SEEC FORM 20

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

RECEIVED FOR FILING FEB 1 7 2015 TOWN CLERK'S OFFICE EAST HAVEN, CONN.

Page I of 17

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COVER PAGE

1. NAME OF COMMITTEE								
SPE	FR2015							
2. TREASURER NAME			3 (XY) (XY) (A)					
First Jan	MI		Last	1921			s	uffix
3. TREASURER ADDRESS								
Street Address 39 E/m	STREET	City	t-ast	Haven	Sta	<u>''</u> +	Zip Code	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Comp	olete only i	if Candidate Com	ılttee)		6.	DISTRIC	CT NUMBER
(mm/dd/yyyy) //-3-15						(if a	pplicable)	
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committ	ee)						
First MIChael	MIF		Last SPE	ER			S	uffix
8. TYPE OF REPORT (Check One Box)								12 (42 jan 17 jan
☐ January 10 filing	☐ 7th day preceding prim	агу	☐ 7th day p	receding referendum		al Contribu s <i>ONLY</i>)	ition or D	Disbursement
☐ April 10 filing	☐ 30 days following prim	ary	☐ 45 days f	ollowing referendum		andment to		
☐ July 10 filing	☐ 7th day preceding elect	ion	☐ Deficit		Туре	of Report:		
☐ October 10 filing	☐ 12th day preceding elec		Terminat	ion			···········	
☐ Independent Expenditure O Primary O Election	☐ 45 days following elect not held in November	ion						
9. PERIOD COVERED								5 20 20
	Beginning Date			Ending Date				
-	1.1.15		thru	2.11.15	<u> </u>			
10, CERTIFICATION				n en			27.	
I hereby certify and state, under po Disclosure Statement for the peri				mation set forth on th	is Itemiz	ed Campa	aign Fin	nance
			,					ļ
Jan Lu	wal		an L	,00901		2	2.17	.15
TREASURER OR DEPUTY TREASURE	R (SIGNATURE)	PRINT	T NAME OF SIG	NER	eritari in dia com	D	ATE (mm	n/dd/yyyy)
		We 34 22						
PENALTY FOR FALSE STATEMENT IS	PUNISHABLE BY FINE NOT	TO EXC	CEED \$1,000, OR	IMPRISONMENT FOR N	OT MORE T	THAN ONE	YEAR, OR	в ВОТН.

SEEC FORM 5

EXPLORATORY COMMITTEE

NOTICE OF INTENT TO DISSOLVE

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 3/07



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REGISTRATION TYPE

✓ FINAL DISSOLUTION

1. ELECTION DATE	2. CANDIDATE	NAME						
(mm/dd/yyyy) //·3·/5	Prefix	First M	chael		MI	Last SPEE	2	Suffix
3, CANDIDATE RESID					4. CAND	IDATE MAILING ADDR	ESS (if differens)	
Street Address	1 EIN	y StR	EET		Address			·
City_ East H	Z1/01/	State 1+	Zip Code 0651	′ス	City		State	Zip Code
5, CANDIDATE TELEI	PHONE (Include A	(rea Code)	6. CAN	(DIDA)	TE E-MAII	ADDRESS		
(203)		0749		4/10	nae	ISPEER 201	s@gma	1/.Com
7. PARTY AFFILIATIO)N							
☐ Republican		Œ ' De	emocratic			☐ Other_		
8. NAME OF COMMIT	TEE							
J	PEER	2015						
9. COMMITTEE ADDI	RESS							
Address 39E	Try St	REET			City	st Haven	State	Zip Code OGS / Z
10. COMMITTEE E-M	AIL ADDRESS				11, COMM	IFITEE WEBSITE ADD	RESS	
	NA	. ,			WW	W. SPEERFOR	mayor,co	im
12. CANDIDATE'S DE	CLARATION (check one)						
12a. I declare the			or election to t	the of	ice of:			
	/	Mayor						
		OFFICE SOUGH	T			DISTRICT NO (If applied	able)	
		\int	PEER	Fc	PR /	Mayar		
		7	AME OF CAND	IDATE	COMMIT	TEE /		
			ition or election	n to ar	y public	office during the elect	ion cycle for which	h my exploratory
committe	e was formed.				M			
					- /// <u>[</u>	-tand	2-17	1-15
					#7	+) [[]	·····	
					/ / C	ANDIDATE (SIGNA	TURE) Da	te
13, CERTIFICATION								
committee, for the re	easons stated, omitted by me	is true, accurate together with a	e and complete . Statement of I	to the Receip	best of m	of intent to dissolve th ny knowledge and beli penditures identifying	ef and that this not	tice of intent to
						Jan Lau	gal 2	17.15
					TREA	SURER (SIGNATUR	E) :	Date

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	- 610 kl	
SPEER 2015	TERMANATION		
	COLUMN A This Period	COLUMN B Aggregate	
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		3,440.00	
12. Balance on hand at the beginning of Reporting Period	3440.00		
13. Contributions Received from Individuals (Sections A and B)	1360.00	1360.00	
14. Receipts from Other Committees (Sections C1 and C2)			
15. Other Monetary Receipts (Sections D through K)			
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)			
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed			
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)			
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1360.00	1366.00	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1360.00 4800.00 58454 4215.46	1366.00 4800.00 58454 4215-46	
19. Expenses Paid by Committee (Section P)	58454	58454	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	4215-46	4215-46	
21. In-Kind Donations not Considered Contributions Received (Section L4)			
22. In-Kind Contributions Received (Section M)			
23. Refundable Deposit to Telephone Company (Section N)			
24. Receipts of Organization Expenditures (Section O) OPTIONAL			
25. Beginning Loan Balance			
25a. + Loans Received (Section D)			
25b. + Interest and Penalties on Loan			
25c Payments on Loan			
25d. Total Outstanding Loan Amount			
26. Campaign Expenses Paid by Candidate (Section Q)			
27. Expenses Incurred on Committee Credit Card (Section R)			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)			
28a, Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)			

NAME OF COMMITTEE			TYPE OF REPORT	
SPEER	2015		Termina	170N
	B. Itemized Cor	ntributions from Indiv	iduals	Iva
Last Name Colangelo		First Robert		MI
Residential Street Address 348 Core	Ave	City Fast Have	cen	State Zip Code CL SID
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 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 \(\sime\) No	re 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 # 0/23/5	Is contributor a principal of a If yes, indicate which brar of government the contract	state contractor or prospective stack or branches t is with:	☐ Legislative	30,00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard □ Payroll Deduction □ Money	Order / 2/ 15	Aggregate Contributions	
Last Name CeSare		First Marian.	ne	M
Residential Street Address F-6/10		East Have	en s	State / Cip Code Code Code Code Code Code Code Code
Principal Occupation Para profession	nal		East H	Q VEN
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 valued at more than \$5,0007	o a candidate for a chief executives associated with have a contract Yes Avo	e 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 # 0/23/5/7	Is contributor a principal of a second of the second of government the contract	is with:	te contractor? Yes No Legislative Aggregate Contributions	\$30,00
Method of Contribution: ☑ Cash ☐ Personal Check ☐ Credit/Debit Co	ard Payroll Deduction Money	Order Date Received	Wild a Country of the	
Last Name PACEILI	e de la companya de l	First Louis		MI
Residential Street Address	Road	city East Have	×N s	State Zip Code 06513
Principal Occupation Labor Driv	er	Name of Employer TOWN 0	y Fast 1	Yaven
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 i valued at more than \$5,000?	is associated with have a contract Yes No	with said municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 2/3/5/7	es Is contributor a principal of a so if yes, indicate which bran of government the contract	is with:	☐ Legislative	\$30.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Contribution:	ard Payroll Deduction Money	Order Date Received	Aggregate Contributions	
	, SU	BTOTAL Section B —	This Page 🗸	4 90.00
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NAME OF COMMITTEE			TYPE OF REPORT	
SPEER 20	15		TETMIA	IZTION
	B. Itemized Cont	ributions from Indivi	duals	
Last Name Swawson		First Kirt	•	MI
Residential Street Address 109 BITTERS	week Circ	Guiltord		State
Principal Occupation COUNCY of AL	ito Shop	Name of Employer	•	
Is contributor a lobbyist, spouse, Yes If contributor a lobbyist? We doe doe	ontribution is in excess of \$400 to a s contributor or business he/she is a sed at more than \$5,000?	a candidate for a chief executivassociated with have a contract Yes No	e officer of a municipality with said municipality	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 0/23/57	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or branches with:	☐ Legislative	4 30,00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	Payroll Deduction Money Or	Date Received	Aggregate Contributions	
Last Name Swanson		First Julie		MI
Residential Street Address 109 BITTERS COOC	+ Circle Cin	Juilford		State Zip Code CT 06 437
Principal Occupation		Name of Employer		
or dependent child of a lobbyist? No does	ntribution 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 Yes INO	officer of a municipality with said municipality	Amount of Contribution
Is this contribution associated with a Yes fundraising event listed in Section L1? No If yes, list Event # 0/23/5/9	Is contributor a principal of a state of yes, indicate which branch of government the contract is	or branches with: Executive	☐ Legislative	\$30.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money Ord	1. /2 2	Aggregate Contributions	
Last Name Troowleaf		DONIS C		МІ
Residential Street Address // OFFEE ST	set city	East Have	en en	State Zip Code OGS 72
Principal Occupation		Name of Employer		
or dependent child of a lobbyist? W No does	ntribution 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 口 Yes 日 No	officer of a municipality, with said municipality	<u> </u>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 0/33/5 A	Is contributor a principal of a stat If yes, indicate which branch of government the contract is	or branches	Ľ No	\$30,00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money Ord	1 17 15-	Aggregate Contributions	
	SUB	ГОТАL Section В —	This Page 🛮 🖽	90,00
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NAME OF COMMITTEE TYPE OF REPORT
Speek 2015 Termination
B. Itemized Contributions from Individuals
Last Name Esposito. First Joann A
Residential Street Address State 4 Zip Code State 4 Zip Code COES 12
Principal Occupation Refired
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? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution 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 Yes fundraising event listed in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Date Received Aggregate Contributions Date Received Aggregate Contributions Date Received Aggregate Contributions Date Received Aggregate Contributions Date Received Date Received Aggregate Contributions Date Received
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 1,23,13
Last Name Abbott First LIND MI A
Residential Street Address 53 Laural Street City East Haven City D6512
Principal Occupation 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? Amount of Contribution or Daylor of the contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 0/23/50 If yes, list Event # 0/23/50 Date Received Date Received Aggregate Contributions Contrib
Method of Contribution: Cash
Last Name RICCIO VINCENT First VINCENT
Residential Street Address 345 Shortbeach Rd Last Haven State Ct 06572
Principal Occupation Security Academy of Ct
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? Amount of Contribution Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? 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 Executive Legislative
Method of Contribution: Date Received
SUBTOTAL Section B—This Page # 90.00

NAME OF COMMITTEE			TYPE OF REPORT	
SPEER	2015		Termin	ation
	B. Itemized Con-	tributions from Indivi	duals	
Last Name Colangelo		First David	•	MI
Residential Street Address 74 V/S + 7 1		in Fast Hav	ren	State Zip Code CT 0657 Z
Principal Occupation Floctrician	%). 	Name of Employer		
or dependent child of a lobbyist? No does of	tribution 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 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? If yes, list Event # (2/23/54)	Is contributor a principal of a st If yes, indicate which branc of government the contract i	s with: Executive	☐ Legislative	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction	1/0-1/-	Aggregate Contributions	·
Last Name Cole		First Jeanne	11e	MI
Residential Street Address 23 Cliff St	Cit	t est Have	en	State Zip Code C O6512
Principal Occupation		Name of Employer		
or dependent child of a lobbyist?	ribution is in excess of \$400 to ontributor or business he/she is at more than \$5,000?	a candidate for a chief executive associated with have a contract v	officer of a municipality with said municipality	Amount of Contribution
fundraising event listed in Section L1? No If yes, list Event # 0/23/5-17	Is contributor a principal of a standard of a standard of government the contract is	s with: Executive	e contractor?	\$30.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ I	Payrolf Deduction Money O	1 , 5 5 , 5	Aggregate Contitionitions	
Last Name VIII ello		First Sandra		MI
Residential Street Address 216 LOOKING Gra	ss Hill Pd cit	MORRIS		Store Zip Code O6763
Principal Occupation Retired		Name of Employer		
or dependent child of a lobbyist? I No does c	ribution is in excess of \$400 to a outributor or business he/she is at more than \$5,000?	a candidate for a chief executive associated with have a contract v Yes 12 No	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with a Yes fundraising event listed in Section L1? No If yes, list Event # 2/23/54	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	with:	Legislative	\$ 30.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ D	Payroll Deduction Money O	1	Aggregate Contributions	
	SUB	TOTAL Section B —	This Page	90.00
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NAME OF COMMITTEE				TYPE OF REPORT		
SPEER	2015			TERMIN	UATIC	N
	B. Itemized Co	ntrib	utions from Indivi	duals		
Last Name Coulter		Fir	Sarah		,	MI
Residential Street Address 34 Pool		City 7	LRUMBUI	/	1 /2 / 1 -	Code 6615
Principal Occupation	4.3. 		Name of Employer	1. HOSPIT	वि/	
Is contributor a lobbyist, spouse, U Yes or dependent child of a lobbyist? UNO	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 inted with have a contract. Yes No	officer of a municipality with said municipality	Amount o	f Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 2/23/519 Method of Contribution: Cash Personal Check Credit/Debit Contribution:	of government the contrac	nch or b t is with	ranches :	te contractor? Yes No Legislative Aggregate Contributions	\$40	,00
Last Name	and Estayson Deduction Estatosicy	·			State Contract Contra	М
CESTRE		0	Amanda	,		·
Residential Street Address	Drive	City _	ast Have	OM	State Zip (Code 5573
Principal Occupation			Name of Employer			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to does contributor or business he/she in valued at more than \$5,000?	o a cand s associ	lidate for a chief executive lated with have a contract v Yes No	officer of a municipality, vith said municipality	Amount of	Contribution
Is this contribution associated with a UY. fundraising event listed in Section L1? No. 15 yes, list Event # 0/2 3/5/4		ch or br	anches	☐ No ☐ Legislative	\$20	0.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	rd □Payroll Deduction □Money	- 1	Date Received / · Z J· \subseteq	Aggregate Contributions		
East Name Garg and	оступно в Нуров производительного постоя по постоя по постоя по постоя по постоя по постоя по по по по по по п	Firs	'Angela			MI
Residential Street Address 395 Thomasc	ow St		ast Have	QN.	State Zip C	6513
Principal Occupation			Name of Employer The Ha	IR SPZ		
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 valued at more than \$5,000?				Amount of	Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 0/33/5/9		ch or brais with:	anches	☐ No ☐ Legislative	\$ 40	2,60
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	rd Payroll Deduction Money C	i	Date Received 1.23.15	Aggregate Contributions		
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NAME OF COMMITTEE			TYPE OF REPORT	
SPEER	2015		TEEMII	UATION
	B. Itemized Cont	ributions from Indivi	duals	
Last Namo EVANICH		First Mark		MI
Residential Street Address 27 KWObb	Hill Road Ci	Milford		State Zip Code Code V60
Principal Occupation		Name of Employer		
or dependent child of a lobbyist? No doe	ontribution is in excess of \$400 to s contributor or business he/she is ted at more than \$5,000?	associated with have a contract Yes P No	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 3/5 4	Is contributor a principal of a sta If yes, indicate which brancl of government the contract is	or branches with: Executive Date Received	te contractor? Yes No Legislative Aggregate Contributions	\$60.00
Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money O	rder / 23.15		
Last Name DeStefano		First	/	MI
Residential Street Address 4 Hunting Ridge Fa Principal Occupation	erms Rd Cit	Brankore Name of Employer	1	Sinte Zip Code CT COG Y COS
•				
or dependent child of a lobbyist? II No doe.	ontribution is in excess of \$400 to a s contributor or business he/she is a ted at more than \$5,000?	a candidate for a chief executiv associated with have a contract Yes No	e officer of a municipality with said municipality	Amount of Contribution
Is this contribution associated with a Hyes fundraising event listed in Section L1? No If yes, list Event # 0/23/5/6	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or branches Executive	☐ Legislative	\$30.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card [☐ Payroll Deduction ☐ Money Or	Date Received	Aggregate Contributions	
Last Name	and the second s	First	**************************************	MI
	lo	·		State Zip Code
Residential Street Address	Cit			
Principal Occupation		Name of Employer		
or dependent child of a lobbyist? No doe	ontribution is in excess of \$400 to a s contributor or business he/she is a led at more than \$5,000?	associated with have a contract Yes No	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	☐ Legislative	
Method of Contribution:	_	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card [☐ Payroll Deduction ☐ Money Or	rder		
	SUB	TOTAL Section B —	This Page	90.10

NAME OF COMMITTEE			TYPE OF REPORT	
SPECR	2015		Terman	1240M
	B. Itemized Co	ntributions from Indivi	duals	
Last Name Chase		First Ldwar	d	M
Residential Street Address Fond VIC	w Terrace	city - Kast Hau	CN	State Zip Code OF 06512
Principal Occupation MANAGER	(%). 	Name of Employer	y Liquor	-
Is contributor a lobbyist, spouse, 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 executiv is associated with have a contract Yes 170	with said municipality	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1/2/3/3/5	Ves Is contributor a principal of a If yes, indicate which brace of government the contract	et is with:	L Legislative	\$30.00
Method of Contribution: ☑ Cash ☐ Personal Check ☐ Credit/Debit C	ard □Payroll Deduction □Money	Order 7.23.13	Aggregate Contributions	·
Last Name Lougal		First Scott		MI
Residential Street Address 25 Guach	Rd	City Branford	/	State Zip Code OGS \$4.05
Principal Occupation Probation	officer		of-	
Is contributor a lobbyist, spouse, Yes 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 \[\sum_{Yes} \sum_{No} \]	o 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 # 01 3 3 15 17		t is with:	☐ Legislative	\$ 60.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Co	ard □ Payroll Deduction □ Money	1 12 7 100	Aggregate Contributions	
Last Name Pollegrino		First Mary An.		MI
Residential Street Address 90 Gerrish	AVE	city East Haven		State Zip Code 06512
Principal Occupation TEACHER			<u>'</u>	Projecems
Is contributor a lobbyist, spouse, 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	o 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 # 0/23/5/f		t is with:	☐ No ☐ Legislative	\$30.00
Method of Contribution: Cash Personal Check Credit/Debit Co	ard □ Payroll Deduction □ Money	"	Aggregate Contributions	
	SU	BTOTAL Section B—	This Page 🧳	120.00
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NAME OF COMMITTEE			TYPE OF REPORT	
SPEER 2015	_		Termina	4011
	B. Itemized Cont	tributions from Indivi	duals	
Last Name DZIEKAN		Salvatoa		MI
Residential Street Address 108 Rustling Ree	ed Rd ci	Nagatuck	<i>-</i>	State Zip Code CT 06 770
Principal Occupation Cartographer		Name of Employer	nic Vally	ASSOCIATION
or dependent child of a lobbyist?	ution is in excess of \$400 to ributor or business he/she is 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
fundraising event listed in Section L1?	ontributor a principal of a staff yes, indicate which branch of government the contract is	s with:	☐ No ☐ Legislative	\$ 25.00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Pay	roll Deduction	Date Received Order / 2 / 15	Aggregate Contributions	
Last Name (2ponc		First Frank	ggypannaganaragan-austrasa-austrasa-austrasa-austrasa-austrasa-austrasa-austrasa-austrasa-austrasa-austrasa-au	MI
Residential Street Address 164 FOXON Rd	Cit	East Have	27	State Zip Code CF 26573
Principal Occupation		Name of Employer		
or dependent child of a lobbyist?		a candidate for a chief executive associated with have a contract Yes A		Amount of Contribution
fundraising event listed in Section L1?	ontributor a principal of a sta If yes, indicate which branch of government the contract is	s with:	Legislative	\$ 200.00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Pay	roll Deduction		Aggregate Contributions	
Last Name		First		MI
Residential Street Address	Cit	ty		State Zip Code
Principal Occupation		Name of Employer		
or dependent child of a lobbyist?		a candidate for a chief executive associated with have a contract Yes No		Amount of Contribution
fundraising event listed in Section L1?	ontributor a principal of a sta If yes, indicate which brancl of government the contract is		te contractor?	225.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Pay	roll Deduction	Date Received	Aggregate Contributions	
	SUB	TOTAL Section B —	This Page	министиненти постиненти постинент

NAME OF COMMITTEE		\$1.455Y B		TYPE OF REPORT	
SPEER	2015			Termin	atton
	B. Itemized Co	ntribution	s from Indivi	duals	
Last Name MONT QL V.O.		First	NEL	i	MI C
Residential Street Address 26 Portland	St # 240	City	cester		State Zip Code 01608
Residential Street Address 26 Portland Principal Occupation Real Chelsea Internation	Estate Val Propertin	Name S	of Employer		
Is contributor a lobbyist, spouse, 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 is associated v	for a chief executiv vith 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? If yes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contract	nch or branche	s	te contractor? ☐ Yes ☐ No ☐ Legislative	\$ 100.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Car	d □ Payroll Deduction □ Money		Received	Aggregate Contributions	
Last Name Sparaco			agdak	ON.	MI
Residential Street Address 215 Eddon	Drive		t Have	N	State Zip Code 06512
Principal Occupation Ketred			of Employer		
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?	is associated w	for a chief executive ith 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? If yes, list Event #		nch or branches t is with:	s Executive	Lagislative	4/00.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Car	d □Payroll Deduction □Money		leceived	Aggregate Contributions	
Last Name REYNOlds		First Po	Trick		MI J
Residential Street Address 24 Maple	Street		st Hau	ON	State Ct Zip Code Obs 12
Principal Occupation Halldresser				nate Im	
or dependent child of a lobbyist? UNO	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated w	for a chief executive vith have a contract Yes PNo	officer of a municipality, with said municipality	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		nch or branches t is with:	S ☐ Executive	Legislative	\$25.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Car	d □Payroll Deduction □Money		teceived 12.13	Aggregate Contributions	
	SU	BTOTAL	Section B —	This Page	225.00
	-				
·					

NAME OF COMMITTEE			TYPE OF REPORT			
SPEER 2015			Termin	ation		
	B. Itemized Co.	ntributions from Indivi	duals			
Last Name Cokmier		First Carol			MI	
Residential Street Address 168 374 Av	e Pl. NN	City HICKURY		State Zip C	ode 8601	
Principal Occupation Retired		Name of Employer	·······			
or dependent child of a lobbyist?	contribution is in excess of \$400 cos contributor or business he/she alued at more than \$5,000?			, 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 If yes, indicate which brar of government the contract		☐ No ☐ Legislative	25.	00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	1 2 1 1 000	Aggregate Contributions			
Last Name Ryo		Frederic	K		Mi J	
Residential Street Address 41 Meadowbroo,	K Rd	West Hove	21	State Zip Co	ode 55/4	
Principal Occupation Retired		Name of Employer	1			
or dependent child of a lobbyist?	contribution is in excess of \$400 to bes contributor or business he/she is flued at more than \$5,000?	o a candidate for a chief executive is associated with have a contract Yes \(\sime\) No	e officer of a municipality, with said municipality		Contribution	
Is this contribution associated with a fundraising event listed in Section L1? UNO If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract		te contractor? Yes	100	9.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	/ /	Aggregate Contributions			
Last Name ATTGEN - 106		First Magen			MI	
Residential Street Address 23 Del Ave		City North Ital	vCN	State Zip Co	473	
Principal Occupation HOITOISSER		Name of Employer IMA 93	2			
or dependent child of a lobbyist? DNo do	contribution is in excess of \$400 to ses contributor or business he/she is lucd at more than \$5,000?				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 bran- of government the contract		te contractor? Yes	\$100	1. 00	
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 2 '// '/5 □ Aggregate Contributions						
	SUI	BTOTAL Section B —	This Page 🛮 🔏	225.	00	

NAME OF COMMITTEE					TYPE OF REPORT		37 B	
SPEER 20	15				Terman	vat	10,	N
B. Itemized Contributions from Individuals								
Last Name LOUGAI				First V10/2				MI
Residential Street Address /// South	Sh	ore De	City	East Hav	îen	State	Zip	Code 065/2
Principal Occupation Retired				Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes 440	e officer of a municipalit with said municipality			f Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a If yes, indicate which bra of government the contract	anch o		II No	s 37	15	00
Method of Contribution:				Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard L	J Payroll Deduction LI Money						
Last ivanie				First				MI
Residential Street Address			City			State	Zip C	ode
Principal Occupation				Name of Employer			I	
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 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? N		Is contributor a principal of a If yes, indicate which bran of government the contrac	nch or	r branches	e contractor?			
Method of Contribution:	1			Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard 🗌	Payroll Deduction Money						
Last Name			F	First				MI
Residential Street Address			City			State	Zip C	ode
Principal Occupation	Principal Occupation Name of Employer							
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does o	tribution is in excess of \$400 t contributor or business he/she d at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract v	officer of a municipality vith said municipality	Amo	unt of	Contribution
Is this contribution associated with a fundraising event listed in Section L1? N		Is contributor a principal of a If yes, indicate which bran of government the contract	ich or	branches	contractor?			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate Contributions								
		SU	BT(OTAL Section B — '	This Page	15.	00	
								ļ

NAME OF COMMITTEE	TYPE OF REPORT				
SPEER 2015 TERMINATION					
	ser Event Information				
Fundraising Event # Description Date of Fundraiser Letter OI · 23 · 15 A	i'aa t				
01.23.15 A Eat and &	17001				
Location: Street Address 400 COR AVC	East Haven	State Zip Code CF 06512			
Subpart 1: (All Committees)					
Was this fundraising event hosted at a personal residence?	event hosted at a personal residence? \[\sumset \text{Yes}, \text{ (If yes, go to Section L4 In-Kind Donations not Considered Contributions} \] and complete required information for purchases made by host(s) for food, beverage and invitations.)				
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations not and complete required information.)	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 Receipts here.) □ No \$				
Subpart 2: (Party Committees, Municipal Candidates and Political Co. Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mmittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Advertis or on a Sign and complete required information No				
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.) ——■	\$			
Fundraising Event # Description Date of Fundraiser Letter					
Location: Street Address	City	State Zip Code			
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence?	☐ Yes (If yes, go to Section L4 In-Kind Donations not and complete required information for purchases beverage and invitations.) ☐ No				
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations not and complete required information.) ☐ No	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 Receipts here.) ☐ No	;			
Subpart 2: (Party Committees, Municipal Candidates and Political Con Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mmittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Advertisin or on a Sign and complete required information. No				
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.)\$				
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Recei	pts from Sale of Donated Items — This Page				
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page					
	TOTAL of additional Section L1 Pages				
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES	(Enter total on Line 16a of Summary Page Totals)				

NAME OF COMMIT			TYPE OF REPORT			
	Term(n	NOTION				
P. Expenses Paid by Committee						
Name of Payce	eolly Ligura		Date of Payment / 23 · 15	Method of Pay Che		
Street Address	Main St City_ Fast	Have	-N		Zip Code 065/2	
Purpose of Expenditure (by code) FNDR	Description Sp17-175	<u> </u>	1231517		mount 3 F. 18	
Expenditure # (If applicable)	Type of Expenditure (If applicable) Type of Expenditure (If applicable) Itemization in Addendum P Required					
Name of Payee	op n' Shop		Date of Payment ノ・ス 3・1 5	Method of Pay Che		
Street Address	inguay Avenue East	HZU	CN	1	Zip Code OGTZ	
Purpose of Expenditure (by code)	Description MISC	Event O	# 12315A	A 23	mount OF	
Expenditure # (if applicable)	enditure # Type of Expenditure (if applicable) Itemization in Addendum P Required					
Name of Payee	ight Life America Inc	7	Date of Payment	Method of Pay ☐ Che ☑ Deb		
Street Address	211 N. First St. Sanc			1 27 71 1	Zip Code 95131	
Purpose of Expenditure (by code)	3 Description / Ch.	Event	#	A 10	mount	
Expenditure # (if applicable)						
Name of Payee	MISC		Date of Payment	Method of Pay Che		
Street Address	CIM Street Cast	Havo	rN	111	2ip Code 96512_	
Purpose of Expenditure (by code)	Description Paid of Balance	Event	#	A1	mount	
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required □ Coordinated without reimbursement sought □ Independent □ Organization:		ith reimbursement sought O C O D	07.	7	
	SUBTOTAL S	Section P —	This Page	516	CONTRACTOR OF THE PROPERTY OF	
	TOTAL of addit	ional Sectio	n P Pages	8	29	
TOTAL OF	ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19	of Summary H	Page Totals)	584.	54	

NAME OF COMMITTEE			TYPE OF REPORT	TYPE OF REPORT			
SPEER 2015				Termination			
Q. Campaign Expenses Paid by Candidate Name of Payee (Name of Vendor who candidate paid directly) Date of Payment Is reimbursement claimed?							
, and of the or	CVS		1.3.13	Is reimbursement claimed? ☐ Yes ☐ No			
Street Address	**************************************	City		State Zip Code			
M	ZIN Stroct	VEN	CT 06572				
Purpose of Expenditure (by code)	Description	Event #	8.29				
Name of Payce (Name of V	endor who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description	Event #	Amount				
Name of Payee (Name of V	l Yendor who candidate paid directly)	III Hillion valatinatinat Chatanian il Riik Horisch (Wirtische voorberend tataalike teenseis lännemateen sistem	Date of Payment	Is reimbursement claimed?			
				☐ Yes ☐ No			
Street Address		City		State Zip Code			
				.			
Purpose of Expenditure (by code)	Description		Event #	Amount			
Name of Payee (Name of V	endor who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				☐ Yes ☐ No			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
Name of Payee (Name of Ve	endor who candidate paid directly)	**************************************	Date of Payment	Is reimbursement claimed?			
				☐ Yes ☐ No			
Street Address	State Zip Code						
Purpose of Expenditure (by code)	Description	Svent#	Amount				
Name of Payee (Name of Ve	endor who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description	E	ivent #	Amount			
SUBTOTAL Section Q—This Page \$ 8,29							
TOTAL of additional Section Q Pages							
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page Totals)							