



File #: 2019-65
07/24/2019 09:08 AM
5 Pages

ELECTION FILINGS

Susan M. Pawluk, Town Clerk

RECEIVED FOR RECORD
SUSAN M. PAWLUK
2019 JUL 24 AM 9:08

REGISTRATION TYPE
 Original
 Amendment/
Biennial with Changes


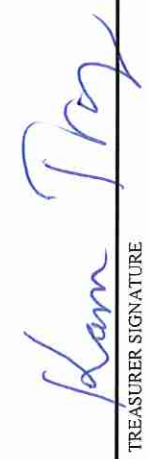
Voices for Stratford 2019		2. ACRONYM	
		VFS2019	
3. COMMITTEE ADDRESS			
Address		271 Castle Drive	
City	State	Zip Code	
Stratford	CT	06614	
4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE			
Email		voicesforstratford@gmail.com	
City		Website	
Stratford	https://www.facebook.com/VoicesforStratford.com		
6. CHAIRPERSON NAME			
First Name	MI	Last Name	Suffix
Kathleen		Callahan	
7. CHAIRPERSON RESIDENCE ADDRESS			
Street Address		271 Castle Drive	
City	State	Zip Code	State
Stratford	CT	06614	
9. CHAIRPERSON TELEPHONE			
<i>(Include Area Code)</i>		203	494 4881
10. CHAIRPERSON E-MAIL ADDRESS			
11. TREASURER NAME			
First Name	MI	Last Name	Suffix
Karen		Tracy	
12. TREASURER RESIDENCE ADDRESS			
Street Address		271 Castle Drive	
City	State	Zip Code	State
Stratford	CT	06614	
14. TREASURER TELEPHONE			
<i>(Include Area Code)</i>		203	494 4881
15. TREASURER E-MAIL ADDRESS			
karenetracy@gmail.com			
16. DEPUTY TREASURER NAME			
First Name	MI	Last Name	Suffix
Stephanie		Philips	
17. DEPUTY TREASURER RESIDENCE ADDRESS			
Street Address		41Yarwood Street	
City	State	Zip Code	State
Stratford	CT	06615	
19. DEPUTY TREASURER TELEPHONE			
<i>(Include Area Code)</i>		203	377 2119
20. DEPUTY TREASURER E-MAIL ADDRESS			
sphilips@sirgroup.com			
21. DEPOSITORY INSTITUTION NAME			
Webster Bank			
22. DEPOSITORY INSTITUTION ADDRESS			
Address		450 Barnum Avenue Cutoff, Stratford, CT 06614	
City		State	
		Zip Code	

Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

SEEC FORM 3

Revised September 2012

NAME OF COMMITTEE		REGISTRATION TYPE	
Voices for Stratford 2019		<input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME			
Steven Taccogna		Deputy Treasurer	
OFFICER RESIDENCE ADDRESS			
Address	72 Sunflower Ave	City	Stratford
		State	CT
		Zip Code	06614
23A. OFFICER NAME			
TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS			
Address		City	
		State	
		Zip Code	
23B. OFFICER NAME			
TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS			
Address		City	
		State	
		Zip Code	
23C. OFFICER NAME			
TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS			
Address		City	
		State	
		Zip Code	
23D. OFFICER NAME			
TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS			
Address		City	
		State	
		Zip Code	
23E. OFFICER NAME			
TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS			
Address		City	
		State	
		Zip Code	
23F. OFFICER NAME			
TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS			
Address		City	
		State	
		Zip Code	
23G. OFFICER NAME			
TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS			
Address		City	
		State	
		Zip Code	

NAME OF COMMITTEE	REGISTRATION TYPE
Voices For Stratford 2019	<input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes
38. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR? <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Contractor or Principal _____ <input type="checkbox"/> See Addendum	
39. PURPOSE OF COMMITTEE AS TO STATEWIDE & GENERAL ASSEMBLY CANDIDATES	
A. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for Statewide Office? <input checked="" type="radio"/> No <input type="radio"/> Yes	B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly? <input checked="" type="radio"/> No <input type="radio"/> Yes
40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM? <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Principal _____ <input type="checkbox"/> See Addendum	
41. CERTIFICATION	
<p>Chairperson</p> <p>I hereby certify and state, under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as the treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.</p> <p style="text-align: center;"> _____ 07/21/2019</p> <p style="text-align: center;">CHAIRPERSON SIGNATURE DATE (mm/dd/yyyy)</p> <p>Treasurer</p> <p><input checked="" type="radio"/> Initial Committee Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated Treasurer of this political committee, and that I am <i>either</i> submitting this registration statement <i>together with</i> a SEEC FORM 20 complete as to the committee's first day of receiving contributions or distributions benefitting the committee or that I understand that I shall become obligated to file the committee's first SEEC FORM 20 within 48 hours after receiving the committee's first contribution or distribution.</p> <p><input type="radio"/> Amended Committee Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.</p> <p><input type="radio"/> Biennial Committee Re-Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state, under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief.</p> <p style="text-align: center;"> _____ 07/21/2019</p> <p style="text-align: center;">TREASURER SIGNATURE DATE (mm/dd/yyyy)</p>	

NAME OF COMMITTEE

Voices For Stratford 2019

REGISTRATION TYPE

Original Amendment/ Biennial with Changes

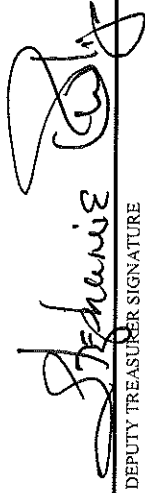
41. CERTIFICATION *continued*

Deputy Treasurer

Initial Committee Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Amended Committee Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Biennial Committee Re-Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state, under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief.


DEPUTY TREASURER SIGNATURE

7/22/2019
DATE (mm/dd/yyyy)

42. CERTIFICATION FOR LEGISLATIVE LEADERSHIP COMMITTEES ONLY

Legislative Leader

I hereby certify and state, under penalties of false statement, that this political committee has been designated by me, a General Assembly Leader, as a Legislative Leadership Committee, in accordance with Section 9-605(e)(3) of the Connecticut General Statutes.

LEGISLATIVE LEADER SIGNATURE

DATE (mm/dd/yyyy)

ADDITIONAL PAGES FOR SEEC FORM 3

If additional pages are needed to complete all information required in Sections 23, 27, 31, 32, 37 and 39 of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the SEEC Form 3.

RECEIVED FOR RECORD AT STRATFORD, CT
7/24/2019 09:08 AM



Stratford Town Clerk

