SEEC FORM 20

Itemized Campaign Finance Disclosure Statement



File #: 2019-66 07/25/2019 11:38 AM 17 Pages

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ELECTION FILINGS

Susan M. Pawluk, Town Clerk

RECEIVED FOR RECORD SUSAN M. PAWELE(

2019 JUL 25 AMII: 38

Driver Mark in This Spine For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE						5		
Voices For Stratford 2019								
2. TREASURER NAME						7.4		
First		MI		Last				Suffix
Karen				Tracy				
3. TREASURER ADDRESS								
Street Address			City			State	Zip Code	
271 Castle Drive			Strat	ford		CT	614	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	GHT (Comple	ete only i	f Candidate Committee)			6. DISTRICT NUMBER	
(mm/dd/yyyy) 11/05/2019		,						hle)
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ory Committee,	·)				#The	
First		MI		Last				Suffix
8. TYPE OF REPORT (Check One Box)								
O January 10 filing	O7th day prece	ding prima	ry	7th day preceding referendum		 Initial Contribution or Disburseme (PACs ONLY) 		
OApril 10 filing	O30 days follow	wing prima	ry	O 45 days following referendum	78.00	O Amendment to		
☐ July 10 filing	7th day prece	ding election	on	ODeficit	Ту	pe of Re	eport:	
October 10 filing	012th day prec	eding electi mmittees Only	ion (y)	Termination	-			
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		on					
9. PERIOD COVERED								
	Beginning Da	te		Ending Date				
	07/24/2010			07/25/2010				
-	07/24/2019			thru 07/25/2019				
240								
10. CERTIFICATION								
I hereby certify and state, under p Disclosure Statement for the per TREASURER OR DEPUTY TREASURE	riod covered is t		rate a		his Item	nized Ca	00)	Finance \[\frac{126 9}{(mm/dd/yyyy)} \]
			7-1-2 10	库斯·拉里尔克斯拉里尼				
A person who is				lfully violated any provisions of that alty or imprisonment or both.	пе сатр	aign fìn	ance stat	utes

Page 1 of 17

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Voices For Stratford 2019	TYPE OF REPORT Initial Contribution or Disbursement				
	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)	10.00	10.00			
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00			
15. Other Monetary Receipts (Sections D through K)	0.00	0.00			
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00			
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed					
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00			
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	10.00	10.00			
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	10.00	10.00			
19. Expenses Paid by Committee (Section P)	0.00	0.00			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	10.00	10.00			
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00			
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00			
23. In-Kind Contributions Received (Section M)	0.00	0.00			
24. Refundable Deposit to Telephone Company (Section N)	0.00	0.00			
25. Loan Balance	0.00				
25a. + Loans Received (Section D)	0.00	0.00			
25b. + Interest and Penalties on Loan	0.00	0.00			
25c Payments on Loan	0.00	0.00			
25d. Total Outstanding Loan Amount	0.00				
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00			
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00				
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Voices For Stratford 2019			Initial Contributio	Initial Contribution or Disbursement			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Perio SUBTOTAL SE		\$10.00				
B. Itemized Co	ntributions f	rom Indiv	iduals				
Last Name	First				MI		
Residential Street Address	City		State	Zip Code			
Principal Occupation	Name of E	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	ty, Amo	ount of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or branches	prospective sta	_ O No				
Method of Contribution:	Date Rece	ived	Aggregate Contributions		,		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone					<u></u>		
Last Name	First				MI		
Residential Street Address	City			State	Zip Code		
Principal Occupation .	Name of E	mployer		1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?		have a contrac		ty, Ame	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No No If yes, indicate which brateful of government the contraction of government the contraction.							
Method of Contribution:	Date Recei	ved	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone							
Last Name	First				MI		
Residential Street Address	City			State	Zip Code		
Principal Occupation	Name of E	Imployer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	I to a candidate for a candidate with	have a contrac	ve officer of a municipality	ty, Amo	ount of Centribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contra	anch or branches	_	ate contractor? Contractor? Contractor? Sycator Contractor?	s O			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	Date Rece	ived	Aggregate Contributions				
	TOTAL Section	n B — Thi	s Page				
	L of additional						
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUA)	LS (Sections	A + B)				
(Enter-total on Line	: 13, Column A of S	ummary Page	e 1 otals)				

I. MONETARY RECEIPTS (Sections A-K)

	ITTEE (Provide Comple	te Name os Registered w	rith Filing Reposi	(ary)		TYPE OF REPORT				
Voices For Strati	ford 2019					Initial Contributio	n or Disburse	ment		
	**:	C1. C	ontributio	ns from O	ther Comm	ittees				
Name of Committee					Name of Treasu	rer				
Address				Is this contr	ibution associated ed in Section L1? If yes, lis	f with an Oyes ONo	Amount o	Contribution		
City		State	Zip Code	Date Rece	* *	Aggregate Contributions				
Name of Committee				1	Name of Treasur	rer		***************************************		
Address					ed in Section L1?	f with an Yes No	Amount of	Contribution		
City		State	Zip Code	Date Rece	ived	Aggregate Contributions				
Name of Committee		······································	<u>, , , , , , , , , , , , , , , , , , , </u>		Name of Treasu	rer	· -			
Address Is			Is this contr	ibution associated ed in Section L17 If yes, lis	Amount o	Contribution				
City	·	State	Zip Code	Date Rece	Date Received Aggregate Contributions					
	C2 I	Reimhursemen	ts or Surnl	us Distrib	utions from	other Committees				
Name of Committee		TO BE TO BE THE BETTER OF THE PERSON OF THE			Name of Treasu			ii		
Address				City			State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type OReimbursem	ent for shared o	expense Os	nse OSurplus Distribution			Amount of Receipt		
Description										
Name of Committee					Name of Treasu	rer	•			
Address				City			State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type Reimburse	ement for share	d expense	Surplus Distribu	ution	Amount	of Receipt		
Description	-									
			SUBTO	TAL Section	on C — This	Page				
					ıl Section C F	inder de Groupe de la constanta de la constanta La constanta de la constanta d				
		ALL COMMIT s C1 + C2) (Enter i								
	•									

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repository)	H HVS61		ТҮРЕ О	F REPORT			
Voices For Stratford 2019				Initial C	Initial Contribution or Disbursement			
D	. Loans Re	ceived	this Period					
Name of Lender			ource of Loan: Bank Candida	ate 🔘 Individu		Date of Receipt		
Street Address	City	<u> </u>		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applicable)	1			I		Amount Received		
Street Address	City			State	Zip Code			
Name of Lender			ource of Loan: Bank Candida	ate 🔘 Individu	al Other Committee	Date of Receipt		
Street Address	City	J		State	Zip Code	Is there a Cosigner or Guarantor of this foan? Yes No		
Name of Cosigner/Guarantor (if applicable)	I			I		Amount Received		
Street Address	City			State	Zip Code			
Name of Lender			ource of Loan; Bank Candida	ate (Individu	al Other	Date of Receipt		
Street Address	City	1		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applicable)						Amount Received		
Street Address	City			State	Zip Code			
		T	OTAL SECTIO	ND				
E. Receipts from Entities other tha	ın Individu	als or	Other Commi	ttees (Refere	ndum Committe	es ONLY)		
Name of Entity								
Street Address				Date Received		Amount Received		
City	State	ē	Zip Code	Aggregate Contu	ibutions			
Name of Entity	[4		<u> </u>			
Street Address				Date Received		Amount Received		
City .	State	e	Zip Code	Aggregate Conti	ibutions			
Name of Entity			<u> </u>	i				
Street Address				Date Received		Amount Received		
City	State	e	Zip Code	Aggregate Contr	ibutions			
		Γ	OTAL SECTIO	IN E				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Voices For Stratford 20	(Provide Complete Name as Registe 019	ed with Filing Repository)		TYPE OF REPORT Initial Contribution or Disbursement	
F. 2	Amount Transferred	rom Affiliated B	usiness Treasury <i>(Busii</i>	ness Entity Committees ONLY)	
Date of Receipt	Is this transaction associate event reported in Section		If yes, list Event #	Amount	
Date of Receipt	Is this transaction associa event reported in Section		If yes, list Event #	Amount	
Date of Receipt	Is this transaction associa event reported in Section			Amount	
Date of Receipt	Is this transaction associa event reported in Section		If yes, list Event #	Amount	
			TOTAL SECTIO	NF	
G. Amount Tra	nsferred from Affiliat	ed Labor Union o	or Other Organization	Treasury (Organization Committees ON)	LY)
Date of Receipt		Date of Receipt		Date of Receipt	
Amo	ount	A	Amount	Amount	
			TOTAL SECTION		
		he Candidate Re	ceived this Period <i>(Ca</i>	ndidate Committees ONLY)	
Date of Receipt	Method of payment: Cash	Personal Cl	neck Credit/Debit	Amount Card	
Date of Receipt	Method of payment:	Personal Cl	neck Credit/Debit	Amount Card	
Date of Receipt	Method of payment:	Personal Cl	neck Credit/Debit	Amount Card	
Date of Receipt	Method of payment:	Personal Ch	acck Credit/Debit	Amount	
			TOTAL SECTI	ON H	
		I. Anonymo	us Contributions		
amou	unt. If a committee i	eceives an anony contribution to t	mous contribution, tl	nger be deposited in <i>any</i> he campaign treasurer shall forcement Commission	

Restred January 2015	WONE TARY RECEIPTS	S (Sections A—	·K)		rage (0/1)
NAME OF COMMITTEE (Provide Complete Name as Re	gistered with Filing Repository)			REPORT	
Voices For Stratford 2019		Init	ial C	ontribution or I	Disbursement
	nterest from Deposits in Autho	orized Accounts			
Name of Institution		Dat	e Rece	íved	Amount
Street Address	City	State		Zip Code	
Name of Institution		Dat	e Rece	ived	Amount
Street Address	City	State		Zip Code	
	ТО	TAL SECTION J		[
K. Miscellar	ieous Monetary Receipts not C		ibut	ions	
Name	For the first transfer of the first transfe	t de provincia e de de common de Commenta de Calabardo e no vivila de la transferio de C		of Transaction	Amount Received
Street Address	City	S	late	Zîp Code	
Description					
Name			Date	of Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description		'			
Name			Date	of Transaction	Amount Received
Street Address	City		ate	Zip Code	
tyteet i rediess	City				
Description		•			
Name			Date	of Transaction	Amount Received
Street Address	City	S	tate	Zîp Code	
Description					
	TOTAL	SECTION K			
SUMMARY OF	OTHER MONETARY RECE) thi	տոցի K)	
Total Loans Received this Period (Section D)			~:: <u>>:</u>		
Total Receipts from Entities other than Individ	uals or Other Committees (Section E) +			
Total Amount Transferred from Affiliated Bus	iness Treasury (Section F)	+			
Total Amount Transferred from Affiliated Lab	or Union or Other Organization Trea	asury (Section G) +			
Total Amount of Personal Funds of the Candid	late Received this Period (Section H)	-	•		· · · · · · · · · · · · · · · · · · ·
Total Amount of Interest from Deposits in Aut	horized Accounts (Section J)		-		
Total Miscellaneous Monetary Receipts not Co		-		Spicer	
(Add Sections	Total of Otl D through K) (Enter total on Line 15, Co.	her Monetary Re Jumn A of Summary Pag			

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		gjajsja sije en i elija				
Voices For Stratford 20	019		Initial Contribution	tribution or Disbursement					
	L1. Even	t Information			Villa III				
Event # Date of Event Letter	Description .			Was this a fun	ndraising event?				
Location: Street Address		City		State	Zip Code				
Subpart 1: (All Committee Was this event hosted at	•		.5 In-Kind Donations no buse Party and complete st(s) for food, beverage an	required infor					
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No							
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Red		\$					
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	Yes (If yes, go to Section I.			Program Book				
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Re	eccipts here.)	\$					
Event # Date of Event Letter	Description		,	Was this a fun	draising event?				
Location: Street Address	P	City	1	State	Zip Code				
Subpart 1: (All Committee Was this event hosted at	•	OYes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No							
	le goods or services donated by a business entity nated by an individual of up to \$100?								
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Re		\$					
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Comb advertising space in a program book or on a fundraiser?	Yes (If yes, go to Section I	O Committees) .3 Purchases of Advertis splete required informat		Program Book				
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	ceipts here.)	\$					
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page						
		ion L1—Subpart 3 <i>(Town Comm</i> ipts from Food Purchases —							
		TOTAL of additional Sectio	n Lı Pages						
		IPTS FROM SMALL PU 1 Line 16a, Column A of Summar							

				mittees are no longer re , or a sale of donated it			
NAME OF COMMIT	TFF Provide Complete Name	e as Registered with Filing Reposito	uau)	TYPE OF RI	PORT		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Voices For Stratford		e an Registered With Finning Reposite	"37			or Disburse	 ement
		urchases of Advertisin	og in a Prog	ram Book or on a Sign			
Name of Purchaser	LD. I	ar Chases of Marchelet	15 m a 1 106	<u></u>	Purch	ase Made By:	Transfel court in the
					OB	Susiness Entity	Other
					On	ndividual/Sole I	roprictorship
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Pu	rchase	Amount of Si	gn Purchase
Name of Purchaser					Purch	ase Made By:	
Name of Farenasci					1 _	tusiness Entity	Other
						ndividual/Sole I	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	rchase	Amount of Si	gn Purchase
Name of Purchaser	1				Purch	ase Made By:	
					Ов	susiness Entity	Other Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	rchase	Amount of Si	I ign Purchase
Name of Purchaser					Durals	ase Made By:	
Name (ii Putchasei						susiness Entity	() Other
						ndividual/Sole I	_
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	rchase	Amount of Si	gn Purchase
						- 5.7.	
Name of Purchaser						ase Made By: Business Entity	Other
					-	ndividual/Sole I	_
Street Address			City			State	Zip Code
							,
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Pu	rchase	Amount of Si	on Purchase
Date Received		7.0gg, 0gaic / 110011250		Amount of Frogram Axa X a	CHUSC	7 Killount of S	en i ur cintoc
	SUBTOTAL Sec	tion L3 Total Purchases of	Advertising in	Program Book — This Page			
	SUBTO	FAL Section L3 Total Purc	hases of Adver	tising on a Sign — This Page	No.		
				f additional Section L3 Pages	8		
TO	DTAL OF ALL PURC			RAM BOOK or ON A SIGN on A of Summary Page Totals			

NAME OF COMMITTE	E (Provide Complete Name o	ns Registered with Filing Repos	sitory)	TYPE OF RE	PORT			
Voices For Stratford	2019			Initial Contr	ibution or D	bution or Disbursement		
	TA LA	. In-Kind Donation	ns Not Cons	idered Contributions				
Name of Donor								
Street Address			City State Zip Code					
Donation Given By:	Description of Donation				Fair Ma	arket Val	ue of Donation	
Business Entity								
O Individual	Date Received	Event #	Event # Aggregate Value for this Event					
O Sole Proprietorship								
Name of Donor								
			Let's		Le	14-4-	Zip Code	
Street Address			City			State	Zip Code	
Donation Given By:	Description of Donation				Fair Ma	arket Val	ue of Donation	
Business Entity				•				
Olndividual	Date Received	Event #		Aggregate Value for this Event				
Sole Proprietorship								
Name of Donor		,		l .				
Street Address			City		15	State	Zip Code	
							, i	
Donation Given By:	Description of Donation				Fair Ma	arket Val	ue of Donation	
Business Entity								
OIndividual	Date Received	Event #		Aggregate Value for this Event				
O Sole Proprietorship	•							
Name of Donor		•			<u> </u>			
Street Address			City		S	State	Zip Code	
Donation Given By:	Description of Donation				E-t- M-	1-437-1	rn	
Business Entity	Description of Donaton				Fair Mia	arket vai	uc of Donation	
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for this Event				
		SU	JBTOTAL Sec	tion L4 — This Page				
		ТО	TAL of additio	mal Section L4 Pages				
TO 1	TAL OF ALL IN-KIN	D DONATIONS NOT ((Enter total on Line 2)	CONSIDEREI	CONTRIBUTIONS				
		(Lines will on Line 2)	c, Commin A Uj S	ammary 1 uge Louas)		<u> </u>		
i								

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Rep	ository)		TYPE OF REPORT
Voices For Stratford 2019				Initial Contribution or Disbursem
L5. I	n-Kind Donations Not Conside	ered Contributions	Associated with a H	louse Party
Name of Host			committee? (upporting more than one candidate or Yes No upplete Itemization in Addendum L5
Street Address		City		State Zip Code
Description of Donation				Fair Market Value of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Ev	ents—this host/candidate	
Name of Flost			committee? (upporting more than one candidate or Yes No upplete Itemization in Addendum L5
Street Address		City	1	State Zip Code
Description of Donation				Fair Market Value of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Ev	ents—this host/candidate	
Name of Host			committee? (upporting more than one candidate or Yes No uplete Itemization in Addendum L5
Street Address		City		State Zip Code
Description of Donation				Fair Market Value of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Ev	ents—this host/candidate	
Name of Host			committee?	upporting more than one candidate or Yes No nplete Itemization in Addendum L5
Street Address		City		State Zip Code
Description of Donation				Fair Market Value of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Ev	ents—this host/candidate	
		SUBTOTAL Section	n L5 — This Page	
		FOTAL of additional	Section L5 Pages	
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on	OT CONSIDERED C Line 22, Column A of S		

III. NONMONETARY RECEIPTS (Sections M—O)

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Revited Linuary 2015						district of	r nepone	angger sagar asa	2 NH RO 17 C H
NAME OF COMMITTEE (Provide Complete Voices For Stratford 2019	Name as Re	gistered with	Filing Repository)	Novi:		 	F REPORT	or Dichure	ement
Voices For Strationa 2019	ing na ka	s intrining issistit	NA T. 12: 3 C			ninciai C	Onthoution	OI DISDUIS	A CONTROLL
Nave			M. In-Kind Co	utr	abutions			and the second	
Name									
Street Address				Ci	ity			State	Zip Code
Type of contributor: Committee	Date Rece	ived	Aggregate Contributions		Description of In-Kind	Contributio	11		
OIndividual / Sole Proprietorship Oother									
Is contributor a lobbyist, spouse, Yes	If contri	ibution is in	excess of \$400 to a cand	idate	e for a chief executive of	officer of a	municipality,		
or dependent child of a lobbyist? No	does co	ntributor or at more than	business he/she is associa \$5 000?	ated	with have a contract w	ith said m	ınicipality		Market Value Contribution
Is this contribution associated with an							Contribution		
event reported in Section L1?	8 No	If yes,	indicate which branch o	ır br	ranches		Ō№		
If yes, list Event#		or gove	ernment the contract is wi	ui:	Executive	O regist	alive		
Name									
Street Address				Ci	tv			State	Zip Code
					-9				
Type of contributor: Committee	Date Recei	ived	Aggregate Contributions		Description of In-Kind	Contributio	n	<u> </u>	
Individual / Sole Proprietorship Other									
	If cont	ribution is in	n excess of \$400 to a cane	dida	te for a chief executive	officer of	a municipality,	Fair	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does ed		business he/she is associ						s Contribution
Is this contribution associated with an	Yes	т——	itor a principal of a state of	coni		ate contra	ctor?	-	
event reported in Section L1?	8 No	If yes,	indicate which branch o	r br	anches	_	Q_{N^0}		
If yes, list Event #		of gove	rnment the contract is wi	th:	C Executive	Legisi	ative		
Name									
Street Address				Ci	ty			State	Zip Code
·									
Type of contributor: OCommittee	Date Recei	ived	Aggregate Contributions		Description of In-Kind	Contributio	ii		
Olndividual / Sole Proprietorship Oother									
Is contributor a lobbyist, spouse, Yes	1		n excess of \$400 to a cano					1	Market Value
or dependent child of a lobbyist? No	1	ontributor or at more that	· business he/she is associ n \$5,000?	iatec	d with have a contract v Yes No	vith said m	unicipality	of thi	s Contribution
Is this contribution associated with an	O Yes		tor a principal of a state of		ractor or prospective st	ate contrac	tor? OYes	1	
event reported listed in Section L1? If yes, list Event #	O No		indicate which branch o rnment the contract is wi		anches Executive	(Legisl	ative 💍 No		
						garari		1	
			SUBTOTAL	. Se	ection M — This Pa	ge			
			TOTAL of add	diti	onal Section M Pag	es			
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS (E	Enter total on Line 23, Col	umi	ı A of Summary Page Te	otals)			
	NT	TD 4		D.I					
	(T	. Kelun	dable Deposit to	Lei	ерионе Сотраг	y	Мі	Date Depos	it Made
Last Name of Individual			Luzt				1411	Date Depos	it made
						I a		<u> </u>	
Residential Street Address			City			State	Zip Code		Amount of
									Deposit
Name of Telephone Company									
Street Address			City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code		
TOTAL SI	LCTION	N (Enter	total on Line 24, Colum	ı A	of Summary Page Tota	ıls)			

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor		TYPE OF REPORT			
Voices For Stratfo			Initial Contribution or Disbursement			
	Samuel Control of the	es Paid by Committee				
Name of Payee	Т. Парепос	s i and by Committee	Date of Payment	Method of Payment: O Check #		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description	<u></u>	Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continued)	ture) 🔘 Indeper	•			
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card OEFT		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description	•	Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind con	ture) 🚺 Indepen				
Name of Payee		<u> </u>	Date of Payment	Method of Payment: Check # Debit Card DEFT		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	iture) 🜔 Indepe	·			
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card DEFT		
Street Address		City	- 1	State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	ture) 🔘 Indepen				
		SUBTOTAL Section P -				
	TOTAL OF ALL EXP	OTAL of additional Secti ENSES PAID BY COM				
	A. C. Company, A.	ine 19, Column A of Summary	Control of the Contro			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Voices For Stratford 2019				Initial Contribution or Disbursement			
****	Q. Campaign E	Expenses Paid by Cand	lidate				
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment					Is reimbursement claimed?		
						Yes 🔘 No	
Street Address City					State	Zip Code	
			1_				
Purpose of Expenditure (by code)	Description		Event	#		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	Is reim1	bursement claimed?	
						Yes 🔘 No	
The Aller					State	Zip Code	
Street Address City					State	Zip couc	
Purpose of Expenditure	Description		Event	#		Amount	
(by code)							
Name of Pavec (Name of V	l 'endor, Person or Entity who candidate paid directly)		1	Date of Payment	ls reimbursement claimed?		
,	, , ,				O Yes O No		
Street Address	,	City			State	Zip Code	
Purpose of Expenditure	Description	I	Event	#		Amount	
(by code)							
N (N	endor, Person or Entity who candidate paid directly)		<u>.l</u>	Date of Payment	Is reimbursement claimed?		
name of Payee (Name of V	endor, Ferson or Endry who canadadie paid directly)			Date of Fayment			
						Yes O No	
Street Address City				State	Zip Code		
Purpose of Expenditure	Description		Event	#		Amount	
(by code)	-						
				1			
Name of Payce (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?		
						Yes O No	
Street Address		City	•	<u> </u>	State	Zip Code	
Purpose of Expenditure	Description		Event	#	<u> </u>	Amount	
(by code)							
				,.			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	sursement claimed?	
						Yes 🔘 No	
Street Address		City		<u> </u>	State	Zip Code	
р	Description		Event	#		Amount	
Purpose of Expenditure (by code)	Description					. Anvent	
		SUBTOTAL Section Q -	_ This	s Page			
SODIOTAL Section V = Tills Tage							
		TOTAL of additional Secti	on O	Pages			
		A 144 VA INSWITTER OF THE					
		EXPENSES PAID BY CA					
	(Enter total on	ı Line 26, Column A of Summaı	ry Page	Totals)			

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Voices For Stratford 2019 Initial Contribution					on or Disbursement		
	R. Expenses Incurre	d on Committe	e Credit Ca	ırd			
Name of Issuing Instit	ution	Type of Credit Card		Discover ()America	an Express	Other:	
Name of Vendor, Person of	Entity				Date of Ti	ansaction	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#			Amount	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought without reimbursement sought (in-kind coordinated without reimbursement sought without reimbursement sought without reimbursement sought (in-kind coordinated without reimbursement sought without reimb	iture)	Independent	a) A OB OC OD			
Name of Vendor, Person or	Entity				Date of Tr	ansaction	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description	1	Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (in-kind	iture)	Independent	A OB OC OD			
Name of Vendor, Person or	Entity				Date of Ti	ansaction	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind co	iture)	Independent	ad) Dr Oc Od			
	SI	JBTOTAL Section	R — This Paş	i de la companya de l			
	TOT	AL of additional S	ection R Page	S			
то	FAL OF ALL EXPENSES INCURRED ON 6 (Enter total on Line	COMMITTEE C 27, Column A of Sur					

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Fi	iling Repository)	TYPE OF REPOR	TS			
Voices For Stratfo		***************************************	Initial Contrib	ution or Disbu	ursement		
	S. Expenses Incurred	d by Committee but No	Paid During this Period				
Name of Creditor			,	Date Incur	red		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	Event #			Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum) None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	nt (joint expenditure)	e below" is checked) Independent Organization:	Ор			
Name of Creditor				Date Incum	red		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		ount Incurred imate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum) None of the below Coordinated with reimbursement sough Coordinated without reimbursement sou	t (joint expenditure)	below" is checked) Independent Organization: OA OB OC	Ов			
Name of Creditor				Date Incurr	ed		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description .	- 1	Event #	1	ount Incurred imate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum) None of the below Coordinated with reimbursement sough Coordinated without reimbursement sou	t (joint expenditure)	below" is checked) Independent Organization: B C	Оъ			
		SUBTOTAL	Section S-This Page				
		TOTAL of addition	onal Section S Pages				
TOTAL OF ALL I	EXPENSES INCURRED BY COMMIT (E)	TEE DURING THIS PERIO Inter total on Line 28, Column A c					
	Previously re	eported Expenses Unpaid an	d still Outstanding				
	TOTAL OF ALL EXPENSES (Ent	INCURRED BY COMMITT er total on Line 28a, Column A o					

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Reposit	(ory)		PE OF REI				
Voices For Stratford	lní	Initial Contribution or Disbursement						
T. Itemization of Reimbursements and Secondary Payees								
Last Name of Worker/Cons	ultant	First			MI	Date of P Person or	Payment to Vendor, r Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Section P:	_	Worker/Consultant as	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City		<u> </u>		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint export Coordinated without reimbursement sought (in-kin)	penditure) 🔘 Inde	pendent O		C o D			
Last Name of Worker/Cons	ultant ·	First			MI	Date of P Person or	ayment to Vendor, Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			reported in			Worker/Consultant as	
Street Address of Vendor, I	erson or Entity Paid by Committee Worker/Consultant	City				State	Zip Code	
Purpose of Expenditure (by code)	Description .		Event #				Amount	
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum T Requirement Sought (joint expectation) Coordinated with reimbursement sought (joint expectation) Coordinated without reimbursement sought (in-kin	penditure)	ependent Anization: o A	00	С о в			
Last Name of Worker/Cons	ultant	First		,	MI	Date of F Person of	Payment to Vendor, r Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			Payment to reported in Chec	Section P:	_	Worker/Consultant as	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		,		Amount	
Expenditure # (if applicable) RECEIVED FOR 7/25/2019 11:	Type of Expenditure (Itemization in Addendum T Requirement of the below Coordinated with reimbursement sought (joint expRECORD AT STRATFORD, CT 38 AM	penditure) [Indo	o" is checked) ependent O nnization: O A	0 0	С о в			
Auen ?	n. Pauthesk Stratford Town Clerk	SUBTOTAL Section T	' — This Pa	ge.				
ELECTION FILING File # 2019-66	TOTAL of additional Se	ection T Pag	ges					
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS AND COM	NSULTAN	TS				