

# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised June 2014



RECEIVED FOR FILING  
OCT 13 2015  
TOWN CLERK'S OFFICE  
EAST HAVEN, CONN.  
*Stacy Gwinn, CTC*  
Do Not Mark in This Space For Office Use Only  
TOWN CLERK

Page 1 of 1738

## COVER PAGE

1. NAME OF COMMITTEE <i>SPEER FOR MAYOR</i>			
2. TREASURER NAME			
First <i>Jan</i>	MI <i>A</i>	Last <i>Lougal</i>	Suffix
3. TREASURER ADDRESS			
Street Address <i>39 Elm Street</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) <i>11.3.15</i>	5. OFFICE SOUGHT (Complete only if Candidate Committee) <i>MAYOR</i>		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First <i>Michael</i>	MI <i>P</i>	Last <i>SPEER</i>	Suffix
8. TYPE OF REPORT (Check One Box)			
<input type="radio"/> January 10 filing <input type="radio"/> 7th day preceding primary <input type="radio"/> 7th day preceding referendum <input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) <input type="radio"/> April 10 filing <input type="radio"/> 30 days following primary <input type="radio"/> 45 days following referendum <input type="radio"/> Amendment to <input type="radio"/> July 10 filing <input type="radio"/> 7th day preceding election <input type="radio"/> Deficit      Type of Report: <input checked="" type="radio"/> October 10 filing <input type="radio"/> 12th day preceding election (State Central Committees Only) <input type="radio"/> Termination <input type="radio"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election <input type="radio"/> 45 days following election not held in November			
9. PERIOD COVERED			
Beginning Date <i>7.1.15</i>		Ending Date <i>9.30.15</i>	
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.			
<i>Jan Lougal</i> TREASURER OR DEPUTY TREASURER (SIGNATURE)		<i>Jan Lougal</i> PRINT NAME OF SIGNER	<i>10.9.15</i> 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.			

# SEEC FORM 20

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

Page 2 of 17

2-38

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
SPEER FOR MAYOR	10-10-15	
	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-
12. Balance on hand at the beginning of Reporting Period	\$12,493.46	
13. Contributions Received from Individuals (Sections A and B)	\$19,955.00	\$28,970
14. Receipts from Other Committees (Sections C1 and C2)	0	\$4,215.46
15. Other Monetary Receipts (Sections D through K)	-0-	-0-
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	-0-	-0-
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$875.00	\$875.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$20,830.00	\$33,310.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	33,323.46	34,060.46
19. Expenses Paid by Committee (Section P)	4,002.00	4,739.00
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$29,321.46	\$29,321.46
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$887.65	\$887.65
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	-0-	
23. In-Kind Contributions Received (Section M)	-0-	\$1465.00
24. Refundable Deposit to Telephone Company (Section N)	-0-	-0-
25. Loan Balance	-0-	
25a. + Loans Received (Section D)	-0-	-0-
25b. + Interest and Penalties on Loan	-0-	-0-
25c. - Payments on Loan	-0-	-0-
25d. Total Outstanding Loan Amount	-0-	
26. Campaign Expenses Paid by Candidate (Section Q)	-0-	
27. Expenses Incurred on Committee Credit Card (Section R)	-0-	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	-0-	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	-0-	

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
SPEER FOR MAYOR		10.10.15	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		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 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 an event reported 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
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
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this contribution associated with an event reported 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
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
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this contribution associated with an event reported 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
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
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this contribution associated with an event reported 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
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
SUBTOTAL Section B — This Page		0	
TOTAL of additional Section B Pages		19955.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE					TYPE OF REPORT	
SPEER FOR MAYOR					10-10-10	
<b>C1. Contributions from Other Committees</b>						
Name of Committee				Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>						
Name of Committee				Name of Treasurer		
Address				Date Received	Amount of Receipt	
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution			
Name of Committee				Name of Treasurer		
Address				Date Received	Amount of Receipt	
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution			
SUBTOTAL Section C — This Page						
TOTAL of additional Section C Pages						
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)					0	

Section B. ADDITIONAL PAGE 5 of 39

NAME OF COMMITTEE <b>SPEER FOR Mayor</b>				TYPE OF REPORT <b>10-10-15</b>	
<b>B. Itemized Contributions from Individuals</b>					
Last Name <b>Fucci</b>		First <b>Cynthia</b>		MI	
Residential Street Address <b>74 Shore Drive</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512</b>
Principal Occupation <b>Restaurant Manager</b>		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 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		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615C</b>		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		<b>\$30.00</b>	
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 <b>8.26.15</b>		Aggregate Contributions	
Last Name <b>Fucci</b>		First <b>Albert</b>		MI	
Residential Street Address <b>20 Jardin Drive</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512</b>
Principal Occupation <b>Retired</b>		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 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		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615C</b>		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		<b>\$40.00</b>	
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 <b>8.26.15</b>		Aggregate Contributions	
Last Name <b>FRICH</b>		First <b>Mary</b>		MI	
Residential Street Address <b>118 Coe Ave</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512</b>
Principal Occupation <b>Retired</b>		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 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		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615C</b>		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		<b>\$20.00</b>	
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 <b>8.26.15</b>		Aggregate Contributions	
<b>SUBTOTAL Section B — This Page</b>				<b>\$115.00</b>	

Section B. ADDITIONAL PAGE 6 of 34

NAME OF COMMITTEE <b>SPEER FOR Mayor</b>	TYPE OF REPORT <b>10.10.10</b>
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**B. Itemized Contributions from Individuals**

Last Name <b>Capone</b>	First <b>Judith</b>	MI
Residential Street Address <b>164 Foxon Road</b>	City <b>East Haven</b>	State <b>CT</b> Zip Code <b>06013</b>
Principal Occupation <b>Retired</b>	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 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	Amount of Contribution <b>\$100.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615c</b>	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
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 <b>8.26.15</b> Aggregate Contributions

Last Name <b>Zumbo</b>	First <b>Anthony</b>	MI <b>D</b>
Residential Street Address <b>560 Silver Sands Rd</b>	City <b>East Haven</b>	State <b>CT</b> Zip Code <b>06012</b>
Principal Occupation <b>Retired</b>	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 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	Amount of Contribution <b>50.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615c</b>	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
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 <b>8.26.15</b> Aggregate Contributions

Last Name <b>Esposito</b>	First <b>Joann</b>	MI <b>A</b>
Residential Street Address <b>85 Frances St Ext</b>	City <b>East Haven</b>	State <b>CT</b> Zip Code <b>06012</b>
Principal Occupation <b>Retired</b>	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 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	Amount of Contribution <b>\$50.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615c</b>	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
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 <b>8.26.15</b> Aggregate Contributions

SUBTOTAL Section B — This Page	<b>200.00</b>
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Section B. ADDITIONAL PAGE 7 of 39

NAME OF COMMITTEE <b>SPEER FOR MAYOR</b>	TYPE OF REPORT <b>10.10.15</b>
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**B. Itemized Contributions from Individuals**

Last Name <b>Lougal</b>		First <b>Jan</b>		MI <b>17</b>	
Residential Street Address <b>39 Elm St.</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512</b>
Principal Occupation <b>Director - Senior Center</b>		Name of Employer <b>Town of East Haven</b>			
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 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			Amount of Contribution <b>\$100.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615C</b>		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 <b>8.26.15</b>	Aggregate Contributions		

Last Name <b>Pellegrino</b>		First <b>Mary Ann</b>		MI	
Residential Street Address <b>90 Gerrish Ave</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512</b>
Principal Occupation <b>Retired</b>		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 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			Amount of Contribution <b>\$50.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615C</b>		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 <b>8.26.15</b>	Aggregate Contributions		

Last Name <b>Sparaco</b>		First <b>Magdalen</b>		MI <b>P</b>	
Residential Street Address <b>210 Eddon St</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512</b>
Principal Occupation <b>Retired</b>		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 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			Amount of Contribution <b>\$100.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615C</b>		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 <b>8.26.15</b>	Aggregate Contributions		

**SUBTOTAL Section B — This Page**

**\$250.00**

Section B. ADDITIONAL PAGE 8 of 34

NAME OF COMMITTEE <b>SPEER FOR MAYOR</b>	TYPE OF REPORT <b>10.10.15</b>
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**B. Itemized Contributions from Individuals**

Last Name <b>Abbott</b>	First <b>Linda</b>	MI <b>A</b>
Residential Street Address <b>53 Laurel St</b>	City <b>East Haven</b>	State <b>CT</b> Zip Code <b>06512</b>
Principal Occupation		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 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	Amount of Contribution <b>\$50.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615C</b>	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 <b>8.26.15</b> Aggregate Contributions

Last Name <b>Cesare</b>	First <b>Marianne</b>	MI
Residential Street Address <b>8 Felicia Drive</b>	City <b>East Haven</b>	State <b>CT</b> Zip Code <b>06512</b>
Principal Occupation <b>Para</b>		Name of Employer <b>E.H. Board of Ed.</b>

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 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	Amount of Contribution <b>\$50.</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615C</b>	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 <b>8.26.15</b> Aggregate Contributions

Last Name <b>Esposito Elizabeth</b>	First <b>Elizabeth</b>	MI <b>E</b>
Residential Street Address <b>11 Park Place</b>	City <b>East Haven</b>	State <b>CT</b> Zip Code <b>06512</b>
Principal Occupation <b>Clinical Team Assistant</b>		Name of Employer <b>Patient Care</b>

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 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	Amount of Contribution <b>\$100.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615C</b>	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 type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>8.26.15</b> Aggregate Contributions

SUBTOTAL Section B — This Page	<b>\$200.00</b>
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Section B. ADDITIONAL PAGE 9 of 39

NAME OF COMMITTEE				TYPE OF REPORT			
SPEER FOR MAYOR				10.10.15			
<b>B. Itemized Contributions from Individuals</b>							
Last Name <i>Scalesse</i>			First <i>Carolyn</i>			MI <input checked="" type="checkbox"/>	
Residential Street Address <i>19 Thompson Ave</i>			City <i>East Haven</i>			State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>			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 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				Amount of Contribution  <i>\$100. -</i>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <i>082615C</i>		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 <i>8.26.15</i>		Aggregate Contributions		
Last Name <i>Ruocco</i>			First <i>Gennaro</i>			MI <i>A</i>	
Residential Street Address <i>74 Bennett Road</i>			City <i>East Haven</i>			State <i>CT</i>	Zip Code <i>06513</i>
Principal Occupation <i>Retired</i>			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 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				Amount of Contribution  <i>\$100.</i>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <i>082615C</i>		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 type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <i>8.26.15</i>		Aggregate Contributions		
Last Name <i>Giolino Michael</i>			First <i>Michael</i>			MI <i>J</i>	
Residential Street Address <i>126 Silver Sands Rd</i>			City <i>East Haven</i>			State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation <i>CPA</i>			Name of Employer <i>DeCaprio CPA Associates</i>				
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 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				Amount of Contribution  <i>\$100.00</i>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <i>082615C</i>		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 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 <i>8.26.15</i>		Aggregate Contributions		
<b>SUBTOTAL Section B — This Page</b>						<i>\$250.00</i>	

Section B. ADDITIONAL PAGE 10 of 39

NAME OF COMMITTEE <b>SPEER FOR MAYOR</b>				TYPE OF REPORT <b>10.10.15</b>		
<b>B. Itemized Contributions from Individuals</b>						
Last Name <b>Porter</b>		First <b>Kristy</b>		MI <b>A</b>		
Residential Street Address <b>93 Austin Ave</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512</b>	
Principal Occupation <b>Administrative Assistant</b>		Name of Employer <b>State of CT Judicial Branch</b>				
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 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			Amount of Contribution  <b>\$100. -</b>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615C</b>		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 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 <b>8.26.15</b>		Aggregate Contributions		
Last Name <b>Santacrose</b>		First <b>Donald</b>		MI		
Residential Street Address <b>28 Whalers Point</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512</b>	
Principal Occupation <b>Retired</b>		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 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			Amount of Contribution  <b>\$50.00</b>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615C</b>		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 <b>8.26.15</b>		Aggregate Contributions		
Last Name <b>Albis</b>		First <b>James</b>		MI		
Residential Street Address <b>369 Coe Ave</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512</b>	
Principal Occupation <b>Legislator</b>		Name of Employer <b>State of CT</b>				
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 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			Amount of Contribution  <b>\$50.00</b>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615C</b>		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		
Last Name		First		MI		
<div style="display: flex; justify-content: space-between;"> <span><b>SUBTOTAL Section B — This Page</b></span> <span><b>\$200. -</b></span> </div>						

Section B. ADDITIONAL PAGE 11 of 39

NAME OF COMMITTEE				TYPE OF REPORT	
SPEER FOR MAYOR				10.10.15	
<b>B. Itemized Contributions from Individuals</b>					
Last Name <b>Bysiewicz</b>			First <b>Susan</b>		MI
Residential Street Address <b>125 Clover St</b>			City <b>Middletown</b>		State <b>CT</b> Zip Code <b>06457</b>
Principal Occupation <b>ATTORNEY</b>			Name of Employer <b>Middletown</b>		
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 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		Amount of Contribution  <b>\$25.00</b>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615C</b>		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 <b>8.26.15</b> Aggregate Contributions			
Last Name <b>Torres</b>			First <b>Alfredo</b>		MI
Residential Street Address <b>10 MAIN ST</b>			City <b>Woodbridge</b>		State <b>CT</b> Zip Code <b>06525</b>
Principal Occupation <b>Retired</b>			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 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		Amount of Contribution  <b>\$75.00</b>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615C</b>		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 <b>8.26.15</b> Aggregate Contributions			
Last Name <b>Paulson</b>			First <b>Patrick</b>		MI <b>5</b>
Residential Street Address <b>919 North High St</b>			City <b>East Haven</b>		State Zip Code <b>06572</b>
Principal Occupation <b>Retired</b>			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 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		Amount of Contribution  <b>\$50.00</b>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>082615C</b>		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 type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>8.26.15</b> Aggregate Contributions			
<b>SUBTOTAL Section B — This Page</b>					<b>\$150.00</b>

Section B. ADDITIONAL PAGE 12 of 38

NAME OF COMMITTEE		TYPE OF REPORT	
SPEER FOR Mayor		10.10.15	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <i>SANTINO</i>		First <i>Joseph</i>	MI
Residential Street Address <i>388 Coe Ave</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		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 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 # <i>082615C</i>		Amount of Contribution  <i>\$ 50.00</i>	
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:		Date Received	Aggregate Contributions
<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		<i>8.26.15</i>	
Last Name <i>Vastola</i>		First <i>Michael</i>	MI
Residential Street Address <i>66 Mass Ave</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		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 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 # <i>082615C</i>		Amount of Contribution  <i>\$ 50.00</i>	
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:		Date Received	Aggregate Contributions
<input checked="" 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		<i>8.26.15</i>	
Last Name <i>Esposito</i>		First <i>Richard</i>	MI
Residential Street Address <i>56 Morgan Ave</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Financial Advisor</i>		Name of Employer <i>MW Financial</i>	
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 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 # <i>082615C</i>		Amount of Contribution  <i>\$ 50</i>	
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:		Date Received	Aggregate Contributions
<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		<i>8.26.15</i>	
<b>SUBTOTAL Section B — This Page</b>			<i>\$ 150.00</i>

Section B. ADDITIONAL PAGE 13 of 38

NAME OF COMMITTEE		TYPE OF REPORT	
SPEER FOR MAYOR		10-10-15	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
HARRISON		KEVIN	
Residential Street Address		City	State Zip Code
22 REDWOOD DRIVE		EAST HAVEN	CT 06513
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received: 9-22-15 Aggregate Contributions	
Last Name		First	MI
DRAGINIS		ANN	C
Residential Street Address		City	State Zip Code
352 NORFOLK RD		LITCHFIELD	CT 06759
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received: 9-20-15 Aggregate Contributions	
Last Name		First	MI
GIFFORD		STEPHEN	
Residential Street Address		City	State Zip Code
230 CLINTONVILLE LAKE		NORTH HAVEN	CT 06473
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received: _____ Aggregate Contributions	
<b>SUBTOTAL Section B — This Page</b>		\$ 280.00	

Section B ADDITIONAL PAGE 14 of 38

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
SPEER FOR MAYOR		10.10.15	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$	
SUBTOTAL SECTION A			
B. Itemized Contributions from Individuals			
Last Name		First	
Cole		Robert	
Residential Street Address		City	
402 Ives Street		Hamden	
Principal Occupation		State	
		CT	
Name of Employer		Zip Code	
		06518	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57.00	
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Is this contribution associated with an event reported in Section L1?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	
<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		9.1.15	
Aggregate Contributions			
Last Name		First	
DiAdamo		Monica	
Residential Street Address		City	
46 Acorn Road		Branford	
Principal Occupation		State	
		CT	
Name of Employer		Zip Code	
		06405	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$580.00	
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Is this contribution associated with an event reported in Section L1?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	
<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		9.15.15	
Aggregate Contributions			
Last Name		First	
Residential Street Address		City	
Principal Occupation		State	
Name of Employer		Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Is this contribution associated with an event reported in Section L1?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	
<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			
Aggregate Contributions			
SUBTOTAL Section B — This Page		\$ 505.00	
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

Section B. ADDITIONAL PAGE 15 of 39

NAME OF COMMITTEE		TYPE OF REPORT	
SPEER For Mayor		10.10.15	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <b>Glantz</b>		First <b>Paul</b>	MI
Residential Street Address <b>99 Park Ave</b>		City <b>New York</b>	State <b>NY</b> Zip Code <b>10016</b>
Principal Occupation <b>Real Estate</b>		Name of Employer <b>Self</b>	
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 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 # <b>092115D</b>		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 <b>9.18.15</b>	Aggregate Contributions
Last Name <b>Jacobson</b>		First <b>Adam</b>	MI <b>J</b>
Residential Street Address <b>249B Purchase Street</b>		City <b>Rye</b>	State <b>NY</b> Zip Code <b>10580</b>
Principal Occupation		Name of Employer <b>P17 Pantry Warehouse</b>	
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 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 # <b>092115D</b>		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 <b>9.29.15</b>	Aggregate Contributions
Last Name <b>Harel</b>		First <b>Joel</b>	MI
Residential Street Address <b>201 Brewster Road</b>		City <b>West Hartford</b>	State <b>CT</b> Zip Code <b>06119</b>
Principal Occupation <b>Public Adjuster</b>		Name of Employer <b>Self</b>	
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 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 # <b>092115D</b>		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 <b>9.28.15</b>	Aggregate Contributions
<b>SUBTOTAL Section B — This Page</b>			<b>\$3,000.00</b>

Section B. ADDITIONAL PAGE 16 of 34

NAME OF COMMITTEE <b>SPEER FOR MAYOR</b>	TYPE OF REPORT <b>10.10.15</b>
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**B. Itemized Contributions from Individuals**

Last Name <b>Melfi</b>	First <b>Thomas</b>	MI
Residential Street Address <b>17 Beaver View Court</b>	City <b>Woodbury</b>	State <b>CT</b> Zip Code <b>06798</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Marcus Law Firm</b>	

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 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	Amount of Contribution
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	<b>\$150.00</b>
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 <b>9.16.15</b>		Aggregate Contributions

Last Name <b>Bergamo</b>	First <b>Mark</b>	MI <b>L</b>
Residential Street Address <b>149 Laurel Street</b>	City <b>West Haven</b>	State <b>CT</b> Zip Code <b>06516</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Marcus Law Firm</b>	

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 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	Amount of Contribution
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	<b>\$300.-</b>
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 <b>9.17.15</b>		Aggregate Contributions

Last Name <b>Giantz</b>	First <b>Irwin</b>	MI <b>L</b>
Residential Street Address <b>99 Park Avenue</b>	City <b>New York</b>	State <b>NY</b> Zip Code <b>10016</b>
Principal Occupation <b>Real Estate</b>	Name of Employer <b>Self</b>	

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 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	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>092115D</b> <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	<b>\$1000.00</b>
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 <b>9.18.15</b>		Aggregate Contributions

**SUBTOTAL Section B — This Page**

**\$1450.00**



Section B. ADDITIONAL PAGE 17 of 38

NAME OF COMMITTEE <b>SPEER FOR Mayor</b>	TYPE OF REPORT <b>10.10.15</b>
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**B. Itemized Contributions from Individuals**

Last Name <b>Lo Monte</b>	First <b>Teresa</b>	MI
Residential Street Address <b>39 West Wynd</b>	City <b>Middletown</b>	State <b>CT</b> Zip Code <b>06457</b>
Principal Occupation <b>Appraiser</b>	Name of Employer <b>Self</b>	

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 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	Amount of Contribution <b>\$1580.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>092115D</b>	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 <b>9.16.15</b> Aggregate Contributions

Last Name <b>Morales</b>	First <b>Letizia</b>	MI <b>CT</b>
Residential Street Address <b>125 Thompson Ave</b>	City <b>East Haven</b>	State <b>CT</b> Zip Code <b>06512</b>
Principal Occupation <b>---</b>	Name of Employer <b>State of CT</b>	

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 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	Amount of Contribution <b>100.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>---</b>	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 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 <b>10.6.15</b> Aggregate Contributions

Last Name <b>Constantinople</b>	First <b>Paul</b>	MI <b>M</b>
Residential Street Address <b>35 Prospect Pl. Ext</b>	City <b>East Haven</b>	State <b>CT</b> Zip Code <b>06512</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>---</b>	

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 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	Amount of Contribution <b>100.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>---</b>	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 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 <b>9.30.15</b> Aggregate Contributions

SUBTOTAL Section B — This Page	<b>\$1200.00</b>
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Section B. ADDITIONAL PAGE 18 of 39

NAME OF COMMITTEE <b>SPEER FOR Mayor</b>	TYPE OF REPORT <b>10.10.15</b>
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**B. Itemized Contributions from Individuals**

Last Name <b>Gordon</b>		First <b>Matthew</b>		MI <b>D</b>	
Residential Street Address <b>190 Woodpond Road</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107</b>
Principal Occupation <b>ATTORNEY</b>		Name of Employer <b>Matthew Dallas Gordon LLC</b>			
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 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			Amount of Contribution  <b>\$500.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>092115D</b>		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"/> No			
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 <b>9.21.15</b>		Aggregate Contributions	

Last Name <b>Paguin</b>		First <b>Betty</b>		MI <b>C</b>	
Residential Street Address <b>24 Norwalk Road</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06513</b>
Principal Occupation		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 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			Amount of Contribution  <b>\$500.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>092115D</b>		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"/> No			
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 <b>9.21.15</b>		Aggregate Contributions	

Last Name <b>FARROW</b>		First <b>Edwin</b>		MI	
Residential Street Address <b>307 Pearl Street</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06608</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Marcus Law firm</b>			
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 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			Amount of Contribution  <b>300.00</b>
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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
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	

**SUBTOTAL Section B — This Page**

**1300.00**

Section B. ADDITIONAL PAGE 19 of 39

NAME OF COMMITTEE <b>SPEED FOR Mayor</b>	TYPE OF REPORT <b>10.10.15</b>
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**B. Itemized Contributions from Individuals**

Last Name <b>Trotta</b>	First <b>Frederick</b>	MI
Residential Street Address <b>81 Squaw Lane</b>	City <b>Gulford</b>	State <b>CT</b> Zip Code <b>06437</b>
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>Halloran &amp; Sage LLP</b>	

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 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	Amount of Contribution <b>\$1,000.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>092115D</b>	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"/> No	
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 <b>9.21.15</b> Aggregate Contributions

Last Name <b>Criscuolo</b>	First <b>Daniel</b>	MI
Residential Street Address <b>100 Short Beach Rd</b>	City <b>East Haven</b>	State <b>CT</b> Zip Code <b>06512</b>
Principal Occupation	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 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	Amount of Contribution <b>\$1,000.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>092115D</b>	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"/> No	
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 <b>9/21/15</b> Aggregate Contributions

Last Name <b>D'Andrea</b>	First <b>Kim</b>	MI
Residential Street Address <b>PO Box 1330</b>	City <b>Litchfield</b>	State <b>CT</b> Zip Code <b>06759</b>
Principal Occupation <b>Realtor</b>	Name of Employer <b>William Pili Sotheby</b>	

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 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	Amount of Contribution <b>\$1,000.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>092115D</b>	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"/> No	
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 <b>9.21.15</b> Aggregate Contributions

**SUBTOTAL Section B — This Page** **\$3,000.00**

Section B. ADDITIONAL PAGE 24 of 35

NAME OF COMMITTEE <b>SPEER FOR Mayor</b>				TYPE OF REPORT <b>10.10.15</b>	
<b>B. Itemized Contributions from Individuals</b>					
Last Name <b>Capasso</b>		First <b>VINCENZO</b>		MI	
Residential Street Address <b>20 Juniper Point Rd</b>		City <b>Branford</b>		State <b>Ct</b>	Zip Code <b>06405</b>
Principal Occupation <b>mason</b>		Name of Employer <b>Self</b>			
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 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		Amount of Contribution	
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:		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		\$300.00	
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 <b>9.15.15</b>		Aggregate Contributions	
Last Name <b>LOMONTE</b>		First <b>John</b>		MI	
Residential Street Address <b>39 Wostwynd</b>		City <b>Middletown</b>		State <b>Ct</b>	Zip Code <b>06457</b>
Principal Occupation <b>Appraiser &amp; Broker</b>		Name of Employer <b>Self</b>			
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 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		Amount of Contribution	
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:		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		\$1,000.00	
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 <b>9.16.15</b>		Aggregate Contributions	
Last Name <b>Zichichi</b>		First <b>Joseph</b>		MI	
Residential Street Address <b>40 Woodhouse Ave</b>		City <b>Northford</b>		State <b>Ct</b>	Zip Code <b>06472</b>
Principal Occupation		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 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		Amount of Contribution	
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:		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		\$1,000.00	
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	
<b>SUBTOTAL Section B — This Page</b>				<b>\$2,300.00</b>	

Section B. ADDITIONAL PAGE 21 of 38

NAME OF COMMITTEE <b>SPEER FOR Mayor</b>				TYPE OF REPORT <b>10.10.15</b>	
<b>B. Itemized Contributions from Individuals</b>					
Last Name <b>FRETCHETTE</b>		First <b>Donald</b>		MI	
Residential Street Address <b>51 Crenoustie Circle</b>		City <b>Bloomfield</b>		State <b>CT</b>	Zip Code <b>06002</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Locke Lord LLC</b>			
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 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			Amount of Contribution <b>\$1,000.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>092115D</b>		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
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 <b>9.16.15</b>		Aggregate Contributions	
Last Name <b>Lech</b>		First <b>Michael</b>		MI	
Residential Street Address <b>6 Vista Drive</b>		City <b>Old Lyme</b>		State <b>CT</b>	Zip Code <b>06371</b>
Principal Occupation <b>CEO</b>		Name of Employer <b>Reacko</b>			
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 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			Amount of Contribution <b>\$500.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>092115D</b>		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
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 <b>9.29.15</b>		Aggregate Contributions	
Last Name <b>Capasso</b>		First <b>Luisa</b>		MI	
Residential Street Address <b>39 Sunar Hill Road</b>		City <b>North Haven</b>		State <b>CT</b>	Zip Code <b>06473</b>
Principal Occupation <b>Masonry</b>		Name of Employer <b>Capasso Restoration Inc</b>			
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 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			Amount of Contribution <b>\$400.00</b>
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="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 <b>9.14.15</b>		Aggregate Contributions	
<b>SUBTOTAL Section B — This Page</b>					<b>\$1900.00</b>

Section B. ADDITIONAL PAGE 22 of 38

NAME OF COMMITTEE <b>SPEER FOR MAYOR</b>	TYPE OF REPORT <b>10.10.15</b>
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**B. Itemized Contributions from Individuals**

Last Name <b>Lachs</b>		First <b>Edward</b>		MI	
Residential Street Address <b>130 AIPS Road</b>		City <b>Branford</b>		State <b>CT</b>	Zip Code <b>06405</b>
Principal Occupation <b>Auditor</b>		Name of Employer <b>City of New Haven</b>			
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 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			Amount of Contribution  <b>\$500.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>092115D</b>		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 <b>9.22.15</b>		Aggregate Contributions	

Last Name <b>Gaynor</b>		First <b>Mark</b>		MI	
Residential Street Address <b>16 Three Fins Road</b>		City <b>Branford</b>		State <b>CT</b>	Zip Code <b>06405</b>
Principal Occupation <b>Clinical Social Worker</b>		Name of Employer <b>Self</b>			
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 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			Amount of Contribution  <b>\$500.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>092115D</b>		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 <b>9.17.15</b>		Aggregate Contributions	

Last Name <b>Zichichi</b>		First <b>Frances</b>		MI	
Residential Street Address <b>45 Woodhouse Ave</b>		City <b>Northford</b>		State <b>CT</b>	Zip Code <b>06472</b>
Principal Occupation <b></b>		Name of Employer <b></b>			
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 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			Amount of Contribution  <b>\$1,000.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>092115D</b>		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 <b>9.22.15</b>		Aggregate Contributions	

**SUBTOTAL Section B — This Page**

**2,000.-**

Section B. ADDITIONAL PAGE 23 of 35

NAME OF COMMITTEE <b>SPEER FOR Mayor</b>	TYPE OF REPORT <b>10.10.15</b>
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**B. Itemized Contributions from Individuals**

Last Name <b>Kronholm</b>		First <b>John</b>		MI	
Residential Street Address <b>697 Peguot Trail</b>		City <b>Stonington</b>		State <b>CT</b>	Zip Code <b>06378</b>
Principal Occupation <b>Insurance</b>		Name of Employer <b>Self</b>			

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 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	Amount of Contribution <b>\$500.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>092115D</b>	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 <b>9.21.15</b>
		Aggregate Contributions

Last Name <b>Kronholm</b>		First <b>Mona</b>		MI	
Residential Street Address <b>697 Peguot Trail</b>		City <b>Stonington</b>		State <b>CT</b>	Zip Code <b>06378</b>
Principal Occupation <b>Insurance</b>		Name of Employer <b>Self</b>			

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 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	Amount of Contribution <b>\$500.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>092115D</b>	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 <b>9.21.15</b>
		Aggregate Contributions

Last Name <b>Choudhry</b>		First <b>Tahia</b>		MI	
Residential Street Address <b>629 Tamarack Road</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410</b>
Principal Occupation <b>Business</b>		Name of Employer <b>Self</b>			

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 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	Amount of Contribution <b>\$500.00</b>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>092115D</b>	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 <b>9.21.15</b>
		Aggregate Contributions

**SUBTOTAL Section B — This Page** **1,500.00**

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE					TYPE OF REPORT	
SPEER FOR MAYOR					10.10.15	
<b>C1. Contributions from Other Committees</b>						
Name of Committee				Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>						
Name of Committee				Name of Treasurer		
Address				Date Received	Amount of Receipt	
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution		Amount of Receipt	
Name of Committee				Name of Treasurer		
Address				Date Received	Amount of Receipt	
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution		Amount of Receipt	
Name of Committee				Name of Treasurer		
SUBTOTAL Section C — This Page						
TOTAL of additional Section C Pages						
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)					0	



# I. MONETARY RECEIPTS (Sections A—K)

25-58  
Page 5 of 17

NAME OF COMMITTEE <b>SPEER FOR MAYOR</b>	TYPE OF REPORT <b>10.10.15</b>
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## D. Loans Received this Period

Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	

**TOTAL SECTION D**

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

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

**TOTAL SECTION E**

0

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
SPEER FOR MAYOR		10.10.15
<b>F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)</b>		
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Amount
TOTAL SECTION F		

<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b>		
Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
TOTAL SECTION G		

<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>		
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
TOTAL SECTION H		0

**I. Anonymous Contributions**

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in any amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>SPEER FOR Mayor</i>			TYPE OF REPORT <i>10-10-15</i>	
<b>J. Interest from Deposits in Authorized Accounts</b>				
Name of Institution			Date Received	Amount
Street Address	City	State	Zip Code	
Name of Institution			Date Received	Amount
Street Address	City	State	Zip Code	
<b>TOTAL SECTION J</b>				
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>				
Name			Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				Amount Received
Name			Date of Transaction	
Street Address	City	State	Zip Code	Amount Received
Description				
Name			Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				Amount Received
Name			Date of Transaction	
Street Address	City	State	Zip Code	Amount Received
Description				
Name			Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				Amount Received
Name			Date of Transaction	
Street Address	City	State	Zip Code	Amount Received
Description				
<b>TOTAL SECTION K</b>				
<b>SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)</b>				
Total Loans Received this Period (Section D)				
Total Receipts from Entities other than Individuals or Other Committees (Section E)				+
Total Amount Transferred from Affiliated Business Treasury (Section F)				+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)				+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)				+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)				+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)				+
Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15 of Summary Page Totals)				0

## II. EVENT ACTIVITY (Sections L1—L5)

28.34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
SPEER FOR MAYOR	10.10.15

## L1. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.26.15	C	Little Columbian Restaurant	
Location: Street Address		City	State Zip Code
Main Street		East Haven	CT 06512

## Subpart 1: (All Committees)

Was this event hosted at a personal residence?

- ☐ Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)
- ☒ No

Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated 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 sale, auction, or other sale of donated items with purchases from an individual of up to \$100?

- ☐ Yes (If yes, enter Total Receipts here.)
- ☒ No

\$

## Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?

- ☐ Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign 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 with this fundraiser?

- ☐ Yes (If yes, enter Total Receipts here.)
- ☒ No

\$

Event # Date of Event	Letter	Description	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.21.15	D	Meet & Greet	
Location: Street Address		City	State Zip Code
100 Stony Creek Road		Branford	CT 06405

## Subpart 1: (All Committees)

Was this event hosted at a personal residence?

- ☒ Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)
- ☐ No

Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated 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 sale, auction, or other sale of donated items with purchases from an individual of up to \$100?

- ☐ Yes (If yes, enter Total Receipts here.)
- ☒ No

\$

## Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?

- ☐ Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign 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 with this fundraiser?

- ☐ Yes (If yes, enter Total Receipts here.)
- ☐ No

\$

SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page

SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY)  
Total Receipts from Food Purchases — This Page

TOTAL of additional Section L1 Pages

TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES  
(Enter total on Line 16a, Column A of Summary Page Totals)

0

## II. EVENT ACTIVITY (Sections L1—L5)

Page 9 of 17  
29-37

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
SPEER FOR Mayor	10.10.15

### L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser Louis G Pacelli				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input checked="" type="checkbox"/> Individual/Sole Proprietorship	
Street Address 107 Foxon Rd		City East Haven Ct		State Ct	Zip Code 06512
Date Received 8.26.15	Event # 082615C	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$ 125.00	Amount of Sign Purchase	

Name of Purchaser Swanson Automotive				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 402 Main St		City East Haven		State Ct	Zip Code 06512
Date Received 8.26.15	Event # 082615C	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$ 250.00	Amount of Sign Purchase	

Name of Purchaser Tarvinder Pal S Arora D.D.S				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 310 Hemingway Ave		City East Haven		State Ct	Zip Code 06512
Date Received 8.26.15	Event # 082615C	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$ 250.00	Amount of Sign Purchase	

Name of Purchaser Frank P Sandillo				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City Hamden		State Ct	Zip Code 06518
Date Received 8.13.15	Event # 082615C	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$ 250.00	Amount of Sign Purchase	

Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page

875.00

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN  
(Enter total on Line 16c, Column A of Summary Page Totals)

875.00

## II. EVENT ACTIVITY (Sections L1—L5)

302 - 39

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
SPEER FOR MAYOR	10.10.15

## L4. In-Kind Donations Not Considered Contributions

Name of Donor

Street Address		City	State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="checkbox"/> Business Entity				
<input type="checkbox"/> Individual				
<input type="checkbox"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address		City	State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="checkbox"/> Business Entity				
<input type="checkbox"/> Individual				
<input type="checkbox"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address		City	State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="checkbox"/> Business Entity				
<input type="checkbox"/> Individual				
<input type="checkbox"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address		City	State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="checkbox"/> Business Entity				
<input type="checkbox"/> Individual				
<input type="checkbox"/> Sole Proprietorship	Date Received	Event #	Aggregate value for this Event	

SUBTOTAL Section L4— This Page

TOTAL of additional Section L4 Pages

TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS  
(Enter total on Line 21, Column A of Summary Page Totals)

0

## II. EVENT ACTIVITY (Sections L1—L5)

31 - 38

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
SPEER FOR MAYOR			10.10.15	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum L5	
Jill Marcus				
Street Address		City	State	Zip Code
100 Stony Creek Road		Brandon	Ct	06405
Description of Donation			Fair Market Value of Donation	
MEET & GREET				
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
092115D			\$ 887.68	
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete 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 Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete 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 Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete 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 Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete 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 Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete 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 Events—this host/candidate		
SUBTOTAL Section L5 — This Page				
TOTAL of additional Section L5 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY (Enter total on Line 22, Column A of Summary Page Totals)			0	

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

32 - 38

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
<i>SPEER FOR MAYOR</i>	<i>10.10.15</i>

## M. In-Kind Contributions

Name				
Street Address		City	State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
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 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			Fair Market Value of this Contribution
Is this contribution associated with an event reported 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		

Name				
Street Address		City	State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
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 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			Fair Market Value of this Contribution
Is this contribution associated with an event reported 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		

Name				
Street Address		City	State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
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 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			Fair Market Value of this Contribution
Is this contribution associated with an event reported 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		

SUBTOTAL Section M — This Page

TOTAL of additional Section M Pages

TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)

## N. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made	
Residential Street Address		City	State	Zip Code	Amount of Deposit
Name of Telephone Company					
Street Address		City	State	Zip Code	

TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)

0



# IV. EXPENDITURES

33 of 38  
Page 13 of 17

NAME OF COMMITTEE <b>SPEER FOR MAJOR</b>					FILING DUE DATE <b>10-10-15</b>	
<b>P. Expenses Paid by Committee</b>						
Name of Payee			Date of Payment		Method of Payment	
Street Address		City	State	Zip Code	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
						\$ 0.00
Name of Payee			Date of Payment		Method of Payment	
Street Address		City	State	Zip Code	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
						\$ 0.00
Name of Payee			Date of Payment		Method of Payment	
Street Address		City	State	Zip Code	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
						\$ 0.00
Name of Payee			Date of Payment		Method of Payment	
Street Address		City	State	Zip Code	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
						\$ 0.00
Name of Payee			Date of Payment		Method of Payment	
Street Address		City	State	Zip Code	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
						\$ 0.00
SUBTOTAL Section P-This Page						\$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)						\$0.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>SPEER FOR MAYOR</u>	TYPE OF REPORT <u>10.10.15</u>
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**P. Expenses Paid by Committee**

Name of Payee <u>Walmart</u>		Date of Payment <u>8.14.15</u>	Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <u>120 Commercial Pkw.</u>		City <u>Branford</u>	State <u>CT</u> Zip Code <u>06405</u>
Purpose of Expenditure (by code) <u>EFV</u>	Description <u>Phones</u>	Event #	Amount <u>\$42.45</u>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee <u>Walmart</u>		Date of Payment <u>8.11.15</u>	Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <u>120 Commercial Pkw</u>		City <u>Branford</u>	State <u>CT</u> Zip Code <u>06405</u>
Purpose of Expenditure (by code) <u>EFV</u>	Description <u>Business Cards</u>	Event #	Amount <u>\$70.40</u>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee <u>Little Columbian Restaurant</u>		Date of Payment <u>8.26.15</u>	Method of Payment: <input checked="" type="checkbox"/> Check # <u>1005</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <u>672 Main Street</u>		City <u>East Haven</u>	State <u>CT</u> Zip Code <u>06512</u>
Purpose of Expenditure (by code) <u>#FNDR</u>	Description <u>Fundraiser</u>	Event # <u>082615C</u>	Amount <u>\$600.00</u>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section P — This Page	<u>\$712.85</u>
TOTAL of additional Section P Pages	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>SPEER FOR Mayor</u>	TYPE OF REPORT <u>10.10.15</u>
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**P. Expenses Paid by Committee**

Name of Payee <u>Dimitrio Triantis</u>	Date of Payment <u>7.27.15</u>	Method of Payment: <input checked="" type="checkbox"/> Check # <u>1002</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <u>30 main Street</u>	City <u>East Haven</u>	State <u>CT</u> Zip Code <u>06512</u>

Purpose of Expenditure (by code) <u>OVHD</u>	Description <u>Headquarters</u>	Event #	Amount <u>\$ 2,250.00</u>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

Name of Payee <u>CT VAN ACCESS</u>	Date of Payment <u>8.13.15</u>	Method of Payment: <input checked="" type="checkbox"/> Check # <u>1003</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <u>30 Arbor St # 404</u>	City <u>Hartford</u>	State <u>CT</u> Zip Code <u>06106</u>

Purpose of Expenditure (by code) <u>OVHD</u>	Description	Event #	Amount <u>\$ 580.00</u>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

Name of Payee <u>Austin Maritelli</u>	Date of Payment <u>8.14.15</u>	Method of Payment: <input checked="" type="checkbox"/> Check # <u>1004</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <u>662 Coe Avenue</u>	City <u>East Haven</u>	State <u>CT</u> Zip Code <u>06512</u>

Purpose of Expenditure (by code) <u>A-Signs</u>	Description <u>Signs</u>	Event #	Amount <u>\$ 365.00</u>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

Name of Payee <u>Walmart</u>	Date of Payment	Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <u>120 Commercial PKW</u>	City <u>Branford</u>	State <u>CT</u> Zip Code <u>06405</u>

Purpose of Expenditure (by code) <u>EFV</u>	Description <u>Phones</u>	Event #	Amount <u>\$ 175.00</u>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

SUBTOTAL Section P — This Page	<u>3290.00</u>
TOTAL of additional Section P Pages	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	



37 - 38

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
SPEER FOR Mayor						10-10-15	
S. Expenses Incurred by Committee but Not Paid During this Period							
Name of Creditor						Date Incurred	
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 S Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						
Name of Creditor						Date Incurred	
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 S Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						
Name of Creditor						Date Incurred	
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 S Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						
SUBTOTAL Section S-This Page							
TOTAL of additional Section S Pages							
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)							
Previously reported Expenses Unpaid and still Outstanding							
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)						0	

## IV. EXPENDITURES (Sections P—T)

38-38

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
SPEER FOR MAYOR	10.10.15

## T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
--	---

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
--------------------------------	-------	----	---

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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SUBTOTAL Section T — This Page

TOTAL of additional Section T Pages

TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS

0