	duals			
Last Name LANGSTON		Firs	ı ICHAEL				MI
Residential Street Address	Cit	-			State	Zíp	Code
205 WIKLUND AVENUE	S	STRA	TFORD		CT	06	6614
Principal Occupation			Name of Employer				
FINANCIAL SECRETARY	<del></del>		LOCAL 376 UAW			*****	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,0	ness he/she is		lidate for a chief executive intended with have a contract OYes ONo		y, A1		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a prin   If yes, indicate of government   If yes, i	which branch	h or bi		e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money O	rder	9/14/2019	10			
Last Name		Firs	t		<del></del>		MI
LANGSTON		HI	ELEN				
Residential Street Address	Cit	•			State	1 .	Code
205 WIKLUND AVENUE	S	TRA	TFORD		CT_	06	614
Principal Occupation STUDENT			Name of Employer STUDENT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess does contributor or busin valued at more than \$5,00	ness he/she is a				/, An		f Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a prire if yes, indicate of government	which branch	h or b		e contractor? Yes		. •	
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Or	rder	9/14/2019	10			
Last Name		Firs	t	· · · · · · · · · · · · · · · · · · ·			МІ
Smith		Je	ff				
Residential Street Address	Cit	*	2 1 11		State		Code
200 Centre Avenue		vew I	Rochelle		NY	10	805
Principal Occupation			Name of Employer				
Program Administrator	0.0.10.0		Westchester Count		т.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess does contributor or busin valued at more than \$5.00	ness he/she is a				, An \$ 2		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  Oves  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative							
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney Or	rder	9/14/2019	25			
	SUBTO	TAI	Section B — This	<b>Page</b> \$ 45	··· • · · · · · · · · · · · · · · · · ·		
	TOTAL o	of ado	ditional Section B P	ages 3,077			
TOTAL OF ALL CONTRIBUTION (Enter tota	NS FROM I al on Line 13,	NDI' Colui	VIDUALS (Sections A mn A of Summary Page I	(+ B) (otals) \$ 3,122			

# Section B ADDITIONAL PAGE 12 of 23

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing Repository)	CALCON		TYPE OF REPORT		
Voices For Stratford 2019	October 10 Filing					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A						
	B. Itemized Co	ntrib	utions from Indivi	duals		
Last Name		Fi	rst			Ml
Coley		F	Ron			
Residential Street Address		City			State	Zip Code
3765 South University Drive		Pom	nona		CA	91768
Principal Occupation			Name of Employer			
Retired			Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Ame	ount of Contribution 50
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes   Is contributor a principal of a No   If yes, indicate which bra of government the contra	nch or l	branches	e contractor? Yes OLegislative		
Method of Contribution:			Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	9/15/2019	250		
Last Name	• • • • • • • • • • • • • • • • • • • •	Fir	rst	<u> </u>		MI
Schaefer		K	(en			
Residential Street Address		City			State	Zip Code
7 Hungerford Road		Briar	cliff Manor		NY	10510
Principal Occupation		•	Name of Employer			
SEO			ВСМ			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7, Amo	ount of Contribution
	Yes Is contributor a principal of a  If yes, indicate which bra  of government the contra	inch or	branches	c contractor? Yes No		
Method of Contribution:			Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order (	9/16/2019	10		
Last Name		Fir	rst			MI
Velez		A	Albert			
Residential Street Address		City			State	Zip Code
146 High Street		Milfo	ord		СТ	06460
Principal Occupation			Name of Employer	1		
Security Officer			United Security Inc	orporated		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Ame	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Executive Securive Securive Securive Securive Security Securit						
Method of Contribution:			Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	9/16/2019	50		
	SUBT	гота	L Section B — This	<b>Page</b> \$ 310		
	TOTAL	Lofac	lditional Section B P	ages 3,122		
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A			
	vy vpo referency sends Michiel Geld Collection (Sensite)	entriotti.	그 아내리 조하나는 아를 보았다.	un mujijā pri		

## Section B ADDITIONAL PAGE $\frac{13}{}$ of $\frac{23}{}$

			TYPE OF REPORT	Paris as Non-A	
Voices For Stratford 2019	October 10 Filing				
A. Total Contributions from Small Contributors-Receives (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$		
B. Itemized Co	ontribu	itions from Indivi	duals		
Last Name	Firs	t			MI
Shobe	Al	lice			
Residential Street Address	City			State	Zip Code
2577 Sixth Ave W	Seattl	le		WA	98119
Principal Occupation		Name of Employer		,	****
Director		Amazon			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	ie is associ	iated with have a contract OYes ONo	with said municipality	y, Ame	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or bi	ranches	e contractor? Yes OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	9/16/2019	100		
Last Name	Firs	t		•	МІ
Caizzi	Vi	ncent			
Residential Street Address	City			State	Zip Code
34 Chelsea St.	Stratf	ord		CT	06615
Principal Occupation		Name of Employer	****		
Machine Repair Technician\ Union Labor Steward		Sikorsky Aircraft			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse No Ves Valued at more than \$5,000?				/, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  Is contributor a principal of a fyes, indicate which brace of government the contract.	anch or b	ranches	e contractor?  Yes No Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Order	9/20/2019	157		
Last Name	Firs	t			MI
Strassmann	Ar	ndrew			
Residential Street Address	City			State	Zip Code
100 Gibraltar Court	Delav	vare		ОН	43015
Principal Occupation		Name of Employer			
Business Analyst		JP Morgan Chase			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution
event reported in Section L1?	d with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes				
Method of Contribution:	Ĭ		Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	9/20/2019	1000		
SUB'	TOTAL	Section B — This	Page \$ 1,150		
TOTA	Lofade	ditional Section B P	ages 3,432		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections A nn A of Summary Page 1		. , , , , , , , , , , , , , , , , , , ,	

# Section B ADDITIONAL PAGE 14 of 23

NAME OF COMMITTEE (Provide Complete Name as Regi	TYPE OF REPORT						
Voices For Stratford 2019				October 10 Filing			
A. Total Contributions from Small C (See instructions for definition of Small Contribu	al Contract to the College Col		is Period ONLY OTAL SECTION A	\$			
	B. Itemized Cor	ntrib	utions from Indivi	duals			
Last Name		Fir	st			MI	
Strassmann		Y	vonne				
Residential Street Address	ŀ	City			State	Zip Code	
100 Gibraltar Court		Dela	ware		ОН	43015	
Principal Occupation			Name of Employer				
Business Admin			SLR Group				
or dependent child of a lobbyist?   No does co	ribution is in excess of \$400 to ontributor or business he/she at more than \$5,000?					ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	contributor a principal of a s If yes, indicate which bran of government the contrac	ich or b	oranches	e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OP	Payroll Deduction OMoney	Order	9/20/2019	1000			
Last Name		Fir:	sf			Ml	
Levine		C	raig				
Residential Street Address	(	City			State	Zip Code	
47 Madison Ave.		Mont	tclair		NJ	07042	
Principal Occupation		***************************************	Name of Employer				
attorney			self				
or dependent child of a lobbyist? O No does co	ribution is in excess of \$400 to intributor or business he/she if at more than \$5,000?				/, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	s contributor a principal of a s If yes, indicate which brar of government the contrac	nch or t	oranches	e contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OP	ayroll Deduction Money	Order	9/20/2019	36	į		
Last Name		Fire	st		<u> </u>	МІ	
Markowitz		T	eresa				
Residential Street Address		City		1-1	State	Zip Code	
324 N White Drive		Lawr	ence		KS	66049	
Principal Occupation			Name of Employer	**************************************			
social worker			Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No  \$ 100						ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	nis contribution associated with an Reported in Section L1?  Yes No Is contributor a principal of a state contractor or prospective state contractor?  Yes No If yes, indicate which branch or branches						
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OP	ayroll Deduction OMoney	Order	9/20/2019	100			
	SUBT	OTA	L Section B — This	Page \$ 1,136			
	TOTAL	of ad	lditional Section B P	ages 4,582			
TOTAL OF ALL CO	NTRIBUTIONS FROM (Enter total on Line I		VIDUALS (Sections A				
wygangung undaggen hoe wikkelikhida akhili bilan ini kalikilik	and the state of t	artinia (Marti	ugganera filos a nicerceptates differen	teli litte Alte			

## Section B ADDITIONAL PAGE 15 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite	tory)		TYPE OF REPORT	na da dala	
Voices For Stratford 2019	October 10 Filing				
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	\$		·		
B. Itemized	l Contr	ibutions from Indivi	duals		
Last Name		First			MI
Martino		Lisa			
Residential Street Address	City			State	Zip Code
24 Elderberry Lane	Sh	elton		СТ	06484
Principal Occupation		Name of Employer			
SAHM		Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Uf contribution is in excess of does contributor or business h valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal If yes, indicate which of government the contributor apprincipal If yes, indicate which of government the contributor apprincipal Is contributor apprincipal I	h branch c		e contractor? Yes OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Ord	er 9/21/2019	10		
Last Name		First			Ml
Nesterov		Irina			
Residential Street Address	City			State	Zip Code
3810 Main Street	Str	ratford		СТ	06614
Principal Occupation	•	Name of Employer	· ·		,
Translator operator		Logistcare			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?				/, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No Is contributor a principal If yes, indicate which of government the contributor apprincipal	ch branch (		c contractor? Yes		
Method of Contribution:			Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Money Orde	er 9/22/2019	10		
Last Name		First			MI
Heilmann		Callie			
Residential Street Address	City			State	Zip Code
89 GROVERS AVE	BR	IDGEPORT		СТ	06605
Principal Occupation		Name of Employer			
community organizer		self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?				4. Amo	unt of Contribution
event reported in Section L1?	ls contributor a principal of a state contractor or prospective state contractor?   OYes				
Method of Contribution:	····	Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Money Orde	er 9/22/2019	250		
S	UBTOT	AL Section B — This	Page \$ 270		
To	TAL of	additional Section B P	ages 5,718		
TOTAL OF ALL CONTRIBUTIONS F. (Enter total on 1		DIVIDUALS (Sections A Column A of Summary Page 1			

## Section B ADDITIONAL PAGE 16 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	(יצויי		TYPE OF REPORT		
Voices For Stratford 2019	October 10 Filing				
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	\$				
B. Itemized	Contri	ibutions from Indivi	duals		
Last Name		First			MI
Briones		Dolores			
Residential Street Address	City			State	Zip Code
6261 Cosecha Luna Circle	EH	Paso		TX	79932
Principal Occupation		Name of Employer		***************************************	
Public administration		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes   If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  Yes   Is contributor a principal of fyes, indicate which of government the co	ı branch c		e contractor? Yes No Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Ord		100		
Last Name		First			MI
Douglas		John			
Residential Street Address	City			State	Zip Code
365 MATHER ST APT 59	HA	MDEN		CT	06514
Principal Occupation		Name of Employer			
Customer Support		Clarity Software So	lutions		İ
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?				, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal If yes, indicate which of government the co	s branch o		e contractor? Yes No		-
Method of Contribution:		_ <del>,~</del>	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Orde	er 9/26/2019	50		
Last Name		First			MI
High		Karen			
Residential Street Address	City			State	Zip Code
1 Berkeley this	Fre	eehold		NJ	07728
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No  Yes  No  Yes  No  Yes  No  \$50					ount of Contribution
s this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Security					
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Orde	er 9/27/2019	50		
SU	JBTOT	AL Section B — This	Page \$ 200		
<b>TO</b> 1	TAL of	additional Section B P	ages 5,988		
TOTAL OF ALL CONTRIBUTIONS FF (Enter total on L		DIVIDUALS (Sections A Column A of Summary Page T			

## Section B ADDITIONAL PAGE 17 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	(קיו			TYPE OF REPORT			
Voices For Stratford 2019				October 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$			
B. Itemized	Contr	ribu	tions from Indivi	duals			
Last Name		Firs	l		,	MI	
Heimlich		М	att				
Residential Street Address	City	y			State	Zip Code	
41 Abington Gardens Drive	S	Abii	ngton Twnp		PA	18411	
Principal Occupation	•		Name of Employer				
Engineer			P&G				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$\frac{1}{2}\$ does contributor or business here valued at more than \$\frac{1}{2}\$,000?						nount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of If yes, indicate which of government the core	branch	ı or bi	ranches	e contractor? Yes  O Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Or	rder	9/27/2019	100			
Last Name		Firs	· · ·	<u> </u>		МІ	
Dartis		Ca	arla				
Residential Street Address	City	 У			State	Zip Code	
3971 Burckhalter Avenue					CA	94605	
Principal Occupation			Name of Employer			***************************************	
Manager			Alameda county				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$\frac{9}{2}\$ does contributor or business he/valued at more than \$5,000?					}	nount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #   Section L1?   If yes, indicate which of government the contribution of government the contribution associated with an event reported in Section L1?	branch	a or b	ranches	e contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Or	der	9/28/2019	200	-		
Last Name		Firs	t			MI	
Griffin		Di	ane				
Residential Street Address	City	У			State	Zip Code	
105 Airline Road	C	linto	on		CT	06413	
Principal Occupation		Ĩ	Name of Employer				
Nurse			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  We have a contract with said municipality valued at more than \$5,000?  Yes No Yes No \$525					ount of Contribution		
his contribution associated with an nt reported in Section L1?  Yes No Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative							
Method of Contribution:		l	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Or	der	9/28/2019	25			
SU	JBTO	TAI	Section B — This	Page \$ 325			
TOT	ΓALο	fado	ditional Section B P	ages 6,188			
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li			VIDUALS (Sections A mn A of Summary Page I				

## Section B ADDITIONAL PAGE 18 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposi	sitory)		TYPE OF REPORT			
Voices For Stratford 2019			October 10 Filing			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	his Period ONLY TOTAL SECTION A	\$			
B. Itemizec	d Contri	butions from Indivi	duals			
Last Name		First	THE FACE OF THE STATE OF THE ST		MI	
NGUYEN		THANH XUAN				
Residential Street Address	City			State	Zip Code	
320 Ellington Avenue East	Gar	rden City		NY	11530	
Principal Occupation		Name of Employer				
RETIRED		RETIRED				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Source Valued at more than \$5,000?	he/she is ass		· ·	y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principa If yes, indicate which of government the contributor apprincipal in the contributor apprincipa	ich branch or		e contractor? Yes OLegislative			
Method of Contribution:	***************************************	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Orde	т 9/29/2019	100			
Last Name	F	irst			Ml	
Caizzi		Vincent				
Residential Street Address	City			State	Zip Code	
34 Chelsea St.	Stra	atford		ст	06615	
Principal Occupation	1	Name of Employer		<u> </u>		
Machine Repair Technician / Union Labor Steward		Sikorsky Aircraft				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  Is contributor a principa If yes, indicate which of government the configuration of government the configuration.	ich branch oi		e contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Order	r 9/29/2019	137			
Łast Name	F	irst	***************************************	<u>l</u>	MI	
Residential Street Address	City			State	Zip Code	
Principal Occupation		Name of Employer	· · · · · · · · · · · · · · · · · · ·			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of does contributor or business by valued at more than \$5,000?				', Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #   Yes   Is contributor a principal   If yes, list Event #   Yes   Is contributor a principal   If yes, list Event #   Yes   No   If yes, list Event #   Yes   Yes   Is contributor a principal   If yes, list Event #   Yes   Yes   Is contributor a principal   If yes, list Event #   Yes   Yes   Is contributor a principal   If yes, list Event #   Yes   Is contributor a principal   If yes, list Event #   Yes   Is contributor a principal   If yes, list Event #   Yes   Is contributor a principal   If yes, list Event #   Yes   Is contributor a principal   If yes, list Event #   Yes   Is contributor a principal   If yes, list Event #   Yes   Is contributor a principal   Is contributor	ch branch or	_	_ ONo			
Method of Contribution:			Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Order	r				
S	SUBTOTA	AL Section B — This	Page \$ 110			
ТО	OTAL of a	dditional Section B P	ages 6,513			
TOTAL OF ALL CONTRIBUTIONS F (Enter total on		DIVIDUALS (Sections A lumn A of Summary Page I				

# Section B ADDITIONAL PAGE 19 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing I	Repository)			TYPE OF REPORT			
Voices For Stratford 2019				October 10 Filing			
A. Total Contributions from Small Contributor: (See instructions for definition of Small Contributor)	. 4 (4 - 6) 4 4 7 4 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	44.55 (5.50)	is Period ONLY OTAL SECTION A	\$			
B. Item	nized Con	tribi	itions from Indivi	duals			
Last Name		Fire					MI
Palermo		Li	nda				
Residential Street Address		ity			State		Code
46 Vought Place		Strati	ford		CT	06	5614
Principal Occupation			Name of Employer				
Retired			Retired				
	siness he/she is		didate for a chief executiv iated with have a contract OYes ONo		y, Am \$3		of Contribution
Is this contribution associated with an event reported in Section 1.1?  If yes, list Event #  Yes   Is contributor a pri   If yes, indicate of government	e which branc	h or b		e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	л ОМовеу С	Order	09/05/2019	30			
Last Name		Firs	it				MI
Lambert		Pa	aul				E.
Residential Street Address	C	ity	***************************************		State	Zip	Code
25 South Street		Fairfi	eld		СТ	06	5824
Principal Occupation	l		Name of Employer				
Employee Benefits			360 CBA				
	iness he/she is		Idate for a chief executive attack with have a contract Yes No			000nt 0	of Contribution
event reported in Section L1?		ch or b	_	e contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions	1		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction	n Money C	Order	09/11/2019	250			
East Name		Firs	it .				Мі
Graham		K	enneth				Α
Residential Street Address	C	ity	······································	***************************************	State	Zip	Code
155 Butternut Lane	[ :	Stratf	ord		СТ	06	6614
Principal Occupation			Name of Employer		L		
Retired			Retired				
	iness he/she is		didate for a chief executive inted with have a contract  Yes  No		/, Am		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No No If yes, indicate of government	e which branc	h or b		Contractor? OYes No Legislative			
Method of Contribution:	_		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	n OMoney C	)rder	09/06/2019	100			
	SUBTO	OTAI	L Section B — This	Page \$ 380		, , .	
	TOTAL	of ad	ditional Section B P	ages 6,623			
TOTAL OF ALL CONTRIBUTIO (Enter tot			VIDUALS (Sections A nm A of Summary Page 2			F-amountment	

## Section B ADDITIONAL PAGE 20

of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	oository)		TYPE OF REPORT			
Voices For Stratford 2019			October 10 Filing			
A. Total Contributions from Small Contributors-I (See instructions for definition of Small Contributor)		l this Period ONLY BTOTAL SECTION A	\$			
B. Itemiz	zed Cont	ributions from Indivi	duals			
Last Name		First			MI	
Birge		Susan			N.	
Residential Street Address	Cit	•		State	Zip Code	
100 Lordship Road	S	tratford		СТ	06615	
Principal Occupation		Name of Employer				
Teacher		Fairfield University				
	ss he/she is a	a candidate for a chief executive associated with have a contract OYes ONo			Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  Yes  If yes, indicate with an event reported in Section L1?  Of government the	hich branch		e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney Or	rder 09/10/2019	250			
Last Name		First		-1	MI	
Devitt		Sonja			M.	
Residential Street Address	City	у		State	Zip Code	
545 Hilltop Drive	S	tratford		CT	06615	
Principal Occupation		Name of Employer				
Retired		Retired				
	ss he/she is a	a candidate for a chief executive associated with have a contract  Yes  No			Amount of Contribution \$ 100	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes No	vhich branch		e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction (	Money Or	rder 09/07/2019	100			
Last Name		First			MI	
Doolan		Margaret			В.	
Residential Street Address	City T	y rumbull		State CT	Zip Code 06614	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No					Amount of Contribution \$ 300	
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #						
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Or	der 09/05/2019	300			
SUBTOTAL Section B — This Page \$ 650						
T	TOTAL o	f additional Section B P	ages 7,003			
TOTAL OF ALL CONTRIBUTIONS (Enter total o		NDIVIDUALS (Sections A Column A of Summary Page I				

## Section B ADDITIONAL PAGE 21

o	f	
U		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Voices For Stratford 2019	October 10 Filing	October 10 Filing		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$		
B. Itemized Co	ntributions from Indiv	/iduals		
Last Name	First		MI	
Bogdany	James		F.	
Residential Street Address	City		State Zip Code	
185 Fifth Avenue	Stratford		Ct 06615	
Principal Occupation	Name of Employer			
Retired	Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of S400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	Amount of Contribution \$ 100	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contra		ate contractor? Yes  O Legislative		
Method of Contribution:	Date Received	Aggregate Contributions	7	
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 09/04/2019	100		
Last Name	First		MI	
Patusky	Kathleen		L.	
Residential Street Address	City		State Zip Code	
339 Sherwood Place	Stratford		CT 06615	
Principal Occupation	Name of Employer			
Ass. Professor	Rutgers Universit	у		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		et with said municipality	Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  Yes  Is contributor a principal of a figure, indicate which brateful of government the contraction.		ate contractor?  Yes No Legislative		
Method of Contribution:	Date Received	Aggregate Contributions	1	
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 09/12/2019	1000	:	
Last Name	First	•	MI	
Merolla	Celeste			
Residential Street Address	City		State Zip Code	
104 Plymouth Street	Stratford		CT 06614	
Principal Occupation	Name of Employer		· • • • • • • • • • • • • • • • • • • •	
Retired	Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No  Is contributor a principal of a If yes, indicate which bra of government the contraction.	_	_ ŎNo		
Method of Contribution:	Date Received	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 09/06/2019	40		
SUBT	FOTAL Section B — Thi	s Page \$ 1,140		
TOTAI	L of additional Section B	Pages 7,653	-	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections 13, Column A of Summary Page			

## Section B ADDITIONAL PAGE 22 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Voices For Stratford 2019	October 10 Filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$	
B. Itemized Cor	ntributions from Indivi	duals	
Last Name	First		MI
Tavaras	Paul		Α.
Residential Street Address	City		State Zíp Code
1372 South Avenue	Stratford		CT 06615
Principal Occupation	Name of Employer		
Retired	Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Solution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?		with said municipality	Amount of Contribution \$ 900
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a s  If yes, indicate which bran of government the contrac		Contractor? Yes No Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	7
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 09/05/2019	1000	
Last Name	First		МІ
Francis	Dion		
Residential Street Address	City		State Zip Code
216 Hamilton Avenue	Stratford		CT 06615
Principal Occupation	Name of Employer	'	
Property Manager	Bpt Housing Autho	rity	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No Is contributor a principal of a s If yes, indicate which brar of government the contrac		_ <b>(</b> No	
Method of Contribution:		Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 09/11/2019	110	
Last Name	First		MI
Cupee	Janice		
Residential Street Address	City		State Zip Code
1460 Elm Street #231	Stratford		CT 06615
Principal Occupation	Name of Employer		
Marketing			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution \$ 1,000
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  Yes No  Is contributor a principal of a second the second that t		Contractor? Yes No Legislative	
Method of Contribution:		Aggregate Contributions	1
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 09/18/2019	1000	
SUBT	OTAL Section B — This l	Page \$ 2,000	
TOTAL	of additional Section B P	ages 8,793	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections A 3, Column A of Summary Page T		

# Section B ADDITIONAL PAGE 23 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered w	ith Filing Repository)	TYPE OF REPORT
Voices For Stratford 2019	October 10 Filing	
A. Total Contributions from Small Contr (See instructions for definition of Small Contributor)	ibutors-Received this Period ONI SUBTOTAL SECTION	of twinted 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
В	. Itemized Contributions from In	dividuals
Last Name	first	MI
Cerino	Laura	
Residential Street Address	City	State Zip Code
54 Copper Kettle	Trumbull	CT 06611
Principal Occupation	Name of Employer	
Retired	Retired	
	r is in excess of \$400 to a candidate for a chief excor or business he/she is associated with have a core than \$5,000?	
event reported in Section L1? No If yes	outor a principal of a state contractor or prospective, indicate which branch or branches overnment the contract is with:	
Method of Contribution:	Date Received	Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll I	Deduction OMoney Order 09/18/2019	100
Last Name	First	MI
Residential Street Address	City	State Zip Code
Principal Occupation	Name of Employer	
or dependent child of a lobbyist?  No does contribute valued at more  Is this contribution associated with an event reported in Section L1?  No does contribute valued at more	outor a principal of a state contractor or prospective, indicate which branch or branches	ntract with said municipality No /c state contractor?
		utive C Legislative
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Debit Card Payroll Debit Card Payroll Debit Card D	Date Received	Aggregate Contributions
Last Name	First	MI
Residential Street Address	City	State Zip Code
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contribute valued at more	is in excess of \$400 to a candidate for a chief exe or or business he/she is associated with have a com- than \$5,000?	ntract with said municipality
event reported in Section L1?   No If yes,	utor a principal of a state contractor or prospective, indicate which branch or branches vernment the contract is with:	e state contractor? Yes No tive O Legislative
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll E	Date Received Deduction OMoney Order	Aggregate Contributions
	SUBTOTAL Section B — T	This Page \$ 100
	TOTAL of additional Section	<b>B Pages</b> 10,793
	BUTIONS FROM INDIVIDUALS (Section Enter total on Line 13, Column A of Summary F	

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## Section P. ADDITIONAL PAGE 1\_\_\_\_ of 3\_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Voices For Stratford 2019				October 10, 2019		
	P. Expenses	Paid by Committee				
Name of Payee Date of Payment				Method of Payment:		
Budget Printing 9/20/2019				9/20/2019	Oheck #Obebit Card OEFT	
Street Address		City		, , , , , , , , , , , , , , , , , , ,	State	Zip Code
1718 Park Street		Hartford			СТ	06106
Purpose of Expenditure (by code)	Description		Event #			Amount
PRNT	Print Walk Cards				\$ 1,458.20	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checked)	)		
(g approxime)	None of the below (does not involve another candidate or co					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con			ОВОСОВ		
Name of Payee		V) Street		Date of Payment	Method of Payment:	
Biagio's Osteria			9	9/05/2019	Check #	
Street Address		City	•		State	Zip Code
88 Ryder's Lane		Stratford			CT	06614
Purpose of Expenditure (by code)	Description		Event #			Amount
FNDR	Food at Fundraiser				¢ 501.75	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is c	r checked)	ı	\$ 581.75	
(if applicable)	None of the below (does not involve another candidate or cor					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	~ .	_	0.0000		
Name of Payee	Geografiated victoria remodusement sought (in kind com	Organizat		OBOCOD Date of Payment	Method of Pa	ayment:
				9/28/2019	Check #	
Street Address		City			Debit Card EFT  State Zip Code	
450 LAUREL STRE	EET	BATON ROUGE			LA	70801
Purpose of Expenditure	Description		Event #			Amount
(by code) WEB	Payments to provider to enable receipt cred	it card contributions				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below" is	checked	<i>(</i> )	\$ 312.12	
(if applicable)	None of the below (does not involve another candidate or ed	•	•	ĺ		
	O Coordinated with reimbursement sought (joint expenditu	re) O Independ	_			
Name of Payee	Coordinated without reimbursement sought (in-kind cont	flourion) Organiza		A OB OC OD  Date of Payment	Method of Pa	
				ĺ	Check	· 1
Mike Patrone		Γ		9/27/2019	O Debit C	
Street Address		City			State	Zip Code
72 Sunflower Ave	enue	Stratford			СТ	06614
Purpose of Expenditure (by code)	Description		Event #		Į.	Amount
A-OTH Design Walk Cards, Mailers				\$ 638.10	n	
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					\$ 050, FC	<b>´</b>
(if applicable)  None of the below (does not involve another candidate or committee)						
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization O Organization O Organization O Organization O Organization O Organization O Organization O Organization O Organization O Organization O Organization						
		O Organizati	Maritain		;	
		UBTOTAL Section P —	- This P	age \$ 2,990		

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#### Section P. ADDITIONAL PAGE 2\_\_\_\_ of 3\_\_\_\_

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Voices For Stratford 2019				October 10, 2019		
	P. Expenses	Paid by Committee				
Name of Payce Date of Payment					Method of Payment:	
Shelton Printing 9/02/2019				OCheck #		
Street Address City				O Debit State	Card OEFT Zip Code	
52 Center Street	#1	Shelton			CT	06484
Purpose of Expenditure						
(by code) A-SIGN	'				Amount \$ 425.40	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us	nless "None of the below" is	checked)	}	7 425.	40
19 (144/11.1111/15)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	re) 🔘 Independ		. Ов Ос Ор		
Name of Payee		Огдальга		Date of Payment	Method of	Payment:
Signs on the Che	ар		ģ	9/07/2019	Check # Debit Card	
Street Address	_	City			State	Zip Code
11525 A Stoneho	llow Dr. Suite 100	Austin			TX	78758
Purpose of Expenditure	Description		Event#			Amount
(by code) A-SIGN	Lawn Signs					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is a	checked)		\$ 632.	.33
(if applicable)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization A B C D						
Name of Payee				ate of Payment	Method of I	*
Signs on the Che	ар		9	9/08/2019	Check # Debit Card DEFT	
Street Address		City			State	Zip Code
11525 A Stoneho	ollow Dr. Suite 100	Austin			TX	78758
Purpose of Expenditure (by code)	Description		Event #			Amount
A-SIGN	Lawn Signs				6153	7.64
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)	)	\$ 1,53	2.04
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	ommittee) re) O Independ	dent	Ов Ос Ор		
Name of Payee				ate of Payment	Method of I	•
Signs on the Che	ар		ç	9/16/2019	O Check	
Street Address		City		**************************************	O Debit	Card OEFT Zip Code
11525 A Stoneho	llow Dr. Suite 100	Austin			TX	78758
Purpose of Expenditure (by code)	liture Description Event #				Amount	
A-SIGN	Lawn Signs				ć 1 02 1	03
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "Nane of the below" is checked)					\$ 1,031	.03
(if applicable)	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OR OB OC OD					
SUBTOTAL Section P — This Page \$ 3,621						

### Section P. ADDITIONAL PAGE 3\_\_\_\_ of 3\_\_\_\_

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Voices For Stratford 2019			October 10, 2019	9		
	P. Expenses	Paid by Committee				
Town of Stratford Recreation Department			Date of Payment 9/06/2019	O Chec	Method of Payment: O Check # O Debit Card OEFT	
Street Address		City		State	Zip Code	
456 Birdseye Str	eet	Stratford		СТ	06615	
Purpose of Expenditure (by code) FNDR					Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or cor  Coordinated with reimbursement sought (joint expenditure  Coordinated without reimbursement sought (in-kind contri	mmittee)	lent	\$ 200	.00	
Name of Payee		J. G.	Date of Payment	Method of O Check O Debit	k #	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit  None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	nmittee)  i) O Independent	,			
Name of Payee			Date of Payment	Method of O Check	k#	
Street Address		City		State	Zíp Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	mmittee)	,			
Name of Payee			Date of Payment	Method of O Check O Debit	< #	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit  None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	nmittee) )				
	SI Commission of the Commissio	UBTOTAL Section P  RECEIVED FOR 10/31/2019 03:  Luman  ELECTION FILING	RECORD AT STRATFOR 54 PM n. Fawkerk Stratfor	RD, CT d Town Cler	rk	
		File # 2019-120				