

SEEC FORM 20

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



RECEIVED FOR FILING
FEB 17 2015
TOWN CLERK'S OFFICE
EAST HAVEN, CONN.
Stacy Quino, CTC
TOWN CLERK
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Page 1 of 17

COVER PAGE

1. NAME OF COMMITTEE			
SPEER 2015			
2. TREASURER NAME			
First JAN	MI	Last LOUGAL	Suffix
3. TREASURER ADDRESS			
Street Address 39 Elm Street	City East Haven	State CT	Zip Code 06512
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11.3.15	5. OFFICE SOUGHT (Complete only if Candidate Committee)		6. DISTRICT NUMBER (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)			
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committees Only)	<input checked="" type="checkbox"/> Termination	
<input type="checkbox"/> Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="checkbox"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date 1.1.15		Ending Date 2.17.15	
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
<u>Jan Lougal</u> TREASURER OR DEPUTY TREASURER (SIGNATURE)		<u>Jan Lougal</u> PRINT NAME OF SIGNER	<u>2.17.15</u> DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			

SEEC FORM 5**EXPLORATORY COMMITTEE****NOTICE OF INTENT TO DISSOLVE**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 3/07

Do Not Mark in This Space For
Official Use Only**REGISTRATION TYPE**☒ FINAL DISSOLUTION

1. ELECTION DATE (mm/dd/yyyy) 11.3.15		2. CANDIDATE NAME			
Prefix		First Michael		MI P	Last SPEER
Suffix					
3. CANDIDATE RESIDENCE ADDRESS			4. CANDIDATE MAILING ADDRESS (if different)		
Street Address 39 Elm Street			Address		
City East Haven		State CT	Zip Code 06512		
5. CANDIDATE TELEPHONE (Include Area Code)			6. CANDIDATE E-MAIL ADDRESS		
(203) 479-0749			Michael.SPEER2015@gmail.com		
7. PARTY AFFILIATION					
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other _____					
8. NAME OF COMMITTEE					
SPEER 2015					
9. COMMITTEE ADDRESS					
Address 39 Elm Street			City East Haven	State CT	Zip Code 06512
10. COMMITTEE E-MAIL ADDRESS			11. COMMITTEE WEB SITE ADDRESS		
N/A			WWW.SPEERFORMAYOR.COM		
12. CANDIDATE'S DECLARATION (check one)					
<input checked="" type="checkbox"/> 12a. I declare that I will seek the nomination or election to the office of: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <u>Mayor</u> OFFICE SOUGHT </div> <div style="text-align: center;"> DISTRICT NO (if applicable) </div> </div> <div style="text-align: center; margin-top: 20px;"> <u>SPEER FOR Mayor</u> NAME OF CANDIDATE COMMITTEE </div>					
<input type="checkbox"/> 12b. I declare that I will not seek the nomination or election to any public office during the election cycle for which my exploratory committee was formed.					
 CANDIDATE (SIGNATURE)				2-17-15 Date	
13. CERTIFICATION					
I hereby certify and state, under penalties of false statement, that this statement of intent to dissolve the indicated candidate's exploratory committee, for the reasons stated, is true, accurate and complete to the best of my knowledge and belief and that this notice of intent to dissolve is being submitted by me <i>together with</i> a Statement of Receipts and Expenditures identifying all of this exploratory committee's receipts and expenditures since its last previously filed statement.					
 TREASURER (SIGNATURE)				2-17-15 Date	

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

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
<i>SPEER 2015</i>	<i>TERMINATION</i>	
	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		<i>3,440.00</i>
12. Balance on hand at the beginning of Reporting Period	<i>3440.00</i>	
13. Contributions Received from Individuals (Sections A and B)	<i>1360.00</i>	<i>1360.00</i>
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. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	<i>1360.00</i>	<i>1360.00</i>
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	<i>4800.00</i>	<i>4800.00</i>
19. Expenses Paid by Committee (Section P)	<i>584.54</i>	<i>584.54</i>
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	<i>4215.46</i>	<i>4215.46</i>
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) <i>OPTIONAL</i>		
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		Termination	
B. Itemized Contributions from Individuals			
Last Name Colangelo		First Robert	
Residential Street Address 348 Coe Ave		City East Haven	State CT
Principal Occupation Retired		Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 012315A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1.21.15	Aggregate Contributions
Last Name Cesare		First Marianne	
Residential Street Address 8 Felicia DR		City East Haven	State CT
Principal Occupation Paraprofessional		Zip Code 06513	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 012315A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
Last Name Pacelli		First Louis	
Residential Street Address 107 Foxon Road		City East Haven	State CT
Principal Occupation Labor / driver		Zip Code 06513	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 012315A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
SUBTOTAL Section B — This Page		\$ 90.00	

Section B. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE SPEER 2015		TYPE OF REPORT Termination	
B. Itemized Contributions from Individuals			
Last Name SWANSON		First Kirt	
Residential Street Address 109 Bittersweet Circ		City Guilford	
Principal Occupation owner of Auto Shop		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 012315A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1-23-15	
		Aggregate Contributions \$ 30.00	
Last Name SWANSON		First Julie	
Residential Street Address 109 Bittersweet Circle		City Guilford	
Principal Occupation 		Name of Employer 	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 012315A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1-23-15	
		Aggregate Contributions \$ 30.00	
Last Name Greenleaf		First Denise	
Residential Street Address 11 Joffe Street		City East Haven	
Principal Occupation 		Name of Employer 	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 012315A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1-23-15	
		Aggregate Contributions \$ 30.00	
SUBTOTAL Section B — This Page			\$ 90.00

Section B. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE				TYPE OF REPORT	
SPEER 2015				Termination	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Esposito		Joann		A	
Residential Street Address		City		State	Zip Code
85 Frances St. Ext		East Haven		CT	06512
Principal Occupation		Name of Employer			
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 valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$30.00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 012315A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1.23.15			
Last Name		First		MI	
Abbott		Linda		A	
Residential Street Address		City		State	Zip Code
53 Laurel Street		East Haven		CT	06512
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$30.00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 012315A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1.23.15			
Last Name		First		MI	
Riccio Vincent		VINCENT			
Residential Street Address		City		State	Zip Code
345 Shortbeach Rd		East Haven		CT	06512
Principal Occupation		Name of Employer			
Security		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	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$30.00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 012315A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1.23.15			
SUBTOTAL Section B — This Page				\$ 90.00	

NAME OF COMMITTEE		TYPE OF REPORT	
SPEER 2015		Termination	
B. Itemized Contributions from Individuals			
Last Name Colangelo		First David	
Residential Street Address 54 Vista Drive		City East Haven	
Principal Occupation Electrician		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 012315A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1.23.15	
Amount of Contribution \$30.00		Aggregate Contributions	
Last Name Cole		First Jeannette	
Residential Street Address 23 Cliff St		City East Haven	
Principal Occupation		Name of Employer 1.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 012315A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1.23.15	
Amount of Contribution \$30.00		Aggregate Contributions	
Last Name Vitiello		First Sandra	
Residential Street Address 216 Looking Grass Hill Rd		City MORRIS	
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 012315A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1.23.15	
Amount of Contribution \$30.00		Aggregate Contributions	
SUBTOTAL Section B — This Page		\$ 90.00	

Section B. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE SPEER 2015	TYPE OF REPORT TERMINATION
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B. Itemized Contributions from Individuals

Last Name Coulter	First Sarah	MI
Residential Street Address 36 Reading Rd	City Trumbull	State CT Zip Code 06611
Principal Occupation RN	Name of Employer Yale N.H. Hospital	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$40.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 01231519	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1-23-10 Aggregate Contributions

Last Name CASARE	First Amanda	MI
Residential Street Address 8 Felicia Drive	City East Haven	State CT Zip Code 06513
Principal Occupation	Name of Employer GCC	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$20.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 0123151A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1-23-10 Aggregate Contributions

Last Name Gargano	First Angela	MI
Residential Street Address 395 Thompson St	City East Haven	State CT Zip Code 06513
Principal Occupation	Name of Employer The Hair Spa	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$40.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 01231519	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1-23-15 Aggregate Contributions

SUBTOTAL Section B — This Page

\$100.00

Section B. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE				TYPE OF REPORT	
SPEER 2015				TERMINATION	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Evanich		MARK		J	
Residential Street Address		City		State	Zip Code
27 Knobb Hill Road		Milford		CT	06460
Principal Occupation		Name of Employer			
		FDG			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <div style="font-size: 1.2em;">\$60.00</div>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 0123107		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1-23-15			
Last Name		First		MI	
DeStefano		LAUREN			
Residential Street Address		City		State	Zip Code
4 Hunting Ridge Farms Rd		Branford		CT	06405
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <div style="font-size: 1.2em;">\$30.00</div>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 012315A		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1-23-15			
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution <div style="font-size: 1.2em;">\$90.00</div>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					
SUBTOTAL Section B — This Page				\$90.00	

Section B. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE				TYPE OF REPORT	
SPEER 2015				Termination	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Chase		Edward			
Residential Street Address		City		State	Zip Code
5 Pondview Terrace		East Haven		CT	06512
Principal Occupation		Name of Employer			
Manager		Discount Liquor			
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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$30.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes 012315A		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1.23.15			
Last Name		First		MI	
Lougol		Scott			
Residential Street Address		City		State	Zip Code
25 Quach Rd		Branford		CT	06540
Principal Occupation		Name of Employer			
Probation officer		State 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes 012315A		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1.23.15			
Last Name		First		MI	
Pellegrino		Mary Ann			
Residential Street Address		City		State	Zip Code
90 Gerrish Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Teacher		Childrens Community Programs			
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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$30.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes 012315A		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					
SUBTOTAL Section B — This Page					\$120.00

Section B. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE				TYPE OF REPORT			
SPEER 2015				Termination			
B. Itemized Contributions from Individuals							
Last Name			First			MI	
DZIEKAN			Salvatore			J	
Residential Street Address			City			State	Zip Code
108 Rustling Reed Rd			Nagatuck			CT	06770
Principal Occupation			Name of Employer				
Cartographer			Housatonic Valley Association				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$ 25.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1.2.15					
Last Name			First			MI	
Capone			Frank				
Residential Street Address			City			State	Zip Code
164 Foxon Rd			East Haven			CT	06513
Principal Occupation			Name of Employer				
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$ 200.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1.2.15					
Last Name			First			MI	
Residential Street Address			City			State	Zip Code
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			\$ 225.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order							
SUBTOTAL Section B — This Page							

Section B. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE		TYPE OF REPORT	
SPEER 2015		Termination	
B. Itemized Contributions from Individuals			
Last Name MONTALVO		First JUAN	MI C
Residential Street Address 26 Portland St #240		City Worcester	State MA Zip Code 01608
Principal Occupation Real Estate Chelsea International Properties		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1.5.15	
Last Name Sparaco		First Magdalen	MI P
Residential Street Address 215 Eddon Drive		City East Haven	State CT Zip Code 06512
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1.15.15	
Last Name Reynolds		First Patrick	MI J
Residential Street Address 24 Maple Street		City East Haven	State CT Zip Code 06512
Principal Occupation Hairstresser		Name of Employer Ultimate Image	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1.12.15	
SUBTOTAL Section B — This Page			\$225.00

Section B. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE				TYPE OF REPORT	
SPEER 2015				Termination	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Cormier		Carol			
Residential Street Address		City		State	Zip Code
168 37th Ave Pl. NW		Hickory		NC	28601
Principal Occupation		Name of Employer			
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 valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25.00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1.24.15			
Last Name		First		MI	
TRYOL		Frederick		A	
Residential Street Address		City		State	Zip Code
41 Meadowbrook Rd		West Haven		CT	06516
Principal Occupation		Name of Employer			
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 valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		100.00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1.			
Last Name		First		MI	
Magen FIORE		Magen			
Residential Street Address		City		State	Zip Code
23 Del Ave		North Haven		CT	06473
Principal Occupation		Name of Employer			
Hairdresser		Image			
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 100.00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2.11.15			
SUBTOTAL Section B — This Page				\$ 225.00	

Section B. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE				TYPE OF REPORT				
SPEER 2015				Termination				
B. Itemized Contributions from Individuals								
Last Name Lougai			First Viola			MI		
Residential Street Address 111 South Shore Dr.			City East Haven			State CT	Zip Code 06512	
Principal Occupation Retired			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution \$ 15.00		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No						
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received		Aggregate Contributions			
Last Name			First					MI
Residential Street Address			City			State	Zip Code	
Principal Occupation			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No						
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received		Aggregate Contributions			
Last Name			First					MI
Residential Street Address			City			State	Zip Code	
Principal Occupation			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No						
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received		Aggregate Contributions			
Last Name			First					MI
Residential Street Address			City			State	Zip Code	
Principal Occupation			Name of Employer					
SUBTOTAL Section B — This Page						\$ 15.00		

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE SPEER 2015		TYPE OF REPORT Termination	
L1. Fundraiser Event Information			
Fundraising Event # Date of Fundraiser Letter 01.23.15 A		Description Eat and Greet	
Location: Street Address 400 Cor Ave		City East Haven	State Zip Code CT 06512
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes (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.) <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No → \$ 	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No → \$ 	
Fundraising Event # Date of Fundraiser Letter		Description	
Location: Street Address		City	State Zip Code
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes (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.) <input type="checkbox"/> 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?		<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input type="checkbox"/> No → \$ 	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="checkbox"/> 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?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input type="checkbox"/> No → \$ 	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			
TOTAL of additional Section L1 Pages			
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE SPEER 2015				TYPE OF REPORT Termination	
P. Expenses Paid by Committee					
Name of Payee Trolly Liquor			Date of Payment 1.23.15		Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address Main St		City East Haven		State CT	Zip Code 06512
Purpose of Expenditure (by code) FNDR	Description SPIRITS		Event # 012315A		Amount \$138.18
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee Stop n' Shop			Date of Payment 1.23.15		Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address Hemingway Avenue		City East Haven		State CT	Zip Code 06512
Purpose of Expenditure (by code) FNDR	Description MISC		Event # 012315A		Amount \$23.88
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee NightLife America Inc			Date of Payment 1.6.15		Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 2211 N. First St.		City San Jose		State CA	Zip Code 95131
Purpose of Expenditure (by code) 7B-WEB FNDR	Description Tech.		Event #		Amount \$100.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee MISC			Date of Payment 1.1.15		Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 39 Elm Street		City East Haven		State CT	Zip Code 06512
Purpose of Expenditure (by code)	Description Paid off Balance		Event #		Amount \$314.19
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P— This Page					\$ 576.25
TOTAL of additional Section P Pages					8.29
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)					584.54

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE		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?
CVS		1.3.15	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
MAIN Street	EAST HAVEN	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount
	staples		\$ 8.29
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	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)			