SEEC FORM 20
Itemized Campaign Finance Disclosure Statement CT 13 2015 TOWN CLERK'S OFFICE Revised June 2014

Stary gravino, CCTC

Do Not Mark in This Space For Offit OWN CLERK

Page 1 of 17.33

COVER PAGE

1. NAME OF COMMITTEE			
SPEER	FOR Mayo	OR	
2. TREASURER NAME			
First Jan	MI A	Last L04921	Suffix
3. TREASURER ADDRESS	TOTAL PROPERTY OF THE CONTROL OF THE		.
Street Address 39 EIN	1 Street City	East Haven	State 4 Zip Code 06512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	v if Candidate Committee)	6. DISTRICT NUMBER
(mm/dd/yyyy)//· 3·/5	Mayor		(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)		
First Michael	MI P	Last SPEER	Suffix
8. TYPE OF REPORT (Check One Box)			
O January 10 filing	7th day preceding primary	7th day preceding referendum	O Initial Contribution or Disbursement
O April 10 filing	O30 days following primary	O 45 days following referendum	(PACs ONLY) O Amendment to
O July 10 filing	7th day preceding election	O Deficit	Type of Report:
October 10 filing	O12th day preceding election (State Central Committees Only)	O Termination	
O Independent Expenditure Primary Election	O45 days following election not held in November		
9. PERIOD COVERED			
	Beginning Date	Ending Date	
-	7.1.15	thru 9.30.15	
10. CERTIFICATION			75
I hereby certify and state, under polisclosure Statement for the periods.	enalties of false statement, that a od covered is true, accurate and	all of the information set forth on thi complete.	s Itemized Campaign Finance
TREASURER OR DEPUTY TREASURE	Cal Call (SIGNATURE) PRINT	San Lougal TNAME OF SIGNER	10 · 9 · 15 DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS	S PUNISHABLE BY FINE NOT TO EXC	CEED \$1,000, OR IMPRISONMENT FOR NO	OT MORE THAN ONE YEAR, OR BOTH.

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) SPEER FOR MOYOR	TYPE OF REPORT	n turbe
SPEER FOR MOYOR	COLUMN A	COLUMN B
	This Period	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		-D-
12. Balance on hand at the beginning of Reporting Period	\$12,493.46	
13. Contributions Received from Individuals (Sections A and B)	019,955,00	\$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)	8875.00	\$875.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$20,830,0°	\$33,3/0.00
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	4739,00
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	F29,321.46	929,321.46
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)	O-	3
23. In-Kind Contributions Received (Section M)	-0-	\$1465.00
24. Refundable Deposit to Telephone Company (Section N)	-D-	-0-
25. Loan Balance	0	
25a. + Loans Received (Section D)	-0-	_0-
25b. + Interest and Penalties on Loan	-0-	-6-
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 Nat				TYPE OF REPORT			
SPEER	FOR May	OR		10.10	0.10	مسيه	
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$			
	B. Itemized Co	ontrib	outions from Indivi	duals			
Last Name		F	irst				MI
Residential Street Address		City			State	Zip	Code
Principal Occupation		1	Name of Employer		<u> </u>	l	
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a car e is asso	ndidate for a chief executive ciated with have a contract	e officer of a municipalit with said municipality	y, Am	ount c	of Contribution
- :	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	anch or	branches	e contractor?			
Method of Contribution:	1 0 80 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Mone	y Order		,			
Last Name		Fir	rst				MI
Residential Street Address		City		· · · · · · · · · · · · · · · · · · ·	State	Zip (l Code
Principal Occupation		<u> </u>	Name of Employer			<u> </u>	
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive riated with have a contract of Yes \(\sime\) No	officer of a municipality with said municipality	Amo	ount o	f Contribution
Is this contribution associated with an Yevent reported in Section L1?		nch or l	branches	☐ No			
Method of Contribution:				Aggregate Contributions	1		
□ Cash □ Personal Check □ Credit/Debit Ca	rd □ Payroll Deduction □ Money	Order					
Last Name		Fig	st				MI
Residential Street Address		City			State	Zip C	ode :
Principal Occupation	· · · · · · · · · · · · · · · · · · ·		Name of Employer			1	
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5;000?				Amo	unt of	Contribution
Is this contribution associated with an Yesevent reported in Section L1?		nch or b	ranches	□ No			
Method of Contribution:		.,,,,,		Aggregate Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	rd Payroll Deduction Money	Order					
	SUBT	OTAI	L Section B — This I	age ()		
	TOTAL	of ad	ditional Section B Pa	199 199	55,	00	2
TOTAL OF AI	LL CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A mn A of Summary Page To				

NAME OF COMMITTEE					学建善 学》	TYPE OF PEROPT	
	ER F	<u>OR</u>	MA	IOP		10.	10.15
Name of Committee	C1.	Contribu	itions fro		mmittees Treasurer		
The state of the s				14Wile of	rreasurer		,
Address							
1001635			Is this fundra	contribution asso ising event listed If y	ociated with a d in Section Li	O Yes ONo	Amount of Contribution
Sity	State	Zip Code	Date	Received	ves, list Event	# ate Contributions	
					1		
Jame of Committee				Name of	Treasurer		
ddress	, , , , , , , , , , , , , , , , , , ,		Is this	contribution asso	ociated with a	O Yes O No	Amount of Contributio
			fundrai	arma arrant lintad	l in Section L1 <i>es</i> , list Event <i>l</i>	? ∮	
ity	State	Zip Code	Date	Received	Aggreg	ate Contributions	_
ame of Committee				Name of 7	Freasurer	and the second s	
ddress			Is this of	ontribution asso	ciated with a	O Yes ONo	Amount of Contributio
				If yo	es, list Event #		
ty	State	Zip Code	Date	Received	Aggrega	te Contributions	
· ·				,			
ame of Committee				Name of T	'reasurer		
Idress			<u> </u>				
•			Is this co	ontribution associ ing event listed i If ye	ciated with a in Section L1?	O Yes O No	Amount of Contribution
у	State	Zip Code	Date	If ye.	s, list Event #	e Contributions	4
							İ
Co Dil				5 - 8 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5			
me of Committee	bursements, Pay	/memis, o	r Surpius		ons from (ther Committe	ees
				ľ			
dress					Date Rec	ceived	Amount of Receipt
	lo.	· In.	- ""			· · · · · · · · · · · · · · · · · · ·	
у	Sta	ite Zip	Code	Reimbi Payme	ursement for s nt for goods as	hared expense nd services	
no of Committee				O Surplus	s Distribution	annon maria de la companya del companya de la companya del companya de la company	
NO OT COMMITTEE				Name	of Treasurer		
dress					Date Rec	eived	
							Amount of Receipt
1	Sta	te Zip	Code	Reimbi	ursement for si	hared expense	_
and the second s				Surplus	nt for goods ar S Distribution	ia scivices	
			SUBTO	TAL Section	C—This	Page -	
		oberes					necessaria de la companya de la comp
The state of the s	OTAL OF ALL CO	and the second s		f additional :			
	(Section	is C1 + C2)	(Enter total	on Line 14 of Si	ummary Page	Totals)	0

Section B. ADDITIONAL PAGE 5 of 39

NAME OF COMMITTEE	TYPE OF REPORT
SPEER FOR M	ZYOR 10.10.15
B. Itemized Co.	ntributions from Individuals
Last Name Fucci	First Cyn Lhia
Residential Street Address 74 Shore Brive	City East Haven State Zip Code Oas 12
Principal Occupation Restaurant Manager	Name of Employer
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Yes Amount of Contribution Amount of Contribution
fundraising event listed in Section L1? No If yes, indicate which branches If yes, list Event # OF 26/15 of government the contract Method of Contribution:	t is with:
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order MI
Last Name Tucci	Albert
20 Jardin Drive	Edst Haven State Zip Code Ct 065/2
Principal Occupation Retired	Name of Employer
	o a candidate for a chief executive officer of a municipality, s associated with have a contract with said municipality Yes
fundraising event listed in Section L1?	is with:
Method of Contribution: ☐ Cash	Order S. 26.15 Aggregate Contributions
Last Name H FRICK	First Mary MI
118 Coe Ave	City Fast Haven State 2ip Code 06 572
Principal Occupation Retired	Name of Employer
	o a candidate for a chief executive officer of a municipality, s associated with have a contract with said municipality Yes No
Is this contribution associated with a fundraising event listed in Section I.1? No If yes, indicate which bran of government the contract	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order Date Received Aggregate Contributions Aggregate Contributions
SU.	BTOTAL Section B — This Page \$ 115,00

Section B. ADDITIONAL PAGE _6_ of 39_

NAME OF COMMITTEE				TYPE OF REPORT		
SPEER FOR MAYOR					10-	
	B. Itemized Co	ntribu	tions from Indivi	duals		
Last Name (ZPONO		First	JUDITA			М
Residential Street Address 164 FOXON	Road	City	ast Have	°N		Zip Code 06513
Principal Occupation Refired			Name of Employer			·
or dependent child of a lobbyist?	ontribution is in excess of \$400 s contributor or business he/she ued at more than \$5,000?				1	nt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 0820150	Is contributor a principal of a If yes, indicate which bra of government the contract	inch or bract is with:		□ No	4/	00.00
☐ Cash ☐ Personal Check ☐ Credit/Debit Card I	☐ Payroll Deduction ☐ Money	Order	0 26.0			lva.
Last Name Z umbo		First	ANTHOR			
Residential Street Address 560 Silver e Principal Occupation Retired	Sands Rd	City	ast Have	n	State /	6ip Code 06572
Principal Occupation Retired			Name of Employer		r	
Is contributor a lobbyist, spouse, Yes If contributor a lobbyist, spouse, PNo does	ontribution is in excess of \$400 s contributor or business he/she ed at more than \$5,000?	to a candi			Amoun	t of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 082615	Is contributor a principal of a If yes, indicate which bran of government the contract	nch or bra t is with:	nches	☐ Legislative	57	9.00
Method of Contribution: ☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money	i	S · 24 · 15	Aggregate Contributions		
Last Name		First	Joann			M P
Residential Street Address So Frances	St Ext	City	ast Have	2 り	~ / / /	ip Code 06572
Principal Occupation Retired		I	Name of Employer			
or dependent child of a lobbyist? I No does	ontribution is in excess of \$400 to contributor or business he/she ed at more than \$5,000?				Amoun	t of Centribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 08 24 15 C	Is contributor a principal of a If yes, indicate which brar of government the contract	nch or bra	nches	e contractor?	#5	00,00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money	- 1	Section Received	Aggregate Contributions		
	SU	втот	AL Section B —	This Page	2.00.	00
						·

Section B. ADDITIONAL PAGE 7 of 34

NAME OF COMMITTEE			TYPE OF REPORT		
SPEER A	FOR May	OR,	10.10.	15	
	B. Itemized Con	tributions from Indiv	iduals		
Last Name Lougal		First			MI
Residential Street Address 39 £7m S	٧.	Fast Ha	ven	State Zip Co	ode 6512
39 £ 1m Si Principal Occupation Director - Sen	von Center	Name of Employer	of ERST	Have	eN.
Is contributor a lobbyist, spouse, Yes If or dependent child of a lobbyist?	contribution is in excess of \$400 to es contributor or business he/she is ued at more than \$5,000?	a candidate for a chief executive	ve officer of a municipality		Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 0 \$ 2 6 /5	If yes, indicate which branc of government the contract	Date Received	ate contractor? Yes No Legislative Aggregate Contributions	100	. ~
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	LI Payroll Deduction Limoney C				
Last Name Pellegrino		First Mary A			MI
Residential Street Address Gerrish	Ave	East Ha	ven	State Zip Co	de 5/2
Residential Street Address 90 Gerrish Principal Occupation Retired		Name of Employer			
or dependent child of a lobbyist?	ontribution is in excess of \$400 to is contributor or business he/she is ued at more than \$5,000?	a candidate for a chief executive associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of (Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 0826/50	Is contributor a principal of a staff yes, indicate which brance of government the contract is	h or branches	te contractor? Yes	57.	00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money O	order S. 26.15	Aggregate Contributions	,	
Last Name SPAraco		First Magdal	en		MI
Residential Street Address 215 Eddon	St Ci	Fast Ha		State - Zip Co	6512
Principal Occupation Retired	1	Name of Employer		<u> </u>	
or dependent child of a lobbyist?	ontribution is in excess of \$400 to s contributor or business he/she is ned at more than \$5,000?			Amount of C	Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 082615	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or branches	te contractor? Yes Ne	\$ 100.	00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card [Payroll Deduction Money O	rder 5.26.10	Aggregate Contributions		
	SUB	TOTAL Section B —	This Page	250.	00
					1

Section B. ADDITIONAL PAGE 5 of 34

NAME OF COMMITTEE	TYPE OF REPORT
SPEER FOR MAYOR	10.10.15
B. Itemized Contributions from Indivi	duals
Last Name Abbott First LINDE	MI
Residential Street Address City Fast Ha	ven State Zip Code Ven 065/2
Principal Occupation Name of Employer	0. 00072
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes Yes Yes One of the contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with a fundraising event listed in Section L1? No flyes, list Event # 0826/5	te contractor?
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 8.26.10	
Last Name Cosaec Pirst Marian	ne
Residential Street Address City Fast Have	
Principal Occupation Name of Employer F. H. Be	pard of Ed.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	officer of a municipality, Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # OFOLO15C Is contributor a principal of a state contractor or prospective state fundraising event listed in Section L1? If yes, indicate which branch or branches of government the contract is with:	ロ -1/10 (ぴぴ.
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 8.26.15	Aggregate Contributions
ESPOSITO Flizabeth First F1/12ab	reth x
Residential Street Address 11 Park Place City Fast Ha	ven et la Zip Code Ven Ct 06512
	nt Care
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # \$\frac{82665}{2665}\$\$ (Is Event # 6\frac{82665}{2665}\$\$ (Is Event # 6	e contractor? Yes / 100. 00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	Aggregate Contributions
SUBTOTAL Section B — '	This Page # 200. od
	e

Section B. ADDITIONAL PAGE 9 of 39

NAME OF COMMITTEE TYPE OF REPORT
SPEER FOR MAYOR 10.10.15
B. Itemized Contributions from Individuals
Last Name Scalesse First Carolyn MI
Residential Street Address 19 Thompson Ave Last Haven State Zip Code 19 Thompson Ave Last 14aven C+ 0651
19 Thompson Are Fast Haven Ot 0651 Principal Occupation Retired Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes 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 a fundraising event listed in Section L1? No ff yes, list Event # OB2615
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order
Last Name Ruocco First Gennaro MA
Residential Street Address 74 Bennett Road City Fast Haven Ct 065/3
Residential Street Address 74 Bennett Road City Fast Haven Ct Zip Code Ct 065/3 Principal Occupation Retired
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 yalued at more than \$5,000?
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 082615 Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received F. 26 13
Colino Michael First Michael MI
Residential Street Address Silver Sands Rd City Fast Haven State Zip Code Ct 065-12
Principal Occupation (IPA De Caprio (IPA ASSOCIALES
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 a fundraising event listed in Section L1? If yes, list Event # 08 26/150 Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Payroll Deduction □ Payroll Deduction □ Date Received □ Aggregate Contributions □ Payroll Deduction □ Money Order □ Payroll Deduction □ Payroll Deduct
SUBTOTAL Section B — This Page # 250.

Section B. ADDITIONAL PAGE 10 of 39

NAME OF COMMITTEE			TYPE OF REPORT	
SPEER FO	OR Mayor	2	10.10.1	·5
	B. Itemized Cor	ıtributions from Indivi	duals	
Last Name PORTER		First Kristy		MI P
Residential Street Address 93 Austin	Ave	East H	aven	State Zip Code CF 065 /7
Principal Occupation Admisistrative,	Assistant	Name of Employer	et Judicia	al Branch
or dependent child of a lobbyist?		o a candidate for a chief executive is associated with have a contract Yes No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 08 26 15 C Method of Contribution: Cash Personal Check Credit/Debit Card	If yes, indicate which bran of government the contract	is with:	₽ No	4/00.
Last Name	210,1011 200001010	First		MI
Santacroce		Donald		
Residential Street Address 28 Whalers	Bint "	Fast Hau	ven	State Zip Code Lt 06572
Principal Occupation Retired		Name of Employer		
or dependent child of a lobbyist?		a candidate for a chief executive s associated with have a contract v		Amount of Contribution
Is this contribution associated with a Grandraising event listed in Section L17 No If yes, list Event # 2826 KS	Is contributor a principal of a s If yes, indicate which brand of government the contract		e contractor? Yes The Yes The Yes The Yes	\$50.00
Method of Contribution: ☐ Cash ☐ Gredit/Debit Card ☐ Credit/Debit Card ☐ Card	Payroll Deduction Money (1 1	Aggregate Contributions	
Last Name	Traylon Deduction Livioley (First /		I MI
Albis		Jame	5	J
Residential Street Address 369 Coe Ave	C	East Ho	r ven	Ct 06512
Principal Occupation Legislator		Name of Employer	of C+	
or dependent child of a lobbyist? BNo does	ntribution is in excess of \$400 to contributor or business he/she is d at more than \$5,000?	a candidate for a chief executive associated with have a contract v	officer of a municipality, yith said municipality	Amount of Contribution
Is this contribution associated with a Freshundraising event listed in Section L1? No If yes, list Event # 063615	Is contributor a principal of a st If yes, indicate which branc of government the contract i		contractor? Yes	\$ 50.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction T Money C	Date Received /	Aggregate Contributions	
		BTOTAL Section B — '	This Page 4	200

Section B. ADDITIONAL PAGE //_ of 39_

NAME OF COMMITTEE	TYPE OF REPORT
SPEER FOR MAYOR	10.10.15
B. Itemized Contributions	from Individuals
Last Name Bysrewez First S	USZN
Residential Street Address 125 Clover St City Principal Occupation ATTORNEY Name of	Letour Ch 06457
Principal Occupation ATTORNEY	of Employer MiddLefowN
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for does contributor or business he/she is associated with valued at more than \$5,000?	or a chief executive officer of a municipality, th have a contract with said municipality Yes No
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 0826/50 Method of Contribution: It yes Is contributor a principal of a state contractor If yes, indicate which branch or branches of government the contract is with:	☐ Executive ☐ Legislative
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order ►	26.15
Last Name Torres First A	1fredo MI
Residential Street Address 10 Main S.+ City WOC	aboldge of 06525
Principal Occupation Retired Name of	Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate fo does contributor or business he/she is associated wit valued at more than \$5,000?	r a chief executive officer of a municipality, have a contract with said municipality Yes No
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 08 26/15 C Is contributor a principal of a state contractor of fundraising event listed in Section L1? If yes, indicate which branch or branches of government the contract is with:	or prospective state contractor?
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order S.	Aggregate Contributions 26 · 15
Last Name Paulson First T	atrick 5
	+Haven State Zip Code 06572
Principal Occupation Refined Name of	Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for does contributor or business he/she is associated will valued at more than \$5,000?	a chief executive officer of a municipality, have a contract with said municipality Yes No
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 0826150 No If yes, indicate which branch or branches of government the contract is with:	or prospective state contractor? ☐ Yes ☐ No ☐ Executive ☐ Legislative
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ Cash ☐ Details ☐ Payroll Deduction ☐ Details ☐ Cash ☐ Details ☐ Detail	eived Aggregate Contributions
SUBTOTAL S	ection B — This Page

Section B. ADDITIONAL PAGE /2 of 38

NAME OF COMMITTEE				TYPE OF REPORT		
SPEER	FOR Mayo	OP		10.10.1	/ ර ්	
	B. Itemized Co	ntrib	ıtions from Indivi			
Last Name Santino		Fir	Juser	h		MI .
Residential Street Address Coe A	lve	City	Tast Ho	even	State	Zip Code 06512
Principal Occupation Retired			Name of Employer			
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she yalued at more than \$5,000?				, Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # OB 21015	If yes, indicate which bra of government the contract	nch or b t is with	ranches	le contractor? Yes Legislative Aggregate Contributions		50.°°
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	d □ Payroll Deduction □ Money		<u> </u>		ı	
Last Name Vastula		Firs	Michae			MI
Residential Street Address 46 Mass A-1	re	City Z	Fast Ital	ven	State	Zip Code 06512
Principal Occupation Retired	,		Name of Employer			
or dependent child of a lobbyist?	f contribution is in excess of \$400 loes contributor or business he/she valued at more than \$5,000?				Amou	ant of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 08 2 6 15	Is contributor a principal of a If yes, indicate which brar of government the contract	ich or br	anches Executive	☐ No ☐ Legislative		50.00
Method of Contribution: Cash Personal Check Credit/Debit Card	i □Payroli Deduction □Money		S. 26.15	Aggregate Contributions		
Last Name Esposito		Firs	Richa	rid		MI
	on Ave	City	ast Ita	ven	State	2ip Code 065/2
Principal Occupation Financial Ad	'visor		Name of Employer M M	FINANCIA		
or dependent child of a lobbyist?	f contribution is in excess of \$400 to loes contributor or business he/she alued at more than \$5,000?				Amou	nt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 08 26 15	Is contributor a principal of a If yes, indicate which bran of government the contract	ich or br	anches	e contractor? Yes	\$ 0	50
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Care	I □ Payroll Deduction □ Money	- [Date Received 5.26.15	Aggregate Contributions		
	SU	вто	ΓAL Section B —	This Page 🛮 🕊	150	.00
			·			

Section B. ADDITIONAL PAGE 13 of 38

NAME OF COMMITTEE			TYPE OF REPORT		and the same of th
SPEER	FOR MAYOR	the all phonoists and the second seco	10.10	2.15	THE RESERVE OF THE PARTY OF THE
		ributions from Indiv			
Last Name / ATTISON	and the second	First Kevin	The state of the s		MI
Residential Street Address 22 RFDWC	sod Drive ci			1 // 1	zip Code 065/3
Principal Occupation	1,000	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?	a candidate for a chief execution associated with have a contract Yes Yes	t with said municipality	Amoui	nt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Method of Contribution: Cash Personal Check Credit/Debit C	No If yes, indicate which branch of government the contract is	or branches with:	Legislative Aggregate Contributions	#	5.00
Last Name Dranginis		First ANN		THE PROPERTY OF THE PARTY OF TH	MI
Rosidential Street Address 352 Norf	CIL Del City		4	State 2	ip Code
Principal Occupation	0/2 /) (1 /	Namo of Employer	medianghirmiq mqc53296,22211Eilid quim mirApAp-qifcir-accummiqabeligi		
Is contributor a lobbyist, spouse, Yes- or dependent child of a lobbyist? Wo	If contribution is in excess of \$400 to a does contributor or business he/she is as valued at more than \$5,000?	candidate for a chief executive sociated with have a contract	e officer of a municipality, with said municipality	Amoun	t of Contribution
is this contribution associated with a UY. fundraising event listed in Section L1? If yes, list Event #	ls contributor a principal of a state of government the contract is v	or branches	ale confractor?	\$2	00.00
Method of Contribution:] Cash [] Personal Check [] Credit/Debit Ca	ard Payroll Deduction Money Ord	Date Received	Aggregate Contributions		
ess Name Gifford		First Stepher,	da da Mario Principo Principo Principo de Carlo		MI
Residential Street Address 230 Clinton	Ville Lake 1		ven	Sie Zi	p Code 16473
Principal Occupation		Name of Employer			
r dependent child of a lobbyist?	If contribution is in excess of \$400 to a c does contributor or business he/she is as valued at more than \$5,000?	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality, with said municipality	Amount	of Contribution
s this contribution associated with a undraising event listed in Section L1? If yes, list Event #		r branches	ie contractor? Yes D No	\$3	6.00
Method of Contribution:] Cash Personal Check Credit/Debit Car	rd 🏻 Payroll Deduction 🗀 Money Orde	Date Received	Aggregate Contributions		
	SUBT	OTAL Section B —	This Page 4	1 285,	00
		and the state of t	and a strong part of the strong	and the second s	
					}
					1

SEEC FORM 20 Ravised January 2015 Section B ADDITIONAL PAGE _/-/__ of _3 \(\frac{3}{2} \)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor		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 Indivi	duale		
Last Name	First	· · · · · · · · · · · · · · · · · · ·	MI	
Cole	Kober			
Residential Street Address 402 I Ves Street	City Handen		State Zip Code Cf 06518	
Principal Occupation	Name of Employer		•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	400 to a candidate for a chief executive she is associated with have a contract \square Yes \square Yo	officer of a municipality, with said municipality	Amount of Contribution	
	f a state contractor or prospective state branch or branches	No	5,00	
Method of Contribution:		Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	ا سعاد ا			
Last Name	First		Mt	
DIAdamo	MONICZ			
Residential Street Address	City Branford	/ s	State Zip Code	
46 ACORN RODD	Brantorc	(1 06405	
Principal Occupation	Name of Employer	William Control of the Control of th		
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$40	Otto a condidate for a line constitution	. 65		
	00 to a candidate for a chief executive he is associated with have a contract w	officer of a municipality, ith said municipality	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of If yes, indicate which by of government the contributor of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contribution associated with an indicate which by the section of the principal of If yes, indicate which by the section of government the contribution apprincipal of If yes, indicate which by the section of If yes, indicate which is a section of If yes,		₽No	\$500.00	
Method of Contribution:	Date Received A	Aggregate Contributions		
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mon	ey Order 9 1/5 15	·		
Last Name	First		MI	
Residential Street Address	City	Si	tate Zip Code	
Principal Occupation	Name of Employer			
Is contributor a lobbyist, spouse,	0 to a candidate for a chief executive one is associated with have a contract w	officer of a municipality, ith said municipality	Amount of Contribution	
s this contribution associated with an event reported in Section L1? If yes, list Event # No If yes, indicate which brown of government the contributor aprincipal of the section L1?		ontractor?		
Method of Contribution:		ggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Order			
SUB	TOTAL Section B — This P	age \$50	05.00	
TOTA	L of additional Section B Pa	ges		
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections A 4			

SEEC FORM 20 Reshed Jame 2014 Section B. ADDITIONAL PAGE 15 of 39

NAME OF COMMITTEE				TYPE OF REPORT		
SPE	ER FOR ME	, BVC	OR.	10.10.15		
	B. Itemized Cor	ntribi	itions from Indivi	duals		
Last Name GLZNTZ		Fir	st Paul			MI
Residential Street Address 99 Park Avi	<i>a</i>	City /	Pew York		State Zip	Code 1/00/6
Principal Occupation Real Est	atè.		Name of Employer			
or dependent child of a lobbyist?	ontribution is in excess of \$400 to se contributor or business he/she is ued at more than \$5,000?				Amount o	of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 12/10/10 Method of Contribution:	Is contributor a principal of a If yes, indicate which bran of government the contract	ich or b is with	ranches :	te contractor? Yes Control Legislative Aggregate Contributions	#100	10.00
Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order	9.18.15			
Last Name Ja Cobson		Firs	"Adam			MI
Residential Street Address 249B PUTCHOSE	o Stroct	City /	Pyc		7/1/1	0580 0580
Principal Occupation	,		Name of Employer	try learehou	75-C.	
or dependent child of a lobbyist?	ontribution is in excess of \$400 to s contributor or business he/she is ted at more than \$5,000?	o a cand s associ	lidate for a chief executive	officer of a municipality	, Amount o	f Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 92/150	Is contributor a principal of a s If yes, indicate which bran- of government the contract	ch or bi	anches	☐ Legislative	100	10,00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card [☐ Payroll Deduction ☐ Money (Order	Date Received 9, 29.15	Aggregate Contributions		
Last Name /+arc/		Firs	501			MI
Residential Street Address 201 Brewster	Koad	City	kst Har	Hord	71	6119
Principal Occupation Public Adjuste	e/		Name of Employer			
or dependent child of a lobbyist? I No does	ontribution is in excess of \$400 to s contributor or business he/she is led at more than \$5,000?				Amount o	f Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 092/101	Is contributor a principal of a s If yes, indicate which brane of government the contract	ch or br	anches Executive	e contractor? ☐ Yes ☐ No ☐ Legislative	\$ 100	70. N
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	☐ Payroll Deduction ☐ Money (Order	Date Received	Aggregate Contributions		
	SUI	вто	FAL Section B—	This Page 3, 4	100.00)
- TO						
			·			
						ľ

Section B. ADDITIONAL PAGE 16 of 34

NAME OF COMMITTEE			TYPE OF REPORT	- 스카리턴 중요점	
SPEER FO	OR Mayor		10.10.10	5	<u>-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1</u>
	and the second s	ributions from Individ			
Last Name		First	7 (MI
Melfi		Thomas			
Residential Street Address	/ City	/ 1 //		State Zip C	~
Principal Occupation	Court	Name of Employer		C/ 06	798
ATTOTWEY		1	Law fi	nm	
Is contributor a lobbyist, spouse, Yes If control or dependent child of a lobbyist?	ribution is in excess of \$400 to a ontributor or business he/she is a at more than \$5,000?	candidate for a chief executive	officer of a municipality		Contribution
	s contributor a principal of a star If yes, indicate which branch of government the contract is	or branches with:	Ŭ No	\$150	3,00
Last Name BCRG AMO Residential Street Address		First			L L
Principal Occupation	Stroot C	Wast Haw Name of Employer	n	State / Zip Co	1
ATTORNEY		Marcus	Lawsi	IM	
Is contributor a lobbyist, spouse, Yes If control or dependent child of a lobbyist? No does contribute to the control of the c	ibution is in excess of \$400 to a ntributor or business he/she is as at more than \$5,000?	candidate for a chief executive	officer of a municipality,		Contribution
Indraising event listed in Section L1?	s contributor a principal of a state If yes, indicate which branch of government the contract is well as the contract of the contract is the contract of the contract of the contract is well as the contract of the contract	or branches	E No	320	3.
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ P	ayroll Deduction Money Ord	1 / '	aggregate Contributions		
Last Name G/aN+Z		First Trwin			MI L
Residential Street Address 99 Park 1-1 Principal Occupation	1ENUE City	New York	1 /	State Zip Co	016
Real Esta	8	Name of Employe			
or dependent child of a lobbyist?	ibution is in excess of \$400 to a ntributor or business he/she is as at more than \$5,000?	sociated with have a contract w	ith said municipality	Amount of C	Contribution
fundraising event listed in Section L1? No If yes, list Event # 992/57	contributor a principal of a state If yes, indicate which branch of government the contract is v	or branches	contractor? Yes No Legislative	A1000	1.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Pe	yroll Deduction Money Ord		ggregate Contributions		
	SUBT	OTAL Section B — I	Chis Page 4	450.00)
					İ

SEEC FORM 20 Rest-of from 2014 Section B. ADDITIONAL PAGE // of 38

NAME OF COMMITTEE			TYPE OF REPOR	me danasa singan	
SPEFR	FOR May	0P	10.10		
	A STATE OF THE PARTY OF THE PAR	itributions from			
Last Name	DA ROMIZEU CO	First			MI
Lo Monte			resa		
Residential Street Address 3 C W05 F WY 1	nd	Midd.	letowa	State / 2	Zip Code 06457
Principal Occupation APPROVISOR		Name of Employ	er H		
or dependent child of a lobbyist? If No doe	contribution is in excess of \$400 (es contributor or business he/she ued at more than \$5,000?				it of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 09211.5	Is contributor a principal of a If yes, indicate which brar of government the contract	ch or branches is with:	xecutive ☐ Legislative Aggregate Contribution	Yes No	880. or
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Oldoi /	70		
Last Name MOTALS Residential Street Address		First Let,	1212	In. To	MI
125 Thomps Principal Occupation		Name of Employe	Haven	State Z	ip Code 06572
(Augusta		4	e of 15		
or dependent child of a lobbyist?	ontribution is in excess of \$400 to s contributor or business he/she is sed at more than \$5,000?	a candidate for a chief associated with have a	executive officer of a municip		t of Contribution
Is this contribution associated with a fundraising event listed in Section L17 If yes, list Event #	Is contributor a principal of a s If yes, indicate which brane of government the contract	ch or branches		Yes /	10.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card [☐ Payroll Deduction ☐ Money (Date Received	Aggregate Contribution	ns .	
Constantinop	ole	First Paul	/		MI
Residential Street Address 35 Prospect	PI. EXT	in Fast,			p Code 065/2
35 Prospect Principal Occupation Retired		Name of Employer			
or dependent child of a lobbyist?	ontribution is in excess of \$400 to s contributor or business he/she is sed at more than \$5,000?	associated with have a			of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Is contributor a principal of a s If yes, indicate which branc of government the contract	h or branches		Yes No / O	0.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money (Date Received Order 9 · 30 ·	Aggregate Contribution	s	
	SUI	TOTAL Section	B—This Page	1200.	00
·					
,					

Section B. ADDITIONAL PAGE /8 of 39

NAME OF COMMITTEE			TYPE OF REPORT		45 X (115) 50
SPEER FOR Mayor			10.10.	ن ح	· · · · · · · · · · · · · · · · · · ·
	B. Itemized Con	atributions from Indivi	duals		
Last Name Gordon		First Matthe	ew		M C M
Residential Street Address 190 Woodpone	Poad	city West Hart	ford	State Zip C	ode 6107
Principal Occupation ATTORNOY		Name of Employer Mallhaw	Dallas 6	o odon	WC
or dependent child of a lobbyist? If No do	contribution is in excess of \$400 to bes contributor or business he/she alued at more than \$5,000?	o a candidate for a chief executive is associated with have a contract \[\sum \text{Yes} \text{PNo} \]	e officer of a municipality with said municipality	, Amount of	Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 2/2//5/	If yes, indicate which bran of government the contract	is with: Executive Date Received	te contractor? Yes Yos No Legislative Aggregate Contributions	\$ 5	VO.00
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order 9.21.15			
Last Name Paguin		First Belly			MI
Residential Street Address 24 Xoruxa	Poad	New Have	21)	State Zip C	ode 16513
Principal Occupation	••••	Name of Employer			• '''
or dependent child of a lobbyist?	contribution is in excess of \$400 to es contributor or business he/she is fued at more than \$5,000?	a candidate for a chief executive s associated with have a contract V	officer of a municipality, with said municipality	Amount of	Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # OGOULED	Is contributor a principal of a s If yes, indicate which brand of government the contract		e contractor? Yes Za No	50	0.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money (1 /1 - ()	Aggregate Contributions		
Last Name FARROW		First			MI
Residential Street Address 357 Pearl	Street c	ily Bridgepo	ct	State Zip Co	608
Principal Occupation AHOTNEY		Name of Employer Marco	15 Law +	Irm	
or dependent child of a lobbyist?	contribution is in excess of \$400 to es contributor or business he/she is ued at more than \$5,000?	a candidate for a chief executive associated with have a contract w	officer of a municipality, vith said municipality	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 st If yes, indicate which branc of government the contract i		contractor?	300.	00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money C	1	aggregate Contributions		
	SUE	TOTAL Section B - 7	This Page /	300.00	3
					-

Section B. ADDITIONAL PAGE 19 of 39

NAME OF COMMITTEE			TYPE OF REPORT	
SPEER FOR	Mayae		10.10	· 15
	B. Itemized Cont	ributions from Indivi	duals	
Last Name + Rotta		First _ FREderic	K	MI
	U LANG Cit	60/Hord		State Zip Code 06 437
Principal Occupation ATTORNEY		Name of Employer 1+ 2/10 r d	in & Sage L	LP
or dependent child of a lobbyist?	ontribution is in excess of \$400 to a s contributor or business he/she is a aed at more than \$5,000?	a candidate for a chief executive	e officer of a municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No fyes, list Event # 292//52 Method of Contribution: Cash Personal Check Credit/Debit Card	Is contributor a principal of a sta If yes, indicate which branch of government the contract is Payroll Deduction Money Or	or branches with:	te contractor?	\$1,000.00
Last Name Criscuolo		First David		М
Residential Street Address 100 Short B	each Rd City	Fast Have	eN	State Zip Code O6512
Principal Occupation		Name of Employer		
or dependent child of a lobbyist?	entribution is in excess of \$400 to a contributor or business he/she is a ed at more than \$5,000?	candidate for a chief executive ssociated with have a contract	officer of a municipality, with said municipality	//
Is this contribution associated with a Yes fundraising event listed in Section L1? No If yes, list Event # \(\text{QQ2/10J} \)	Is contributor a principal of a stat If yes, indicate which branch of government the contract is	or branches	e contractor? ☐ Yes ☐ No ☐ Legislative	1,000.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money Ord	1 ~ ~ / / /	Aggregate Contributions	:
D'A-ndrea		First Kim		MI
Residential Street Address POBN 1330	City	utchfield		State Zip Code CH 06759
Principal Occupation Red/be		Name of Employer WILLIAM P	11 Sotheby	′
or dependent child of a lobbyist? 🏻 📈 No 📗 does	ntribution is in excess of \$400 to a contributor or business he/she is ased at more than \$5,000?	candidate for a chief executive sociated with have a contract v	officer of a municipality, vith said municipality	Amount of Contribution
Is this contribution associated with a Yes fundraising event listed in Section L1? No If yes, list Event # 972/167	Is contributor a principal of a state If yes, indicate which branch of government the contract is v	or branches	□ No	\$ 1000.
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money Ord		Aggregate Contributions	
	SUBT	'OTAL Section B —'	This Page 3. 1	000,00
· ————————————————————————————————————				

Section B. ADDITIONAL PAGE 20 of 34

		- F	Ø	or handly 16 and 17 december 19 and 1	
NAME OF COMMITTEE			TYPE OF REPORT		
SPEER FOR	Mayor		10.10.13	5	
	B. Itemized Co.	ntributions from Indivi	duals		
Last Name Capasso		First VINCEN	ZO		MI
Residential Street Addless 20 JUNIDER	Point Rd	City Branfor	V	State Zip C	ode ///5
Principal Occupation MOSON	,0000,000,000,000,000,000,000,000,000,	Name of Employer		74-2-a	inkansammuu,ppgis _k e ² k ² 22 en milaisid omma
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract	officer of a municipality, with said municipality	Amount of	Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Method of Contribution: Cash Personal Check Credit/Debit C	No If yes, indicate which brar of government the contract	t is with:	I No	4300	1.00°
Last Name		First	Desirable de la companya de la companya de la companya de la companya de la companya de la companya de la comp		MI
LOMONTE		John			
Residential Street Address 39 WuStw	ynd "	Middle town		State Zip Co	457
rincipal Occupation • •	r & Broker	Name of Employer		,	-
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she is yalued at more than \$5,000?	o a candidate for a chief executive s associated with have a contract v	officer of a municipality, vith said municipality	Amount of	Contribution
Is this contribution associated with a Aundraising event listed in Section L1? **If yes, list Event #** O 2 2 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	es Is contributor a principal of a s	rtate contractor or prospective state ch or branches	contractor? Yes Tho Legislative	\$1,00	D.
Method of Contribution: Cash Personal Check Cicedit/Debit Ca	ard Payroll Deduction Money (Aggregate Contributions		
Last Name ZIChichi	an para para para para para para para pa	First Joseph		1	MI
Residential Street Address 40 LOOD ho	use Ave	Northfor		tato Zip Cod	de 472
Principal Occupation		Name of Employer	The state of the s	an amining in surfree sequences in	Account of the second of the s
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive of a ssociated with have a contract w	officer of a municipality, ith said municipality	Amount of C	Contribution
s this contribution associated with a [2] To fundraising event listed in Section L12 No fives, list Event # 27216			contractor?	\$ 100	10.00
Method of Contribution:		Date Received A	ggregate Contributions		
Cash Derersonal Check Credit/Debit Cas	ra LI Payroll Deduction LI Money C	Order		18	
	SUE	BTOTAL Section B — 7	his Page	300.	00
	And the state of t			en en en en en en en en en en en en en e	
•]
ı					ļ
					ſ
					.]

Section B. ADDITIONAL PAGE 21 032

NAME OF COMMITTEE			TYPE OF REPORT		
SPEER	FOR MOYOR		10.10.1	5	
The state of the s		ntributions from Indivi	duals		
Last Name FRECHETTE		First Danak		and the second s	MI
Residential Street Address SICIRNO	ustie Circle	Bloomfie	/d	State Zip C	ode 6002
Principal Occupation A-110RNCY	- Carlos Carlos - Carlos Carlo	Name of Employer Lackel	ord LLC	Telegramitik jegi kinny dikemana amagamaya yang	Charles and the second
Is contributor a lobbyist, spouse, I Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	officer of a municipality, with said municipality	Amount of	Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # OUD 115.D Method of Contribution:	No If yes, indicate which brain of government the contract	t is with:	□ No	\$100	0.00
☐ Cash	Card Payroll Deduction Money	Order 9.16.15			
Last Name LCCh		First MIChael	Alle Salat de la companya de la companya de la companya de la companya de la companya de la companya de la comp		MI
Residential Street Address O 1813 T	rive	City DIA LYMC		State Zip Co	311
Principal Occupation (F)		Name of Employer	60	-	
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	o a candidate for a chief executive	officer of a municinality	Amount of	Contribution
Is this contribution associated with a fundaising event listed in Section L1? If yes, list Event # 992/163			contractor?	1500	0.00
Method of Contribution: Clash Personal Check Credit/Debit Contribution	ard Payroll Deduction Money		eggregate Contributions		
Lasi Name CaPasso		First LVISA	antara (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995	ett talli tatkimistä syntymistä ja ja ja ja ja ja ja ja ja ja ja ja ja	almunumukkan minumenen an MI
Residential Street Address OUNAR HILL		iv Noeth Ha	WEN S	State Zip Cod	de 473
Principal Occupation MASOWY		Name of Employer	n Restorc	TION	Ince
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive o	officer of a municipality.	Amount of C	
s this contribution associated with a UY undraising event listed in Section L1? If yes, list Event #	Is contributor a principal of a s If yes, indicate which branc of government the contract		contractor? [] Yes El No] Legislative	\$4/00	0.00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Ca	ard Payroll Deduction Money C		ggregate Contributions		
	SUI	BTOTAL Section B — T	his Page #	1900.0	00
	The state of the s			ary and a second second second second second second second second second second second second second second se	
,					
					ļ
					ĺ
					1

SEEC FORM 20 Robot Temples Section B. ADDITIONAL PAGE 22 of 37

NAME OF COMMITTEE			YPE OF REPORT	The state of the s
SPEER FO	DE MAYOR	or the second of the second of the second of the second of the second of the second of the second of the second	10.10.1	taria di manda di ma La manda di manda di manda di manda di manda di manda di manda di manda di manda di manda di manda di manda di
		ntributions from Individu	ıals	
Last Name		First	4.0	M
Z Zchs		Edward		
Residential Street Address		City Co-1	S	ste Zip Code
Principal Occupation	200	DIONJOICI		t 06405
Autoria	:	Name of Employer	aw Haven	
Is contributor a lobbyist, spouse, Yes If	contribution is in excess of \$400	to a candidate for a chief executive o		Amount of Contribution
or dependent child of a lobbyist? I No do	es contributor or business he/she lued at more than \$5,000?	is associated with have a contract wi	th said municipality	Amond of Court Builds
Is this contribution associated with a fundraising event listed in Section L1? Wes, list Event # 4 4 4 6 6 7 7 8 7 8 7 8 7 8 7 8 9 8 9 9 9 9 9 9 9	Is contributor a principal of a If yes, indicate which bra of government the contrac		L No	\$ 500.00
Method of Contribution:	or Boachangerment are country	Date Received Ag	gregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order 9.22.15		
Last Name GayNOR		First Mark		MI
Residential Street Address		City _ (2)	I Su	ie. Zip Code
Principal Occupation	Road	Brawford Name of Employer	<u> C</u>	06405
Clinal Social WOL		Soft		
or dependent child of a lobbyist?	contribution is in excess of \$400 to es contributor or business he/she i ued at more than \$5,000?	o a candidate for a chief executive of is associated with have a contract with I Yes I No	ficer of a municipality, h said municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 0921/51	Is contributor a principal of a suffyes, indicate which bran of government the contract	state contractor or prospective state contractives is with:	ontractor? [] Yes No Legislative	500.00
Method of Contribution: Cash Personal Check Cledit/Debit Card	☐ Payroll Deduction ☐ Money		gregate Contributions	
Last Name		First		MI
Zichichi		TRANCOS		
Residential Street Address 45 Woodh ouse		XIOTHORD	State	2ip Code 7+ 06472
Principal Occupation		Name of Employer		ennen permetet in meditet te sentet plate i de proportion per per per de altre de la la persona per per per pe
or dependent child of a lobbyist? 🔲 No doe	ontribution is in excess of \$400 to s contributor or business he/she is sed at more than \$5,000?	o a candidate for a chief executive off s associated with have a contract with Yes No	icer of a municipality, a said municipality	Amount of Contribution
Is this contribution associated with a Yes fundraising event listed in Section L1? No Hyes, list Event # 992/165	Is contributor a principal of a s If yes, indicate which brand of government the contract		ontractor? Yes Vo	\$1,000.00
Method of Contribution: Cash Dersonal Check Credit/Debit Card	od dalament and a compression property of the Compression of the compr	Date Received Agg	regate Contributions	
	SUI	BTOTAL Section B Th	is Page 2,0	80.
		ang panggang kanggang panggang ang panggang panggang panggang panggang panggang panggang panggang panggang pan	my something the state of the s	ng papalanan na mananan
·				

Section B. ADDITIONAL PAGE 23 of 39

NAME OF COMMITTEE			TYPE OF REPORT	
SPEER FO	R Mayor.	And the state of the property of the state o	10.10.1	
		ributions from Indivi		
Last Name KRONHOIM		First Joh XI		MI
Residential Street Address 697 Pcg	upt trail		ton	State Zip Code CF 26328
Principal Occupation TWS' UTANC		Name of Employer	та а din a dimension и постор 45 годобо и постоя постоя струго 41/4 годова	0 00078
Is contributor a lobbyist, spouse, Yes If or dependent child of a lobbyist? We do	contribution is in excess of \$400 to es contributor or business he/she is flued at more than \$5,000?	a candidate for a chief executive associated with have a contract	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event #	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or branches with:	te contractor? Yes W No D Legislative Aggregate Contributions	\$ 500.00
Last Name	El rayron Deduction El Money Of		Marini da Santa da Santa da Santa da Santa da Santa da Santa da Santa da Santa da Santa da Santa da Santa da S	
Residential Street Address	leu	MONZ		MI
697 Paguot Principal Occupation	Trail City	Stowing for	S	12 Zip Code 78
Insurance		Name of Employer Self	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
or dependent child of a lobbyist? La No doe	ontribution is in excess of \$400 to a s contributor or business he/she is a ued at more than \$5,000?	candidate for a chief executive ssociated with have a contract v	officer of a municipality, vith said municipality	Amount of Contribution
s this contribution associated with a Yes Audraising event listed in Section L1? No If yes, list Event # 292/151	Is contributor a principal of a stat If yes, indicate which branch of government the contract is	or branches	c contractor? Yes	\$500.00
Method of Contribution: □ Cash	Payroll Deduction	ler 9.21.65	Aggregate Contributions	
Choudhry		First Tahla	titiseit tiideleettiin ja ja kantaa kant	MI
lesidential Street Address 629 Tama	rack Road City	Cheshire	St	ate Zip Code Of 06410
rincipal Occupation DUS/NOSS		Name of Emplayer	amon, day fad kanda hari da mga nay 2195 2175 kananana manang da yana da da	
r dependent child of a lobbyist? LI No does	ontribution is in excess of \$400 to a c contributor or business he/she is as ed at more than \$5,000?	candidate for a chief executive sociated with have a contract was Yes 42 No	officer of a municipality, rith said municipality	Amount of Contribution
s this contribution associated with a Yes undraising event listed in Section L1? No Wyes, list Event # 092/30	Is contributor a principal of a state If yes, indicate which branch of government the contract is w	or branches	I No	500.00
Method of Contribution: I Cash	Payroll Deduction Money Order		ggregate Contributions	
	SÜBT	OTAL Section B — 1	This Page	500.
			an and a sure of the sure of t	
•				
				Í
				ļ

I. MONETARY RECEIPTS (Sections A—K)

24 Page 4-0	-	37
Page 4-0	ı-ŀ-	+ U

NAME OF COMMIT	TEE		14-9-10-10-10-10-10-10-10-10-10-10-10-10-10-				
and the second section and the section of the secti	SPEER			YOR,		10.1	10 · 15-
		C1, C	Contribution	ons from C	Other Commi	ittees	
Name of Committee					Name of Treasus	rer	
Address				Is this cont	tribution associated	i with a Yes No	Amount of Contribution
				fundraising	g event listed in Se	ction L1?	Tillioun, or Continue
		• _			If yes, list	·····	
City		State	Zip Code	Date Rec	:eived	Aggregate Contributions	
Name of Committee					Name of Treasur	l rer	
						•	
Address				Is this contr	ribution associated	with a Yes No	Amount of Contribution
				fundraising	g event listed in Sec If yes, list		
City		State	Zip Code	Date Rece		Aggregate Contributions	\dashv
			Lip Coc.		*****	1100-10-11	
					ļ		
Name of Committee				- !	Name of Treasure	er	
				t			
Address				Is this contr	ribution associated event listed in Sec	with a Yes No	Amount of Contribution
				fundraising	T.C., 1!-4	Event #	
City		State	Zip Code	Date Rece		Aggregate Contributions	-
·			'				
Name of Committee					Name of Treasure	SE .	
Address				T	* *		Amount of Contribution
1001035				Is this contri	ibution associated event listed in Sect	with a Yes No tion L1?	Amount of Commounted
				10110101.2	If yes, list		
City		State	Zip Code	Date Rece	ived	Aggregate Contributions	7
					İ		
		<u> </u>					
	C2. Reimbursem	ents, Pay	ments, or	Surplus D	istributions f	from other Committe	ees
Name of Committee					Name of Tre	asurer	
Address						Date Received	
Address						Date veceived	Amount of Receipt
~*		I Ctol	· Iz:- C				_
City		Stat	te Zip Co	ode	Reimbursem Payment for	nent for shared expense goods and services	
		-		Ī	Surplus Dist	ribution	
Name of Committee	<u> </u>				Name of Tre		
						T	·
Address						Date Received	Amount of Receipt
City		Stat	te Zip Co	ode	Reimbursem	ent for shared expense	
					Surplus Distr	goods and services ribution	
				SUBTOTA	AL Section C -	– This Page	
The constant and a second							
			T	OTAL of a	dditional Sect	ion C Pages	
	TOTAL O	F ALL CO	MMITTEF	CONTRIP	BUTIONS AND	RECEIPTS	á
		(Section	is C1 + C2) (Enter total on	Line 14 of Summa	ary Page Totals)	0

SEEC FORM 20 Rethol June 2014

I. MONETARY RECEIPTS (Sections A—K)

Page 5 of 17 0	25 - 38 Page 5 of 17
----------------	-------------------------

NAME OF COMMITTEE	,	1		TYP	E OF REPORT	
OPEER	FOR		ay <i>or</i>		10.10	<u>'/5</u>
Name of Lender	D. Lo	ans Rece	ived this Perio	od		
Traine of Echica				Candidate 🔿 Indi	vidual Other Committe	Date of Receipt
Street Address	City			State		Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	•		- 111 - 2 - 1111111		,	Amount Received
Street Address	City			State	Zip Code	_
Name of Lender			Source of Loan: OBank OC	andidate (Indi	vidual Other	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	_					Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: OBank OC	andidate O Indiv	ridual Other	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (If applicable)				-		Amount Received
Street Address	City		*	State	Zip Code	_
			TO	TAL SECTION	ON D	
E. Receipts from Entities	other than Indi	viduals o	r Other Com	nittees <i>(Refer</i>	endum Committee	s ONLY)
Name of Entity						<u> </u>
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Co	ntributions	
Name of Entity		_				
ireet Address	····			Date Received		Amount Received
ity		State	Zip Code	Aggregate Co	ntributions	
lame of Entity		<u> </u>				
treet Address				Date Received		Amount Received
ity		State	Zip Code	Aggregate Cor	ntributions	
			T	OTAL SECTI	ON E	(1)

SEEC FORM	20
Revised Juneary 2015	

I. MONETARY RECEIPTS (Sections A—K)

Pag	26.	ĈĮ.	W.
		3	36

rativiša, goda se proposovanja delegati	SPEEL transportation of the state of the state of the state of the state of the state of the state of the state of th	<u> 1-0K</u>	May	OR		0.10.15
	F. Amount Transferr	ed from Affil	ated Busine	ss Treasury (Bu	siness Entity Cor	会議会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会
ate of Receipt	Is this transaction ass event reported in Sec		☐ Yes If y	es, list Event #		Amount
te of Receipt	Is this transaction ass event reported in Sec		☐ Yes If yo	es, list Event#		Amount
te of Receipt	Is this transaction assevent reported in Sect		☐ Yes If ye	es, list Event #		Amount
e of Receipt	Is this transaction asso event reported in Sect		☐ Yes If ye	rs, list Event#		Amount
				TOTAL SECTIO)N.F	
						·
G. Amount	Transferred from Affili	ated Labor U	lnion or Otl	ier Organization	ı Treasury <i>(0</i>	rganization Committees ONLY
of Receipt		Date of Receipt			Date of Receipt	
	Amount		Amount			Amount
			T (OTAL SECTION	G	·
	H. Personal Funds of	the Candida	te Received	this Period- (Ca)	ndidate Committe	es ONLY)
aries a construction and a section at			સ્તિનામકો શિક્ષાના કરા કરોકે રેવું કરતા			
of Receipt	Method of payment:		等于一种基本的 10mm 6 m 2 2015 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Amount
of Receipt	Method of payment:	☐ Pers	sonal Check	☐ Credit/Debit	Card	Amount
•		☐ Pers	kinanaki diang paggaranjang	☐ Credit/Debit	Card	Amount Amount
•	☐ Cash		kinanaki diang paggaranjang	☐ Credit/Debit (☐ Credit/Debit (☐		
of Receipt	☐ Cash		sonal Check			
of Receipt	☐ Cash Method of payment: ☐ Cash	☐ Pers	sonal Check		Card	Amount
of Receipt of Receipt	Method of payment: Cash Method of payment:	☐ Pers	sonal Check	☐ Credit/Debit (Card	Amount
of Receipt of Receipt	☐ Cash Method of payment: ☐ Cash Method of payment: ☐ Cash	☐ Pers	sonal Check	☐ Credit/Debit (Card	Amount Amount
e of Receipt e of Receipt of Receipt of Receipt	☐ Cash Method of payment: ☐ Cash Method of payment: ☐ Cash Method of payment:	☐ Pers	sonal Check sonal Check onal Check	☐ Credit/Debit (☐ Credit/Debit (Card Card	Amount Amount

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	ER FOR Mayor	ТУРЕО	FREPORT	10.15
	J. Interest from Deposits in Authorized	Accounts		
Name of Institution		Date Reco	eived	Amount
			- -	
Street Address	City	State	Zip Code	
Name of Institution		Date Rece	ived	Amount
G				
Street Address	City	State	Zip Code	
		OTAL SECTIO	NJ	
K. 1	Miscellaneous Monetary Receipts not Conside	ered Contribut	ions	
Name	magning that and make the control has been proper to the control of the control	The State of	of Transaction	Amount Received
Street Address	City	State	Zip Code	_
			Z.p couc	
Description			•	
Name		Date	of Transaction	Amount Received
Street Address	Lew	State	7:- 0-1-	
oned Address	City	State	Zip Code	
Description				
Name		Date	of Transaction	Amount Received
Street Address				
Street Address	City	State	Zip Code	
Description			<u> </u>	
Name		Date of	of Transaction	Amount Received
Street Address				Zinount Received
itreet Address	City	State	Zip Code	
Description				
		TAL SECTION	GRANT EMPLOYEE	
	RY OF OTHER MONETARY RECEIPTS (Sections D thro	ugh K)	
Total Loans Received this Period (Sec				
	in Individuals or Other Committees (Section E)		+	
otal Amount Transferred from Affili			+	
	iated Labor Union or Other Organization Treasury (Se	ction G)	+	
	e Candidate Received this Period (Section H)		+	
	its in Authorized Accounts (Section J)		+	
	ts not Considered Contributions (Section K)	and the second second second second second second second second second second second second second second seco	+	
otal of Other Monetary Recei	pts (Add Sections D through K) (Enter total on Line 1:	5 of Summary Page To	tals)	

P	ag	c-8-(£.	17-
4	2	F		10

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor		TYPE OF REPORT	
SPEER FOR ME		10.10.1	
Event# Description	nt Information		
Billing Columbia	N Restaurant	<u>.</u>	Vas this a fundraising even ☐ Yes ☐ No
Location: Street Address Main Street	City East Hav	とい	State Zip Code Obs/2
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 Associated with a House purchases made by host	In-Kind Donations not one Party and complete re (s) for food, beverage and	equired information for any
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 and complete required in		Considered Contributions
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 Recei	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Comwere there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If yes, go to Section L3 I	Committees) Purchases of Advertising ete required information	s Space in a Program Book L.)
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 (<i>If yes</i> , enter Total Receip	pts here.)	
Event # Date of Event Letter P-21-15 D Moct & Greet Location: Street Address 100 Story Crock Road		Was	s this a fundraising event? Ves No State Zip Code C
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Associated with a House I purchases made by host(s)	Party and complete requ	ired information for any
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 and complete required info		onsidered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (<i>If yes</i> , enter Total Receipts No	s here.)	
sign associated with this fundraiser?	ttees other than Exploratory Con ☐ Yes (If yes, go to Section L3 Pu or on a Sign and complete ☐ No	rchases of Advertising S	pace in a Program Book
athering held within the state with this fundraiser?	☐ Yes (<i>If yes</i> , enter Total Receipts	here.)	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from		Page	
SUBTOTAL Section	1 L1—Subpart 3 <i>(Town Committees (</i> s from Food Purchases — This	ONLY)	
To	OTAL of additional Section Lt 1	Pages	
TOTAL OF ALL RECEIP	TS FROM SMALL PURCH	ASES	

Page 9 of 17.

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 a	s Registered with Filing Rep	ository)		TYPE OF REP	ORT		
SPEER	FOR 1	10 YOR			2.10	15	e- 000 (1 to 100) - 1 - 1
	chases of Advert		ram Book or o	n a Sign			
Name of Purchaser			TO A CONTROL OF SECURITIES	man si 40 si 🕳 dikusiwa	Purcha	se Made By:	3866年4月1月1日
LOUIS 6 Paces	,				□Bu	isiness Entity	Other
, , , , , , , , , , , , , , , , , , ,					[J] Inc	dividual/Sole	Proprietorship
Street Address 104 FOXON Rd	,	City	Haven	Ct-		State	Zip Code
Date Received Event # 082615 (Aggregate Purcha	ses for All Events	Amount of Pro	gram Ad Purci	hase	Amount of S	Sign Purchase
Name of Purchaser					Purchase	e Made By:	
Swanson A.	utomotiv	'C			1 Bus	iness Entity	Other
					☐ Indi	ividual/Sole I	Proprietorship
Street Address 402 Main	St	Last	- Have	7		State	2ip Code 06517
S. 26.15 082615 C	Aggregate Purchas	es for All Events	Amount of Prog	ram Ad Purcha	ase A	amount of Si	gn Purchase
Name of Purchaser					Purchase	Made By:	
Tarvinder Par	SArora	7 005	•			iness Entity	☐ Other
					☐ Indiv	vidual/Sole P	roprietorship
310 Hemingue	y Ave	City Fast	Have	.7		State	Zip Code
8.26.15 Event# 08.26.10 C	Aggregate Purchase	s for All Events	Amount of Progr	am Ad Purcha	ise A	mount of Sig	ın Purchase
Name of Purchaser			·		Purchase)	Made By:	
Frank PS	andillo)				ness Entity idual/Sole Pr	Other oprietorship
Street Address		City	len	•	2	State O:f	Zip Code 065 /8
Date Received Event # 0826150	Aggregate Purchases	for All Events	Amount of Progra		se An	nount of Sign	n Purchase
Name of Purchaser					Purchase M	(ada Du	
•				!		-	Other
						dual/Sole Pro	_
treet Address		City					Zip Code
Pate Received Event #	Aggregate Purchases	for All Events	Amount of Progra	m Ad Purchase	Am	ount of Sign	Purchase
SUBTOTAL Section L.	3. Total Purchases of	Advertising in Pro	ogram Book — T	his Page		2500	
	ection L3 Total Purcl				4	No po	
			litional Section I	(#125) Kr. (#155)		•••	
TOTAL OF ALL PURCHASES	S OF ADVERTISING (Enter total on L	G IN A PROGRAM	M BOOK or ON. of Summary Page	A SIGN 8 //	15.0) U	

Page 10 of 17

MAXIR OF COLOUR		d nakonandi wa wasan kina na waka	Sancharia sa digitaria se sa selebar	omproves training to make a majorati	F 62 (82 (26 (82)) 7-	- 11,578 + 45, \$4,38.		30 - 39
NAME OF COMMIT	TEE (Provide Complete Name of				TYPE OF RE			
e diligio de Mila Stato de Estigaciones de C	SPEER			in Green was very distributive for		0.10	٠/ئ	
ame of Donor)	. In-Kind Donati	ons Not Cons	idered Contrib	utions	ALTER TOTAL		
and of Bonor								
reet Address			City				10	7.01
100111000		·	City				State	Zip Code
onation Given By:	In on			_				
Business Entity	Description of Donation					Fair	Market V	alue of Dona
Individual	Date Received	Event #		IA	41. 5	<u></u>		
Sole Proprietorship	Date Received	Event #	•	Aggregate Value fo	r this Event			
me of Donor								
et Address			City				State	Zip Code
nation Given By:	Description of Donation					Fair N	Aarket Va	lue of Donati
Business Entity								nac or Bonati
Individual	Date Received	Event #		Aggregate Value for	this Event	_		
Sole Proprietorship								
e of Donor								· · · · · · · · · · · · · · · · · ·
et Address			City		· · · · · · · · · · · · · · · · · · ·		State	Zip Code
ation Given By:	Description of Donation					Fair M	arket Val	ue of Donatio
Business Entity								
Individual Sole Proprietorship	Date Received	Event #		Aggregate Value for t	bis Event			
of Donor								
Address			City			;	State	Zip Code
tion Given By: Jusiness Entity	Description of Donation					Fair Ma	rket Valu	e of Donation
ıdividual	Date Received	Event #		14	- P	_		
ole Proprietorship	Date Received	Event #		Aggregate value for thi	s Event			
	27 <u>2 (28.02.79) (2.02.02.149</u> 06.03)							
		SUI	STOTAL Section	L4—This Page	!			
		TOT	17 6 7310					
			AL 01 additional	Section L4 Pages				
STOTA	L OF ALL IN-KIND D	ONATIONS NOT CO	ONSIDERED CO	NTRIBUTIONS		א	-	
	(E)	iter total on Line 21,	Column A of Sumi	nary Page Totals)		\mathcal{O}		
			•					- <u>-</u>
		•						

Page 11-01-17.

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing .	Repository)		TYPE OF RE	PORT	
<u> </u>	PEER FOR M	OYOR	,	10.10	0.10	
FEERSTERT	5. In-Kind Donations Not Consi	dered Contributions Asso	ciated with a	House Par	ty	
Name of Host	Marcus		committee?	t supporting m □ Yes □ N complete Itemiz	o	
Street Address	Stony Creek Road	d Brankon	d		State O.	Zip Code
Description of Donation	EET & GREET			Fair Mar	ket Value	of Donation
192115D	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—th	is host/candidate	# 88	7.6	8
Name of Host			committee?	supporting mo Yes No omplete Itemizat)	
Street Address		City			State	Zip Code
Description of Donation				Fair Mark	et Value o	f Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host/candidate			
Name of Host			committee?	upporting mor □ Yes □ No mplete Itemizati		
Street Address		City			State	Zip Code
Description of Donation				Fair Marke	et Value of	Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
Name of Host			committee?	upporting more Yes No nplete Itemizatio		
treet Address		City		<u> </u>		Cip Code
Pescription of Donation				Fair Market	t Value of 1	Donation
vent#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this I	ost/candidate			
		SUBTOTAL Section 1.5.	This Page			
		COTAL of additional Section	L5 Pages			
TOTAL O SSOCIATED WITH A	F ALL IN-KIND DONATIONS NO L HOUSE PARTY <i>(Enter total on 1</i>	OT CONSIDERED CONTRI Line 22, Column A of Summary		0		

	TTT. 11/	71 111TC	ONETARY R		(DC	CTOMS ITA	-O)		27.
NAME OF COMMITTEE Provide Compl							F REPORT	建建筑	
SPEER	J-0	OR	Mayor	Lycanolistic.	ussays santaka	successorewall as	10.10.	اک/	i za pozoracja je je 1978.
Name	A WANTE	New York	M. In-Kind C	ontrit	utions			12 V C. C. C. C.	须族使用致
Street Address	•••			City				State	Zip Code
· · · · · · · · · · · · · · · · · · ·									
Type of contributor: □Committee □ Individual / Sole Proprietorship □Othe	Date Rece	eived	Aggregate Contribution	S	Description of In-	Kind Contribution			1 11 11 11
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ntributor o	n excess of \$400 to a car r business he/she is asso	ciated wi	h have a contra	ct with said mur	nunicipality, licipality	Fair	Market Valu
Is this contribution associated with an	Valued a	at more tha	n \$5,000? outor a principal of a stat		JYes □No		or?	┥	is Contribution
event reported in Section L1? If yes, list Event #	□ No	If yes	indicate which branch rernment the contract is	or branc	hes		□No		
Vame		or gov	crimient the contract is	with.	L Executi	ve 🔲 Legislat	ive		
treet Address				City	·			State	Zip Code
_	-r				W.				
ype of contributor:	Date Receiv	ved	Aggregate Contributions	D	escription of In-K	ind Contribution			
	76	ihution is ir	n excess of \$400 to a car	odidate fo	r a chief evecut	ve officer of a	nunicinality	Y2 - 1 - 1	N
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	does cor	ntributor or at more than	r business he/she is assoc	ciated wit	h have a contrac	t with said mur	icipality		Market Valu s Contributio
s this contribution associated with an			tor a principal of a state		Yes No	state contractor	?		•
went reported in Section L1? If yes, list Event #	□ No	If yes, i	indicate which branch or rument the contract is w	or branch	es	Legislativ	□ No		
ame		0. 50.0	Transfer the Contract is the	1111,		Live	۲		
reet Address		····		City				State	Zip Code
reet Address	Data Pagaiye	od.	Aggragata Contabilities		oriente of L. V.			State	Zip Code
reet Address	Date Receive	ed	Aggregate Contributions		scription of In-Kic	d Contribution		State	Zip Code
reet Address /pe of contributor:	If contrib	oution is in	excess of \$400 to a cand	De:	a chief executiv	e officer of a m	unicipality,		
reet Address	If contrib	oution is in tributor or l	excess of \$400 to a cano business he/she is associ	De lidate for lated with	a chief executiv	e officer of a m	unicipality,	Fair A	Aarket Value
reet Address rpe of contributor:	If contribution does compared at the valued t the value at the	oution is in tributor or l more than s contribute	excess of \$400 to a cand business he/she is associ \$5,000? or a principal of a state of	De didate for lated with contractor	a chief executive have a contract Yes No	e officer of a m with said muni	ipality Yes	Fair A	Aarket Value
rpe of contributor:	If contrib does com valued at	oution is in tributor or l more than s contributo If yes, ir	excess of \$400 to a cand business he/she is associ \$5,000?	De didate for lated with contractor r branche	a chief executive have a contract Yes No or prospective s	e officer of a m with said muni	Yes	Fair A	Aarket Value
eet Address The of contributor:	If contribution does compared at the valued t the value at the	oution is in tributor or l more than s contributo If yes, ir	excess of \$400 to a cand business he/she is associ \$5,000? or a principal of a state of adicate which branch or nament the contract is wit	De didate for iated with Decontractor r branche th;	a chief executive have a contract Yes No or prospective s	e officer of a m with said muni state contractor?	Yes	Fair A	Aarket Value
rpe of contributor:	If contribution does compared at the valued t the value at the	oution is in tributor or l more than s contributo If yes, ir	excess of \$400 to a cano business he/she is associ \$5,000? or a principal of a state on indicate which branch or ment the contract is with	De didate for iated with contractor brancheth:	a chief executive have a contract Yes No Or prospective so Executive M — This P:	e officer of a m with said muni state contractor? Legislative	Yes	Fair A	Aarket Value
rpe of contributor:	If contributions of the second valued at Second Valued at Second Valued at Second Valued at Second Valued at Second Valued at Second Valued Valued Valued At Second Valued	oution is in tributor or more than s contribute If yes, ir of govern	excess of \$400 to a cand business he/she is associ \$5,000? or a principal of a state condicate which branch or ament the contract is with the contract of add TOTAL of add	De diddate for iated with Deportractor branche th:	a chief executive have a contract Yes No No or prospective s Executive M—This Passection M Pages	e officer of a m with said muni state contractor? Legislative	Yes	Fair A	Aarket Value
rpe of contributor:	If contributions of the second valued at Second Valued at Second Valued at Second Valued at Second Valued at Second Valued at Second Valued Valued Valued At Second Valued	oution is in tributor or more than s contribute If yes, ir of govern	excess of \$400 to a cand business he/she is associ \$5,000? or a principal of a state condicate which branch or ament the contract is with the contract of add TOTAL of add	De diddate for iated with Deportractor branche th:	a chief executive have a contract Yes No No or prospective s Executive M—This Passection M Pages	e officer of a m with said muni state contractor? Legislative	Yes	Fair A	Aarket Value
reet Address Type of contributor: Committee Individual / Sole Proprietorship Contributor a lobbyist, spouse, dependent child of a lobbyist? No this contribution associated with an ent reported listed in Section L1?	If contribution does contributed at the second valued at the second valued at the second valued at the second valued at the second value at the se	oution is in tributor or more than s contribute If yes, ir of govern	excess of \$400 to a cand business he/she is associ \$5,000? or a principal of a state condicate which branch or ament the contract is with the contract of add TOTAL of add	De didate for iated with sontractor branche th: Section Sitional:	a chief executive have a contract Yes No No or prospective s Executive M — This Passection M Passection	e officer of a m with said muni state contractor? Legislative ge	Yes	Fair A	Aarket Value
reet Address Type of contributor: Committee Individual / Sole Proprietorship Other contributor a lobbyist, spouse, dependent child of a lobbyist? No this contribution associated with an rent reported listed in Section L1? Types, list Event #	If contribution does contributed at the second valued at the second valued at the second valued at the second valued at the second value at the se	oution is in tributor or more than s contribute If yes, ir of govern	excess of \$400 to a cand business he/she is associ \$5,000? or a principal of a state on the contract is with the contract is with the contract of add the total on Line 23, Column 12, Col	De didate for iated with sontractor branche th: Section Sitional:	a chief executive have a contract Yes No No or prospective s Executive M — This Passection M Passection	e officer of a m with said muni state contractor? Legislative ge	□ Yes □ No	Fair A	farket Value Contribution
reet Address Type of contributor: Committee Individual / Sole Proprietorship Contributor a lobbyist, spouse, dependent child of a lobbyist? This contribution associated with an rent reported listed in Section L1? Types, list Event # COTAL OF ALL IN-KIND CONT	If contribution does contributed at the second valued at the second valued at the second valued at the second valued at the second value at the se	oution is in tributor or more than s contribute If yes, ir of govern	excess of \$400 to a cand business he/she is associ \$5,000? or a principal of a state condicate which branch or ament the contract is with SUBTOTAL TOTAL of additer total on Line 23, Columbile Deposit to T	De didate for iated with sontractor branche th: Section Sitional:	a chief executive have a contract Yes No No or prospective s Executive M — This Passection M Passection	e officer of a m with said muni state contractor? Legislative ge	□ Yes □ No	Fair A of this	Aarket Value Contribution
reet Address Type of contributor: Committee Individual / Sole Proprietorship Contributor a lobbyist, spouse, dependent child of a lobbyist? This contribution associated with an rent reported listed in Section L1? Types, list Event # COTAL OF ALL IN-KIND CONT	If contribution does contributed at the second valued at the second valued at the second valued at the second valued at the second value at the se	oution is in tributor or more than s contribute If yes, ir of govern	excess of \$400 to a cand business he/she is associ \$5,000? or a principal of a state condicate which branch or ament the contract is with SUBTOTAL TOTAL of additer total on Line 23, Columbile Deposit to T	De didate for iated with sontractor branche th: Section Sitional:	a chief executive have a contract Yes No No or prospective s Executive M — This Passection M Passection	e officer of a m with said muni state contractor? Legislative ge ges otals)	□ Yes □ No	Fair Mof this	Market Value Contribution

City

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

State

Zip Code

0

Street Address

		TV PV	CAIDYTEIDEG			334
NAME OF COMMITTEE		IV. EXP	ENDITURES			Page 13.0[17
SPEER	FOE	MOVOR		FILING DUE DATE	10.10.	// ⁻
			aid by Committee		070	0.1
Name of Payee			Date of Payment	Method of Payment	Т	Amount
Street Address	City	State Zip C	ode	C Check #		
		CT		Debit Card		
(by code)	Description			Event #		
Type of Expenditure (If applicable):	Candidat	te(s) Name	Office Sought	☐ Supported		
Coordinated with reimbursement sought Coordinated without reimbursement sough	1			☐ Opposed		
☐ Independent ☐ Organization (see Instructions)						g-11-11-11-11-11-11-11-11-11-11-11-11-11
OA OB OC OD O	E			o Cometanto	s	0.00
Name of Payee			Date of Payment	Method of Payment		Amount
Street Address C	`ity	State Zip Co	ode	Check#		
Purpose of Expenditure D	Description	CT		Debit Card		
(by code)				DVCII(#		
Type of Expenditure (If applicable): Coordinated with reimbursement sought	Candidate (If applice	e(s) Name rable)	Office Sought	☐ Supported ☐ Opposed		
Coordinated without reimbursement sough	nt	and the second s		— Оррозси		
Organization (see Instructions)						0.00
Name of Payee	E		Date of Payment	2000	\$	f
				Method of Payment		Amount
Street Address C	lity	State Zip Co	de	Check #		
Purpose of Expenditure Dispersion	escription		<u> </u>	Event#		
Type of Expenditure (if applicable):	Candidate	e(s) Name	Office Sought	☐ Supported		
C Coordinated with reimbursement sought Coordinated without reimbursement sough	(if applica		· · · · · · · · · · · · · · · · · · ·	☐ Opposed		
☐ Independent	1		4-cent central	ELL ANNUAL DE LA CONTRACTION D	***************************************	
Organization (see Instructions) OA OB OC OD O	i E			Single Control of the	s	0.00
Name of Payce	127		Date of Payment	Method of Payment		Amount
treet Address Ci	ly	State Zip Coo	le	(Check #	·····	
wrpose of Expenditure De		CT		Debit Card	'	
by code)	scription			Event #		
ype of Expenditure (If applicable):	Candidate((s) Name	Office Sought	☐ Supported		
O Coordinated with reimbursement sought O Coordinated without reimbursement sought	1 17	<i>ие</i> ,		Opposed		
Olindependent Olorganization (see Instructions)						
OA OB OC OD O	E				s	0.00
ame of Payee		***************************************	Date of Payment	Method of Payment		Amount
reet Address City	у	State Zip Cod	0	Check #		
rpose of Expenditure Des	scription	CT		Debit Card		
y code)						
pe of Expenditure (If applicable): Coordinated with reimbursement sought	Candidate(s		Office Sought	☐Supported ☐Opposed		
Ocoordinated without reimbursement sought Independent			200			
Dorganization (see Instructions) OA OB CC OD CE	2	in the committee of the first of the first own and the first of the fi		XX		0.00
SA END SAC SAD LAR	<u> </u>	THE STATE OF THE S			1191	0.00
			SUBT	OTAL Section P-This	Page	\$0.00
				additional Section P I		\$0.00
TOTAL	OF ALL EX	XPENSES PAID BY C	OMMITTEE (Enter total o	n Line 19 of Summary	Page)	\$0.00

SEEC FORM 20 Reibed Justiny 2915	Section P ADDITIONAL PAGE 34	of 38	
NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	SPEER FOR MAYOR	10.10	13
	P. Expenses Paid by Committee		
Name of Payee	Wallmart	Date of Payment	Method of Payment:
Street Address	Commercial PKW. Branford	<u> </u>	State Zip Code 405
Purpose of Expenditure (by code)	Phones Even	t #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution)		42.45
Name of Payce	Wallmart	Date of Payment S.//./5	Method of Payment: Check # Debit Card
	Commercial PKW Branford		State Zip Code Ob 405
Purpose of Expenditure (by code)	Description 15 USINESS Cards Byent	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) If organization: o	d) A	\$70.40
Name of Payee Street Address	e Columbian Restaurant	S.26.15	Method of Payment: The Check # 1005 Debit Card DEFT
672	Main Street East Ha	ven	State Zip Code C+ 06512
Purpose of Expenditure by code) FFNDR	Description 1-Undraiser 08	32615C	Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below. Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind contribution).	AOBOCOD	600.00
Name of Payee		Date of Payment	Method of Payment:
Street Address	City		Debit Card DEFT State Zip Code
rurpose 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 □ None of the below □ Coordinated with reimbursement sought (joint expenditure) □ Coordinated without reimbursement sought (in-kind contribution) □ Organization: 0 /	1) A OB OC O D	
	SUBTOTAL Section P — This I	45	2.85
	TOTAL of additional Section P Pa	ges	
	TOTAL OF ALL EXPENSES PAID BY COMMIT		

SEEC	FORM	20
b 4 . 4 1	5412	

Section PADDITIONAL PAGE 35 of 38

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
	SPEER FOR Mayor			10.10.15			
	P. Expenses Paid by C	Committee					
	Dimitrio Triantis		Date of Payment	Method of I	# 1002		
Street Address	30 Main Street Ea	ist Have	N	State	Zip Code 06572		
Purpose of Expenditure (by code)	Description Hoadquarlers	Event	#		Amount		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	☑ Independent	A OB OC OD	#2	. 250,00		
Name of Payee Street Address	CT VAN ACCASS		Date of Payment 8 · /3 · /5	Debit C	# <u>/003</u> Card 🗆 EFT		
1	Arbor St # 404 Har	tfood		State	Zip Code 06106		
Purpose of Expenditure (by code) OVHD	Description	Event	#	,	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of I None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	☐ Independent	,	\$.	580.00		
Name of Payce AUS	tin Maritolli	C Organization. 8	Date of Payment S. 14.15	Method of Pa	1004		
Street Address	Coe Avenue Las	st Hau	en		Zip Code 06512		
Purpose of Expenditure (by code) A-Signs	Description SIGNS	Event #		A	mount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)	Independent	d) A o B o C o D	\$	65.00		
	allmart		Date of Payment	Method of Pa ☐ Check # ☐ Debit Ca			
Street Address /20(ommercial PKW Bran	wford		State	Zip Code Ob Yas		
Purpose of Expenditure (by code) EFV	Description Phones	Event #			mount		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of to None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	he below" is checked Independent Organization: 0		\$ 1°	75.00		
	SUBTOTAL S	Section P — This 1		290.	00		
	TOTAL of addit	ional Section P Pa	ges	A7044			
	TOTAL OF ALL EXPENSES PAID		Alica Montania (a				

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

SEEC FORM 20

IV EXPENDITURES (Sections P—T)

Page 13-61-17

	SPEER FOR MOYOR	10.1	0.15
	P. Expenses Paid by Committee		
Name of Payee		Date of Payment	Method of Payment:
			☐ Check #
Street Address	City		☐ Debit Card ☐ EFT State Zip Code
	,		State Zip Code
Purpose of Expenditure	Description Eve	nt#	Amount
(by code)			
Expenditure #			_
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is chec	ked)	
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		
	1 - 6 - 9 - 1 - 11 - 1 - 1	ол ов ос ор	
Name of Payee	Li Organization.	Date of Payment	Method of Payment:
			☐ Check #
7			☐ Debit Card ☐ EFT
Street Address	City		State Zip Code
Purpose of Expenditure	Description Ever	ıt#	1 4
by code)			Amount
Expenditure # If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ed)]
, 11	☐ None of the below		
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization:		
Jame of Payee	LJ Organization: C	Date of Payment	N. d. d. CD
ame of tayeo		Date of Payment	Method of Payment:
			☐ Debit Card ☐ EFT
treet Address	City	···· ·	State Zip Code
urpose of Expenditure	Description Even	. H	
oy code)	Description	.#	Amount
xpenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	(ed)	
f applicable)	☐ None of the below		
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization:	OA OB OC OD	
ame of Payee		Date of Payment	Method of Payment:
			☐ Check #
reet Address	City		☐ Debit Card ☐ EFT State Zip Code
			Zip code
TOTAL TOTAL WITH THE TOTAL TOT			
rpose of Expenditure y code)	Description Event	#	Amount
y code)			
spenditure #	Trans of Europeditus (Housington in Addendary B. Dandard I. 1987 - Co. 1.1994 - 1995	- h	
applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	ea)	
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		
		A OB OC OD	
		district states	
	SUBTOTAL Section P — This	Page	0
	TOTAL of additional Section P.P.	ages	
		1442-144-144	
	TOTAL OF ALL EXPENSES PAID BY COMMIT (Enter total on Line 19, Column A of Summary Page 2)		
Provide the managed of the control o	Lemer total on Line 13, Column A of Summary Fage	otais)	

Page 16 of 17.

JAME OF COMMI	TEE (Provide Complete Name as Registered with Filing Rep				
eranduktukt	SPEER FOR MO		10.10	ノ <i>ノ づ</i>	- Maugyaka bangaka
Vame of Creditor	S. Expenses Incurred by C	committee but Not Paid D	uring this Period	Date Incu	med
Street Address		City		State	Zip Code
'urpose of Expenditure by code)	Description	E	vent#		nount Incurred
xpenditure # fapplicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-key)	Independent Indepe	•		
Vame of Creditor				Date Incur	red
treet Address		City		State	Zip Code
urpose of Expenditure by code)	Description	Eve	ent#		ount Incurred imate or Actual)
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum S Requirement None of the below Coordinated with reimbursement sought (joint experiment cought (in-kin Coordinated without reimbursement sought (in-kin Coordinated without reimbursement s	☐ Independer	•		
ame of Creditor				Date Incurre	ed
reet Address		City		State	Zip Code
rpose of Expenditure code)	Description	Ever	nt#		unt Incurred nate or Actual)
penditure # applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in kind)	Independen enditure) □ Organization			
		SUBTOTAL Section S-Th	is Page		
		TOTAL of additional Section S	S Pages		
OTAL OF ALL EX	KPENSES INCURRED BY COMMITTEE DU (Enter total or	RING THIS PERIOD BUT NO u Line 28, Column A of Summary Pa			
	Previously reported E	xpenses Unpaid and still Outsta	nding		
	TOTAL OF ALL EXPENSES INCURRI (Enter total on I	ED BY COMMITTEE BUT NO Line 28a, Column A of Summary Pag		0	

IV. EXPENDITURES (Sections P-T)

Page 17 o	147
100	~

VAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Re	pository)		Karak T	YPE OF F	REPORT		
	***************************************	1240R				10.10	1.15	
	T. Itemization of R	eimbursem	ents and Seco	ndary Pa	iyees		###-6###	
Last Name of Worker/C	onsultant	First				МІ		Payment to Vendor, or Entity
Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant					in Section P:		Worker/Consultant a
Street Address of Vendo	r, Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code
Purpose of Expenditure (by code)	Description			Event#				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Roll None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	t expenditure)	☐ Indepe		• В	ос о р		·
Last Name of Worker/Co	nsultant ·	First				М	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant					n Section P:		Vorker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code
turpose of Expenditure by code)	Description	1		Event#				Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum T Red None of the below Coordinated with reimbursement sought (joint of Coordinated without reimbursement sought (in-	expenditure)	☐ Indepe	·	о В о	СОБ		
ast Name of Worker/Con.	sultant	First				МІ	Date of Pa Person or	nyment to Vendor, Entity
ame of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Section P:		orker/Consultant as
treet Address of Vendor, l	Person or Entity Paid by Committee Worker/Consultant	City		<u></u> I.				Zip Code
rpose of Expenditure y code)	Description	J	-	Event #			A	mount
openditure # applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditured Coordinated Without reimbursement sought (in-kine)	ependiture)	one of the below" is Independent	dent	ов о	СОВ		
		SUBTOT	'AL Section T —	This Page	7: 2: 2: 2: 3: 3: 4: 4:			
		TOTAL of	additional Sectio	n T Pages	\$\frac{1}{2}\$			
OTAL OF ALL)	REIMBURSEMENT TO COMMITTEE	WORKER	S AND CONSU	LTANTS			д	
in de Carresto de sebeniro de Albania de Ango		(1) 10 · 10 · 10 · 10 · 10 · 10 · 10 · 10	1987年,1988年,1988年		<u> </u>		we:	