

SEEC FORM 20



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SUSAN M. PAWLUK
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File #: 2019-111
10/28/2019 11:08 AM
23 Pages
ELECTION FILINGS

PRIMARY PAGE

Susan M. Pawluk, Town Clerk

Danche For Council

2. TREASURER NAME

Title	First	MI	Last	Suffix
	Paul		Heydick	Mr

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
55 Castle Dr	Stratford	CT	06614

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

(mm/dd/yyyy)		
11-5-19	Councilman	10

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

Title	First	MI	Last	Suffix
	Laura		Danche	Mrs

8. TYPE OF REPORT (Check One Box)

<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input checked="" type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:
<input checked="" type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committees Only)	<input type="checkbox"/> Termination	October 10th Filing
<input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="checkbox"/> 45 days following election not held in November		

9. PERIOD COVERED

Beginning Date	Ending Date
7-1-19	9-30-19

10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.

Paul Heydick
TREASURER OR DEPUTY TREASURER (SIGNATURE)

Paul Heydick
PRINT NAME OF SIGNER

10-25-19
DATE (mm/dd/yyyy)

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

CDDC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

Page 2 of 17

SUMMARY PAGE
TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$0.00	
13. Contributions received from Individuals (Sections A and B)	2387 \$0.00	2387 \$0.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D-K)	\$0.00	\$0.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	\$0.00	\$0.00
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	250 \$0.00	250 \$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	2637 \$0.00	2637 \$0.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$0.00	\$0.00
19. Expenses Paid by Committee (Section P)	213. ⁶⁰ \$0.00	213. ⁶⁰ \$0.00
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	2423. ⁴⁰ \$0.00	2423. ⁴⁰ \$0.00
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	500 \$0.00	500 \$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	\$0.00
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	\$0.00
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

L MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE						FILING DUE DATE		
Dancho For Council						10-10-19		
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>						Subtotal Section A \$ 17.00 0.00		
B. Itemized Contributions from Individuals								
Last Name Salls		First Roger		MI	Principal Occupation Photographer		Amount of Contribution	
Residential Street Address		City Stratford	State CT	Zip Code 06614	Name of Employer SELF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		C Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					40
			C Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1?		C Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?		C Yes <input checked="" type="checkbox"/> No		200	
If yes, list Event # 20190807A			If yes, indicate which branch or branches of government the contract is with:		C Executive <input checked="" type="checkbox"/> C Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 8-7-19		Aggregate contributions 40 \$0.00	\$0.00	
Last Name Petillo		First Orreste		MI	Principal Occupation Nutritionist		Amount of Contribution	
Residential Street Address 125 Melrod A		City Stratford	State CT	Zip Code 06614	Name of Employer Orreste Nutrition			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		C Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					100
			C Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1?		C Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?		C Yes <input checked="" type="checkbox"/> No		40	
If yes, list Event # 2190807A			If yes, indicate which branch or branches of government the contract is with:		C Executive <input checked="" type="checkbox"/> C Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 8/7		Aggregate contributions \$0.00	\$0.00	
Last Name Morrison		First Patricia		MI	Principal Occupation School Counselor		Amount of Contribution	
Residential Street Address 570 Whippleville Rd		City Stratford	State CT	Zip Code 06614	Name of Employer Stratford Board of Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		C Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					40
			C Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1?		C Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?		C Yes <input checked="" type="checkbox"/> No		40	
If yes, list Event # 20190807A			If yes, indicate which branch or branches of government the contract is with:		C Executive <input checked="" type="checkbox"/> C Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 8/7		Aggregate contributions \$0.00	\$0.00	
Last Name Bradley		First Jack		MI	Principal Occupation Locksmith		Amount of Contribution	
Residential Street Address 1756 Barnum Ave		City Stratford	State CT	Zip Code 06615	Name of Employer Bradley & Son			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		C Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					40
			C Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1?		C Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?		C Yes <input checked="" type="checkbox"/> No		40	
If yes, list Event # 20190807A			If yes, indicate which branch or branches of government the contract is with:		C Executive <input checked="" type="checkbox"/> C Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 8/7		Aggregate contributions \$0.00	\$0.00	
SUBTOTAL Section B- This Page						220 \$0.00		
TOTAL of additional Section B- Pages						2150 \$0.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on line 13 of Summary Page)						2370 \$0.00		

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE Pancho For Council	FILING DUE DATE 10-10-19
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B. Itemized Contributions from Individuals

Last Name Sheck	First Lynna	MI	Principal Occupation Co-owner Butterfield & Schack	Amount of Contribution
Residential Street Address 72 Howard St	City STAFFORD	State CT	Zip Code 06615	Name of Employer owner
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8-4-19	Aggregate contributions 50 \$0.00	50 \$0.00

Last Name DeCilio	First Louis	MI A	Principal Occupation Registrar of Voters	Amount of Contribution
Residential Street Address 160 Timber Ridge	City STAFFORD	State CT	Zip Code 06614	Name of Employer Town of STAFFORD
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 20190807A	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8-7-19	Aggregate contributions 100 \$0.00	100 \$0.00

Last Name Cheri	First Judy	MI	Principal Occupation RN	Amount of Contribution
Residential Street Address 196 First Ave	City STAFFORD	State CT	Zip Code 06615	Name of Employer STAFFORD Board of Education
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8-3-19	Aggregate contributions 40 \$0.00	40 \$0.00

Last Name Radic	First Karin	MI	Principal Occupation Nurse	Amount of Contribution
Residential Street Address 2115 Cotspring Rd	City STAFFORD	State CT	Zip Code 06614	Name of Employer T. Brunoski M.D.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8-8-19	Aggregate contributions 50 \$0.00	50 \$0.00

Last Name Bartelso	First Erica	MI	Principal Occupation Medical Planner	Amount of Contribution
Residential Street Address 121 Margherita Lane	City STAFFORD	State CT	Zip Code 06615	Name of Employer Heathnet
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 20190807A	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8-7-19	Aggregate contributions 80 \$0.00	80 \$0.00

SUBTOTAL Section B - This Page	320 \$0.00
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I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE <u>Dancho For Council</u>	FILING DATE
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B. Itemized Contributions from Individuals

Last Name <u>Lamberti</u>	First <u>Debra</u>	MI	Principal Occupation <u>Retired</u>	Amount of Contribution
Residential Street Address <u>305 A PLUG Ln</u>	City <u>STAFFORD</u>	State <u>CT</u>	Zip Code <u>06614</u>	Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807 A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>\$40</u> \$0.00	<u>\$40</u> \$0.00
Last Name <u>Clark</u>	First <u>Joseph</u>	MI <u>P</u>	Principal Occupation <u>Public Safety Con.</u>	Amount of Contribution
Residential Street Address <u>200 Blueberry Ln</u>	City <u>STAFFORD</u>	State <u>CT</u>	Zip Code <u>06611</u>	Name of Employer <u>Town of STAFFORD</u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807 A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>\$100</u> \$0.00	<u>\$100</u> \$0.00
Last Name <u>Hanner</u>	First <u>Anne</u>	MI <u>S</u>	Principal Occupation <u>RECE COASTAL ENGINEERING</u>	Amount of Contribution
Residential Street Address <u>137 BROOKHILL Ln</u>	City <u>STAFFORD</u>	State <u>CT</u>	Zip Code <u>06615</u>	Name of Employer <u>RECE COASTAL ENGINEERING</u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807 A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8/7/19</u>	Aggregate contributions <u>50</u> \$0.00	<u>\$50</u> \$0.00
Last Name <u>Horek</u>	First <u>John</u>	MI <u>W</u>	Principal Occupation <u>ATTORNEY</u>	Amount of Contribution
Residential Street Address <u>264 VICTORIA LANE</u>	City <u>STAFFORD</u>	State <u>CT</u>	Zip Code <u>06615</u>	Name of Employer <u>HOREK + O'NEILL</u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807 A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>\$100</u> \$0.00	<u>\$100</u> \$0.00
Last Name <u>Petrocelli</u>	First <u>hen</u>	MI	Principal Occupation <u>Retired</u>	Amount of Contribution
Residential Street Address <u>105 Euclid Ave</u>	City <u>STAFFORD</u>	State <u>CT</u>	Zip Code <u>06614</u>	Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807 A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>\$40</u> \$0.00	<u>\$40</u> \$0.00
SUBTOTAL Section B-This Page				\$330 \$0.00

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE <u>Church For Council</u>	FILING DUE DATE <u>10-10-19</u>
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B. Itemized Contributions from Individuals

Last Name <u>Proto</u>	First <u>Benjamin</u>	MI	Principal Occupation <u>Attorney</u>	Amount of Contribution
Residential Street Address <u>2090 Cutspring Rd</u>		City <u>Stratford</u>	State <u>CT</u>	Zip Code <u>06614</u>
Name of Employer <u>Self</u>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807A</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>100</u> \$0.00
100 \$0.00			

Last Name <u>Cubal</u>	First <u>Carol</u>	MI <u>G</u>	Principal Occupation <u>Retired</u>	Amount of Contribution
Residential Street Address <u>1034 East Main St</u>		City <u>Stratford</u>	State <u>CT</u>	Zip Code <u>06614</u>
Name of Employer		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807A</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>80</u> \$0.00
80 \$0.00			

Last Name <u>Heard</u>	First <u>Jane</u>	MI	Principal Occupation <u>Teacher</u>	Amount of Contribution
Residential Street Address <u>223 Jefferson St</u>		City <u>Stratford</u>	State <u>CT</u>	Zip Code <u>06615</u>
Name of Employer		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807A</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>40</u> \$0.00
40 \$0.00			

Last Name <u>Morice</u>	First <u>Casimir</u>	MI <u>A</u>	Principal Occupation <u>Retired</u>	Amount of Contribution
Residential Street Address <u>115 Boston Ave</u>		City <u>Stratford</u>	State <u>CT</u>	Zip Code <u>06614</u>
Name of Employer		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807A</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions <u>100</u> \$0.00
100 \$0.00			

Last Name <u>Pacquette</u>	First <u>Margaret</u>	MI <u>S</u>	Principal Occupation <u>Council Clerk</u>	Amount of Contribution
Residential Street Address <u>40 California St</u>		City <u>Stratford</u>	State <u>CT</u>	Zip Code <u>06615</u>
Name of Employer <u>Town of Stratford</u>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807A</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>40</u> \$0.00
40 \$0.00			

SUBTOTAL Section B - This Page				360 \$0.00
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I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE <u>Dancho For Council</u>	FILING DATE <u>10-10-19</u>
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B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	Amount of Contribution
<u>Bukovchik</u>	<u>Ray</u>		<u>Retired</u>	
<u>125 Carol Rd</u>	<u>STAFFORD</u>	<u>CT</u>	<u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>20190807A</u>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>40</u> \$0.00	<u>40</u> \$0.00
<u>Silbaway</u>	<u>Christopher</u>	<u>E</u>	<u>Tech Consultant</u>	
<u>111 Hickory Woods Ln</u>	<u>STAFFORD</u>	<u>CT</u>	<u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-2-19</u>	Aggregate contributions <u>40</u> \$0.00	<u>40</u> \$0.00
<u>Fredette</u>	<u>Richard</u>	<u>F</u>	<u>Blight Officer</u>	
<u>73 Ferry Ct</u>	<u>STAFFORD</u>	<u>CT</u>	<u>06615</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>20190807A</u>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>40</u> \$0.00	<u>40</u> \$0.00
<u>Sala</u>	<u>Judy</u>		<u>ASSIST. REGISTER</u>	
<u>435 Warner Hill Rd</u>	<u>STAFFORD</u>	<u>CT</u>	<u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>20190807A</u>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>40</u> \$0.00	<u>40</u> \$0.00
<u>Harkin</u>	<u>John</u>	<u>A</u>	<u>Lobbyist</u>	
<u>1000 Avalon Way</u>	<u>STAFFORD</u>	<u>CT</u>	<u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>20190807A</u>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate contributions <u>100</u> \$0.00	<u>100</u> \$0.00
SUBTOTAL Section B- This Page:				260 \$0.00

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE: Pancho Ferr Council FILING DUE DATE: _____

B. Itemized Contributions from Individuals

Last Name <u>Mitchel</u>	First <u>Robert</u>	MI <u>B</u>	Principal Occupation <u>Attorney</u>	Amount of Contribution
Residential Street Address <u>274 2nd Ave</u>	City <u>Stratford</u>	State <u>CT</u>	Zip Code <u>06615</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807A</u>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <u>8-7-19</u>	Aggregate contributions <u>50</u> \$0.00	\$0.00
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Last Name <u>Hardick</u>	First <u>Paul</u>	MI	Principal Occupation <u>Maintenance Director</u>	Amount of Contribution
Residential Street Address <u>55 Castle Dr</u>	City <u>Stratford</u>	State <u>CT</u>	Zip Code <u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807A</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <u>8-7-19</u>	Aggregate contributions <u>100</u> \$0.00	\$0.00
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Last Name <u>Hardick</u>	First <u>Raise</u>	MI	Principal Occupation <u>Intern</u>	Amount of Contribution
Residential Street Address <u>55 Castle Dr</u>	City <u>Stratford</u>	State <u>CT</u>	Zip Code <u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807A</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <u>8/7</u>	Aggregate contributions <u>100</u> \$0.00	\$0.00
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Last Name <u>Dezilia</u>	First <u>Dan</u>	MI	Principal Occupation <u>Military</u>	Amount of Contribution
Residential Street Address <u>160 Timber Ridge</u>	City <u>Stratford</u>	State <u>CT</u>	Zip Code <u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>20190807A</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <u>8/7</u>	Aggregate contributions <u>100</u> \$0.00	\$0.00
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Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input checked="" type="checkbox"/> Money Order	Date Received	Aggregate contributions <u>100</u> \$0.00	\$0.00
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SUBTOTAL Section B-This Page 350 \$0.00

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE: Dancho For Council FILING DATE: 10-10-19

B. Itemized Contributions from Individuals

Last Name: <u>DeCilio</u>	First: <u>Sheryl</u>	MI:	Principal Occupation: <u>CFO</u>	Amount of Contribution
Residential Street Address: <u>160 Timber Ridge Rd</u>	City: <u>Stamford</u>	State: <u>CT</u>	Zip Code: <u>06614</u> Name of Employer: <u>Hospital</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		

Is this contribution associated with a fundraising event listed in Section L.1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	\$ <u>100</u>
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input checked="" type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received: <u>8-11-19</u> Aggregate contributions: <u>100</u> \$0.00
		\$0.00

Last Name: <u>Ria</u>	First: <u>Michele</u>	MI:	Principal Occupation: <u>RN</u>	Amount of Contribution
Residential Street Address: <u>165 Forest Rd</u>	City: <u>Stamford</u>	State: <u>CT</u>	Zip Code: <u>06614</u> Name of Employer: <u>Yale Hospital</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		

Is this contribution associated with a fundraising event listed in Section L.1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	\$ <u>10</u>
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input checked="" type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received: <u>8-5-19</u> Aggregate contributions: <u>10</u> \$0.00
		\$0.00

Last Name: <u>Hayduk</u>	First: <u>Lawrence</u>	MI: <u>R</u>	Principal Occupation: <u>Mayor</u>	Amount of Contribution
Residential Street Address: <u>55 Castle Dr</u>	City: <u>Stamford</u>	State: <u>CT</u>	Zip Code: <u>06614</u> Name of Employer: <u>Town of Stamford</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		

Is this contribution associated with a fundraising event listed in Section L.1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	\$ <u>100</u>
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input checked="" type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received: <u>8-7-19</u> Aggregate contributions: <u>\$0.00</u>
		\$0.00

Last Name: <u>Glaz</u>	First: <u>Carl</u>	MI:	Principal Occupation: <u>Attorney</u>	Amount of Contribution
Residential Street Address: <u>80 Candlewood Rd</u>	City: <u>Stamford</u>	State: <u>CT</u>	Zip Code: <u>06614</u> Name of Employer: <u>Kurt Albert Law Office</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		

Is this contribution associated with a fundraising event listed in Section L.1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	\$ <u>40</u>
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input checked="" type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received: <u>8-7-19</u> Aggregate contributions: <u>40</u> \$0.00
		\$0.00

Last Name: <u>Beaton</u>	First: <u>Sharon</u>	MI:	Principal Occupation: <u>Virus Systems</u>	Amount of Contribution
Residential Street Address: <u>115 Old Point Rd</u>	City: <u>Milford</u>	State: <u>CT</u>	Zip Code: <u>06460</u> Name of Employer: <u>Consultant</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		

Is this contribution associated with a fundraising event listed in Section L.1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	\$ <u>100</u>
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input checked="" type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received: <u>8-7-19</u> Aggregate contributions: <u>100</u> \$0.00
		\$0.00

SUBTOTAL Section B This Page: \$350.00

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE: Dancho For Council FILING DUE DATE: 10-10-19

B. Itemized Contributions from Individuals

Last Name <u>Hansen</u>	First <u>John</u>	MI	Principal Occupation <u>Sales</u>	Amount of Contribution
Residential Street Address <u>62 Erie Ln</u>	City <u>Trombull</u>	State <u>CT</u>	Zip Code <u>06611</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		

Is this contribution associated with a fundraising event listed in Section L1? 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:	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Executive <input type="radio"/> Legislative	

Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input checked="" type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received <u>8-10-19</u>	Aggregate contributions <u>40</u> \$0.00	\$0.00
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Last Name <u>Gough</u>	First <u>Margaret</u>	MI	Principal Occupation <u>HR Generalist</u>	Amount of Contribution
Residential Street Address <u>304 Rockland Ave</u>	City <u>Sturford</u>	State <u>CT</u>	Zip Code <u>06614</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		

Is this contribution associated with a fundraising event listed in Section L1? 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:	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Executive <input type="radio"/> Legislative	

Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input checked="" type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received <u>8-14-19</u>	Aggregate contributions <u>100</u> \$0.00	\$0.00
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Last Name <u>Austie</u>	First <u>Paul</u>	MI	Principal Occupation <u>Welder/Relation</u>	Amount of Contribution
Residential Street Address <u>31 Barbara Ln</u>	City <u>Sturford</u>	State <u>CT</u>	Zip Code <u>06611</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		

Is this contribution associated with a fundraising event listed in Section L1? 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:	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Executive <input type="radio"/> Legislative	

Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input checked="" type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received <u>8-15-19</u>	Aggregate contributions <u>40</u> \$0.00	\$0.00
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Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		

Is this contribution associated with a fundraising event listed in Section L1? 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:	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Executive <input type="radio"/> Legislative	

Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input checked="" type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received	Aggregate contributions \$0.00	\$0.00
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Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		

Is this contribution associated with a fundraising event listed in Section L1? 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:	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Executive <input type="radio"/> Legislative	

Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input checked="" type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received	Aggregate contributions \$0.00	\$0.00
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SUBTOTAL Section B: This Page 180 \$0.00

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE	FILING DATE
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B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State CT	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions \$0.00
				\$0.00

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State CT	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions \$0.00
				\$0.00

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State CT	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions \$0.00
				\$0.00

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State CT	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions \$0.00
				\$0.00

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State CT	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions \$0.00
				\$0.00

SUBTOTAL Section B- This Page **\$0.00**

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE						FILING DUE DATE	
C1. Contributions from Other Committees							
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
		CT			\$0.00	\$0.00	
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
		CT			\$0.00	\$0.00	
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
		CT			\$0.00	\$0.00	
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
		CT			\$0.00	\$0.00	
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
		CT			\$0.00	\$0.00	
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
		CT			\$0.00	\$0.00	
C2. Reimbursements, Payments, or Surplus Distributions from other Committees							
Name of Committee					Name of Treasurer		
Address				Date Received		Amount of Receipt	
City		State	Zip Code				
		CT		<input checked="" type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Payment for goods and services		<input type="checkbox"/> Surplus Distribution \$0.00	
Name of Committee					Name of Treasurer		
Address				Date Received		Amount of Receipt	
City		State	Zip Code				
		CT		<input checked="" type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Payment for goods and services		<input type="checkbox"/> Surplus Distribution \$0.00	
SUBTOTAL Section C This Page						\$0.00	
TOTAL of additional Section C Pages						\$0.00	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on line 14 of Summary Page)						\$0.00	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE	FILING DUE DATE
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D. Loans Received this Period

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

E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

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

F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

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

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

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

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

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

I. MONETARY RECEIPTS (Sections A-K)										Page 6 of 17	
NAME OF COMMITTEE								FILING DUE DATE			
I. Anonymous Contributions (Specify dollar amount of the bills received)											
Date Received		Amount		Date Received		Amount		Total Amount Received			
		\$0.00				\$0.00					
\$1 bills		\$0.00		\$5 bills		\$0.00					
coins		\$0.00		\$10 bill		\$0.00					
								\$ 0.00			
J. Interest from Deposits in Authorized Accounts											
Date Received		Amount		Date Received		Amount		Total Amount Received			
		\$0.00				\$0.00					
Name of Institution				Name of Institution							
Street Address				Street Address							
City		State	Zip Code	City		State	Zip Code	\$ 0.00			
		CT				CT					
K. Miscellaneous Monetary Receipts not Considered Contributions											
Name					Date of Transaction			Amount Received			
Street Address					City		State				Zip Code
							CT				
Description											\$ 0.00
Name					Date of Transaction			Amount Received			
Street Address					City		State				Zip Code
							CT				
Description											\$ 0.00
Name					Date of Transaction			Amount Received			
Street Address					City		State				Zip Code
							CT				
Description											\$ 0.00
								Total Section K			\$ 0.00
Summary of Other Monetary Receipts (Sections D-K)											
Total Loans Received this Period (Section D)											0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)								+			0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)								+			0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)								+			0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)								+			0.00
Total Amount of Anonymous Contributions (Section I)								+			0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)								+			0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)								+			0.00
Total of Other Monetary Receipts (Add Sections D-K)											0.00
<i>(Enter total on Line 15 of Summary Page)</i>											

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Dancho For Council	FILING DUE DATE 10-10-19
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L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
20190807	A	Mail	1875 Noble Ave	Bridgport	CT	06610

Subpart 1: (All Committees)
 Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

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

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

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)
 Were there purchases of advertising space in a program book associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.) No

Subpart 3: (Town Committees ONLY)
 Did your committee sell food or beverage at a fair or similar mass gathering held within the state? Yes (If yes, enter Total Receipts from small purchases here.) No \$ 0.00

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

Subpart 1: (All Committees)
 Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

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

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

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)
 Were there purchases of advertising space in a program book associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.) No

Subpart 3: (Town Committees ONLY)
 Did your committee sell food or beverage at a fair or similar mass gathering held within the state? Yes (If yes, enter Total Receipts from small purchases here.) No \$ 0.00

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

II. FUNDRAISING EVENT ACTIVITY										Page 8 of 17
NAME OF COMMITTEE							FILING DUE DATE			
L2: Proceeds from Tag Sale, Auction, or Other Sale of Donated Items										
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City	State CT	Zip Code	Date Received		Event #			
Items Purchased										\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City	State CT	Zip Code	Date Received		Event #			
Items Purchased										\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City	State CT	Zip Code	Date Received		Event #			
Items Purchased										\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City	State CT	Zip Code	Date Received		Event #			
Items Purchased										\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City	State CT	Zip Code	Date Received		Event #			
Items Purchased										\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City	State CT	Zip Code	Date Received		Event #			
Items Purchased										\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City	State CT	Zip Code	Date Received		Event #			
Items Purchased										\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City	State CT	Zip Code	Date Received		Event #			
Items Purchased										\$0.00
SUBTOTAL Section L2- This Page										\$0.00
TOTAL of additional Section L2 Pages										\$0.00
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS <i>(Enter total on line 16b of Summary Page)</i>										\$0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Dancho For Council	FILING DUE DATE 10-16-19
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L3. Purchases of Advertising in a Program Book (Municipal Candidate and Town Committees ONLY)

Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Mike Henrick	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8-7-19	\$0.00	250 \$0.00
Street Address 165 Brookland Rd	City STRAFORD	State CT	Zip Code 06614	Event # 20190807
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00	\$0.00
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00	\$0.00
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00	\$0.00
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00	\$0.00
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00	\$0.00
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00	\$0.00
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00	\$0.00
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00	\$0.00
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00	\$0.00
Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00	\$0.00

SUBTOTAL Section Ia, This Page				250 \$0.00
TOTAL of additional Section Ia Pages				\$0.00
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page)				250 \$0.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE Pancho for Council	FILING DUE DATE 10-10-19
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M. In-Kind Contributions

Name Greg Dancho				Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address 30 Ruby Ln		City Stratford	State CT	Zip Code 06614		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Date Received 8/7/19	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 20190807A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Hall Rental	Aggregate contributions 250 \$0.00	250 \$0.00

Name Laura Dancho				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address 30 Ruby Ln		City Stratford	State CT	Zip Code 06614		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Date Received 8/7/19	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 20190807A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of In-Kind Contribution Hall Rental	Aggregate contributions 250 \$0.00	250 \$0.00

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of In-Kind Contribution	Aggregate contributions \$0.00	\$0.00

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of In-Kind Contribution	Aggregate contributions \$0.00	\$0.00

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of In-Kind Contribution	Aggregate contributions \$0.00	\$0.00

SUBTOTAL Section M This Page **500** \$0.00

TOTAL of additional Section M Pages **\$0.00**

TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page) **500** \$0.00

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

Last Name of Individual		First	MI	Date Deposit Made		Amount of Deposit
Residential Street Address		City	State	Zip Code		
Name of telephone company						
Street Address		City	State	Zip Code		\$0.00
Total Section N (Enter total on Line 23 of Summary Page)						\$0.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE		FILING DUE DATE	
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)		Name of Treasurer	
Street Address		Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	
Description of Donation		Aggregate Donations \$0.00	\$0.00
		Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)		Name of Treasurer	
Street Address		Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	
Description of Donation		Aggregate Donations \$0.00	\$0.00
		Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)		Name of Treasurer	
Street Address		Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	
Description of Donation		Aggregate Donations \$0.00	\$0.00
		Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)		Name of Treasurer	
Street Address		Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	
Description of Donation		Aggregate Donations \$0.00	\$0.00
		Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)		Name of Treasurer	
Street Address		Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	
Description of Donation		Aggregate Donations \$0.00	\$0.00
		Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)		Name of Treasurer	
Street Address		Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	
Description of Donation		Aggregate Donations \$0.00	\$0.00
		Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)		Name of Treasurer	
Street Address		Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	
Description of Donation		Aggregate Donations \$0.00	\$0.00
		Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)		Name of Treasurer	
Street Address		Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	
Description of Donation		Aggregate Donations \$0.00	\$0.00
		Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
Total Section O (Enter total on line 24 of Summary Page)			\$0.00

IV. EXPENDITURES							Page 13 of 17
NAME OF COMMITTEE						FILING DUE DATE	
Pancho for Council						10-10-19	
P. Expenses Paid by Committee							
Name of Payee Anzot				Date of Payment		Method of Payment	Amount
Street Address		City	State	Zip Code			
		CT			<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card		
Purpose of Expenditure (by code)		Description			Event #		
		Fees for Online Contributions			20190807 A		
Type of Expenditure (if applicable):		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	23.60
<input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions)							s 0.00
CA CB CC CD CE							
Name of Payee The Original Vazzy's				Date of Payment		Method of Payment	Amount
Street Address		City	State	Zip Code			
513 Broadbent Ave		Bridgeport	CT	06610	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card		
Purpose of Expenditure (by code)		Description			Event #		
		Food for Fundraiser			20190807 A		
Type of Expenditure (if applicable):		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	190
<input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions)							s 0.00
CA CB CC CD CE							
Name of Payee				Date of Payment		Method of Payment	Amount
Street Address		City	State	Zip Code			
		CT			<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card		
Purpose of Expenditure (by code)		Description			Event #		
Type of Expenditure (if applicable):		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
<input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions)							s 0.00
CA CB CC CD CE							
Name of Payee				Date of Payment		Method of Payment	Amount
Street Address		City	State	Zip Code			
		CT			<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card		
Purpose of Expenditure (by code)		Description			Event #		
Type of Expenditure (if applicable):		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
<input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions)							s 0.00
CA CB CC CD CE							
Name of Payee				Date of Payment		Method of Payment	Amount
Street Address		City	State	Zip Code			
		CT			<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card		
Purpose of Expenditure (by code)		Description			Event #		
Type of Expenditure (if applicable):		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
<input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions)							s 0.00
CA CB CC CD CE							
SUBTOTAL Section P: This Page						213 ⁶⁰ \$0.00	
TOTAL of additional Section P: Pages						\$0.00	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)						213 ⁶⁰ \$0.00	

IV. EXPENDITURES							Page 14 of 17
NAME OF COMMITTEE					FILING DUE DATE		
Q. Campaign Expenses Paid by Candidate							
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00	
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00	
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00	
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00	
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00	
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00	
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00	
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00	
Purpose of Expenditure (by code)		Description			Event #		
SUBTOTAL Section Q- This Page						\$0.00	
TOTAL of additional Section Q Pages						\$0.00	
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page)						\$0.00	

IV. EXPENDITURES						Page 15 of 17
NAME OF COMMITTEE					FILING DUE DATE	
R. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card:		
				<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other _____		
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
						\$0.00
Purpose of Expenditure (by code)		Description			Event #	
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
						\$0.00
Purpose of Expenditure (by code)		Description			Event #	
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
						\$0.00
Purpose of Expenditure (by code)		Description			Event #	
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
						\$0.00
Purpose of Expenditure (by code)		Description			Event #	
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
						\$0.00
Purpose of Expenditure (by code)		Description			Event #	
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
						\$0.00
Purpose of Expenditure (by code)		Description			Event #	
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
						\$0.00
Purpose of Expenditure (by code)		Description			Event #	
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
						\$0.00
Purpose of Expenditure (by code)		Description			Event #	
SUBTOTAL Section R- This Page						\$0.00
TOTAL of Additional Section R Pages						\$0.00
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 23 of Summary Page)						\$0.00

IV. EXPENDITURES						Page 17 of 17
NAME OF COMMITTEE					FILING DUE DATE	
Itemization of Reimbursements to Committee Workers and Consultants						
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee		Purpose of Expenditure (by code)		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		
Street Address		City		State	Zip Code	
				CT		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ \$0.00
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E						
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee		Purpose of Expenditure (by code)		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		
Street Address		City		State	Zip Code	
				CT		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ \$0.00
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E						
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee		Purpose of Expenditure (by code)		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		
Street Address		City		State	Zip Code	
				CT		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ \$0.00
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E						
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee		Purpose of Expenditure (by code)		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		
Street Address		City		State	Zip Code	
				CT		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ \$0.00
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E						
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee		Purpose of Expenditure (by code)		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		
Street Address		City		State	Zip Code	
				CT		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ \$0.00
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E						
				RECEIVED FOR RECORD AT STRATFORD, CT 10/28/2019 11:08 AM <i>Steven M. Tardiff</i> Stratford Town Clerk		
		ELECTION FILINGS		SUBTOTAL Section I - This Page		\$0.00
		File # 2019-111		TOTAL of additional Section I Pages		\$0.00
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS						\$0.00