#### **SEEC FORM 20**

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

RECEIVED FOR FILING

JAN 1 2 2015

TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

Story gravino, CCTC

Do Not Mark in This Space For Official Use Only

#### COVER PAGE

1, NAME OF COMMITTEE			
SPEER	2015		
2. TREASURER NAME			
First J Z N	MI (A)	Last Lougal	Suffix
3. TREASURER ADDRESS			
Street Address 39 FTM	Street city	East Havon	State T Zip Code 06512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	if Candidate Committee)	6. DISTRICT NUMBER
(mm/dd/yyyy) //· 3 · /5	Mayor		(if applicable)
7, CANDIDATE NAME (Complete only if	and the second		Suffix
First MICHAE!	<sup>MI</sup> P	Speck	Sutiix
8. TYPE OF REPORT (Check One Box)			
January 10 filing	7th day preceding primary	7th day preceding referendum	O Initial Contribution or Disbursement (PACs ONLY)
O April 10 filing	30 days following primary	O 45 days following referendum	Amendment to
O July 10 filing	O7th day preceding election	O Deficit	Type of Report:
October 10 filing	O12th day preceding election (State Central Committees Only)	O Termination	
OIndependent Expenditure Primary Election	O45 days following election not held in November		
9. PERIOD COVERED			
	Beginning Date	Ending Date	
	11.7.14	thru 12:31:14	
10. CERTIFICATION			
I hereby certify and state, under possible Disclosure Statement for the per		all of the information set forth on thi	s Itemized Campaign Finance
TREASURER OR DEPUTY TREASURE	CYCL CONSTURE) PRIN	Jan Lougal  IT NAME OF SIGNER	DATE (mm/dd/yyyy)
	32 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
PENALTY FOR FALSE STATEMENT	IS PUNISHABLE BY FINE NOT TO EX	CEED \$1,000, OR IMPRISONMENT FOR NO	OT MORE THAN ONE YEAR, OR BOTH.

Page 1 of 17

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

#### SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
SPEER 2015	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	8	
13. Contributions Received from Individuals (Sections A and B)	3,465,00	
14. Receipts from Other Committees (Sections C1 and C2)	0	
15. Other Monetary Receipts (Sections D through K)	0	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	3,465,00	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	0	·
19. Expenses Paid by Committee (Section P)	25.00	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	3,440,00	
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	
22. In-Kind Contributions Received (Section M)	0	
23. Refundable Deposit to Telephone Company (Section N)	0	
24. Receipts of Organization Expenditures (Section O) OPTIONAL	0	
25. Beginning Loan Balance	0	
25a. + Loans Received (Section D)	0	
25b. + Interest and Penalties on Loan	0	
25c Payments on Loan	0	
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	`
27. Expenses Incurred on Committee Credit Card (Section R)	314.19	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

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

NAME OF COMMITTEE			TYPE OF REPORT		
SPEER		-	1.12.	15	
A. Total Contributions from Sma (See instructions for definition of Small Con		ed this Period ONLY UBTOTAL SECTION A	\$ <i>(</i> )	<del></del>	
	B. Itemized Con	ntributions from Individ	duals		
Last Name		First			MI
Residential Street Address	C	City		State Z	ip Code
Principal Occupation	•	Name of Employer			
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?	o a candidate for a chief executive is associated with have a contract of Yes No	officer of a municipality with said municipality	, Amoun	t of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Is contributor a principal of a s  If yes, indicate which branc of government the contract	is with:	OLegislative O No		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	i	Aggregate Contributions		
Last Name		First			МІ
				- 1-	
Residential Street Address	.  C	City		State Zi	ip Code
Principal Occupation		Name of Employer		•	
or dependent child of a lobbyist? No do	contribution is in excess of \$400 to bes contributor or business he/she is alued at more than \$5,000?	o a candidate for a chief executive s associated with have a contract v Yes No	officer of a municipality with said municipality	, Amount	of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event #	Is contributor a principal of a st  If yes, indicate which branc of government the contract i	state contractor or prospective state ch or branches is with:  DExecutive	e contractor? Yes No		
Method of Contribution:	Op. Il Defeation O'Vener C	1 I	Aggregate Contributions		
Ocash OPersonal Check Ocredit/Debit Card	O Payroll Deduction O Molley C	First			MI
AND AND THE PROPERTY OF THE PR					
Residential Street Address	C	City		State Zi	p Code
Principal Occupation		Name of Employer		•	,,
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 to bes contributor or business he/she is 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 st If yes, indicate which branc of government the contract i	is with:	O No Carrier Control of the Carrier Control o		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney C		Aggregate Contributions		
		SUBTOTAL Section B —	This Page	346	5.00
	TO	OTAL of additional Section	on B Pages	324	10,00
TOTAL	OF ALL CONTRIBUTIONS (E	FROM INDIVIDUALS (Sec inter total on Line 13 of Sununar,	tions A + B) y Page Totals)	924 3,46	5,00

### Section B. ADDITIONAL PAGE 1 of 13

NAME OF COMMITTEE			TYPE OF REPORT	
	015		1-12"	ば
		tributions from Indivi	duals	
Last Name  DZIEKUN.		First Cathlee		MI
Residential Street Address 456/8112006	x Road c	North Br	anford	State Zip Code  C+ 04471
Principal Occupation N/A	71. 1	Name of Employer	A	
or dependent child of a lobbyist? I No d	f contribution is in excess of \$400 to loes contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executiv associated with have a contract \( \sum \) Yes \( \sum \) 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 #  Method of Contribution:		S with: Executive  Date Received	te contractor? Yes No Legislative Aggregate Contributions	\$ 100.00
☐ Cash ☐ Personal Check ☐ Credit/Debit Care	d □ Payroll Deduction □ Money C	Order 12.13.14		
Last Name SICIGNANO		First RICHARO	<i>f</i>	MI
Residential Street Address 2 SWIFT	- Street "	Branfuro	ļ	State Zip Code CF 06405
Principal Occupation  N A		Name of Employer	<i>A</i>	
or dependent child of a lobbyist? No d	If yes, indicate which branc	associated with have a contract  Yes Yoo  ate contractor or prospective sta h or branches	te contractor? Yes	1 10
If yes, list Event #  Method of Contribution:	of government the contract i	Date Received	Legislative Aggregate Contributions	-
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	I □ Payroll Deduction □ Money C	order 12/13/14	0	
Last Name SICIGNANO		First GARY		MI C
Residential Street Address  22 Poplar		Bethany		State Zip Code  CT (16524)
Principal Occupation		Name of Employer		
or dependent child of a lobbyist?	f contribution is in excess of \$400 to loes contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive associated with have a contract \(\sum \) Yes \(\sum \) No	e officer of a municipality with said municipality	1
Is this contribution associated with a	Is contributor a principal of a st  If yes, indicate which branc of government the contract	tate contractor or prospective stath or branches is with:	☐ Legislative	\$100.00
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Care	i □ Payroll Deduction □ Money C	Date Received 12/3.14	Aggregate Contributions	2:
	SUI	BTOTAL Section B —	This Page	300.00
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# Section B. ADDITIONAL PAGE 2 of 1.3

NAME OF COMMITTEE			TYPE OF REPORT	
SPEER	2015		1.12	.15
	B. Itemized Cont	ributions from Indivi	duals	
Last Name Maniatis		First	N FINOS	M /
Residential Street Address	/	Madison		State Zip Code  CF 06443
22 Pepperu	100d .	Name of Employer		0, 0,790
Principal Occupation Self		Sel		
or dependent child of a lobbyist? No d	f contribution is in excess of \$400 to oes contributor or business he/she is alued 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	y, Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Method of Contribution:	Is contributor a principal of a st  If yes, indicate which brane of government the contract i	h or branches s with:	Legislative Aggregate Contributions	# 100.00
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	I □ Payroll Deduction □ Money C	order 12.15.14	0	
Last Name Madigan		First Kimberl		MI
Residential Street Address 31 Plymouth	AVC			MA 02/86
Principal Occupation  A  A		Name of Employer	VA	
or dependent child of a lobbyist? No d	Contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?	a candidate for a chief executive associated with have a contract  Yes ZINo	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 state of government the contract is	h or branches Executive	LE No	
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money O		•	
Last Name		First ()		MI
Lougal		Otever		
Residential Street Address 39 F/M	St ci	Fast Ha	VON	State Zip Code 06512
Principal Occupation	UA		/ A	
or dependent child of a lobbyist? No d	F contribution is in excess of \$400 to one contributor or business he/she is alued at more than \$5,000?	associated with have a contract  Yes INO	with said municipality	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Is contributor a principal of a st  If yes, indicate which branc of government the contract i	h or branches s with:	☐ Legislative	
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	□ Payroll Deduction □ Money C	11/	Aggregate Contributions	
	SUE	STOTAL Section B —	This Page &	250,00
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# Section B. ADDITIONAL PAGE 3 of 13

NAME OF COMMITTEE			TYPE OF REPORT	
SPEER	2010		1-/2	2.15
	B. Itemized Con	tributions from Indiv	iduals	
Last Name		First Chelse	211	MI
Torres				State, Zip Code
Residential Street Address  151 ACOTI		Mulfor	d	Ct 06 461
Principal Occupation	, - 3, 7 0	Name of Employer		
, WA	L J		·	
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 is valued at more than \$5,000?	a candidate for a chief executive associated with have a contract Yes 12 No	ve officer of a municipality, t with said municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #		h or branches Executive	ete contractor?	\$ 100.
Method of Contribution:	L.J. Dawell Deduction	Date Received	Aggregate Controllions	·
☐ Cash ☐ Personal Check ☐ Credit/Debit C	and Prayton Deduction Chinoney C	First	-	MI
Last Name Lavens KC		LORNA		State, Zip Code
Residential Street Address  10 MAIN	54	Woodbrid	ge	T 065-65
Principal Occupation NA		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 is valued 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 fundraising event listed in Section L1?  If yes, list Event #		h or branches	☐ Legislative	\$ 100.00
Method of Contribution:		Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	'ard □ Payroll Deduction □ Money C	First	<i>C</i>	M
Last Name Lougal		JIN		State Zip Code
Residential Street Address 39 F/111 St	C	Kast Hav	1en	State Zip Code  CF 0657 >
Principal Occupation  DIFECTOR	-	Name of Employer  town of	and the second s	
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 is valued at more than \$5,000?	a candidate for a chief executive associated with have a contract \(\sum \text{Yes} \sum \text{No}\)	e officer of a municipality, t with said municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #		h or branches	_ LU-No	75.00
Method of Contribution:		Date Received	Aggregate Contributions	,
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	SUI	BTOTAL Section B —	- This Page	275.00
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# Section B. ADDITIONAL PAGE 4 of 13

	TOTALIST SERVE SERVE SERVE SE		TYPE OF REPORT		
SPEER 2015			1-12-2	015	<del></del>
STEEK AUTO		ntributions from Indiv	- The Control of the		
ast Namo		First	*		MI
COLANGELO		Susan		State Z	ip Code
tesidential Street Address 348 Coe A	venue	East Hau	en		86512
Principal Occupation NA		Name of Employer  N/A		<del></del>	4 C (1) P
s contributor a lobbyist, spouse,	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a contract Yes X No	et with said municipality		t of Contribution
is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Method of Contribution:	No If yes, indicate which bra of government the contract	Date Received	Aggregate Contributions	20	00.00
□Cash    Personal Check   □Credit/Debit 0	Card LI Payron Deduction Limbone	First			MI
ast Name	e	Moah			
Residential Street Address		City		,	ip Code
64 Mill Str	eet	East Haven			06512
rincipal Occupation		Name of Employer			
undraising event listed in Section L1?	Yes Is contributor a principal of a No If yes, indicate which bra	state contractor or prospective s	tate contractor?	$\pm 10$	(1) [][]
If yes, list Event #	of government the contract	Date Received	Aggregate Contributions  O.OO		0.00
#####################################	of government the contract	Date Received	Aggregate Contributions  O.OO		<sup>MI</sup> A
### If yes, list Event #  Method of Contribution:  Machod of Contribut	of government the contract	Date Received  Order    Date Received   11-23-2014     First   Tab; Tha   City   Fast   Have	Aggregate Contributions  O.OO	State Z	MI
### If yes, list Event ###  Method of Contribution:  ACash □ Personal Check □ Credit/Debit Government  Ast Name	of government the contract	Pirst Tab; Tha  City East Have  Name of Employer  Twin hak	Aggregate Contributions  O.00  n  Children's	State Z	MI A Cip Code O6512 er
### Method of Contribution:  Macash □ Personal Check □ Credit/Debit of Last Name  Lougal  Residential Street Address  33 Elm Street  Principal Occupation	of government the contract  Card Payroll Deduction Money  et  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	Date Received  Order    Date Received	Aggregate Contributions  O.00  n  Children's  ive officer of a municipality ct with said municipality	State Z	MI A  Sip Code  06512
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Method of Contribution:  **ACash	of government the contract  Card Payroll Deduction Money  et  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?  Yes Is contributor a principal of fryes, indicate which bra of government the contract  Card Payroll Deduction Mone	Date Received  Order  Date Received  Order  Tabitha  City  First  Tabitha  City  Fast  Tabitha  City  Tast  Tast	Aggregate Contributions  O.OO  n  Children's  ive officer of a municipality ct with said municipality  state contractor?  Legislative  Aggregate Contributions  O.OO	State Z	MI A  Sip Code  OG 512  Or of Contribution

# Section B. ADDITIONAL PAGE 5 of 13

Rethel Jose 1914	, JOC	CHOILD: TANDALL	50 08 - 190	on (18 m. s- vakvo ensi-	ggggstik]	TYPE OF REPORT	A. FALSON	
NAME OF COMMITTEE	<u> </u>			的。 1985年 1987	errespective (1911)	1-12-2	015	en i je i 🕳 koloni oznak splane i izm
SPEER 20	15				Indian			
		B, Itemized Co	ntribi Fir		THUIVE	iniii9	eriner specific	M
Last Name SPEER, Jr.				Stanl	e y		State	Zip Code
Residential Street Address 33 Elm Str	eet		City		uen -		CT	86512
Principal Occupation  Mechanic B				•	? W	hitney		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 図 1	No does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?	to a can is assoc	didate for a chief iated with have a Yes	a contract	officer of a municipality with said municipality	y, Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Method of Contribution:	☐ Yes ☑ No	Is contributor a principal of a If yes, indicate which bra of government the contract	inch or b et is with	ranches  i:	xecutive	e contractor? Ye No Understanding No Aggregate Contributions OOO		100.00
⊠Cash ☐ Personal Check ☐ Credit/D	ebit Card 🗆	Payroll Deduction LIMone		11-23-0	7017	0.00	anna an amh aid dh' a an 1779 a an ann an	MI
Last Name SPEER			Fir	Tame	ara		Telata	Zip Code
Residential Street Address 3 3 E/m S	treet		City	ast H			State	06512
Principal Occupation				Name of Employ				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	√o does	ntribution is in excess of \$400 contributor or business he/sheed at more than \$5,000?	to a can	didate for a chief stated with have a	f executive a contract No	officer of a municipalit with said municipality	y, Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	☐ Yes ☑ No	Is contributor a principal of a If yes, indicate which broad government the contract	ınch or b	ranches	xecutive	140 TAG	s D	100.00
Method of Contribution:  ☑ Cash ☐ Personal Check ☐ Credit/D	ebit Card E	Payroll Deduction  Mone	y Order	11-24-2	014	0.00		
Last Name COULSTON	a region to the second second second		Fi	st Geor	-ge		To	I MI W
Residential Street Address  28 Thorpe			City	orth t	taver	۸	State	Zip Code 06473
Principal Occupation Retire	d 			Name of Employ	/er	A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If co	ontribution is in excess of \$400 s contributor or business he/she ed at more than \$5,000?	) to a car e is asso	ciated with have	f executive a contract	e officer of a municipality with said municipality	ty, Amo	ount of Contributio
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	☐ Yes ☑ No	Is contributor a principal of <i>If yes</i> , indicate which br of government the contra	anch or l	oranches	pective sta	te contractor? Ye Legislative Aggregate Contributions	0	50.00
Method of Contribution:  □ Cash	ebit Card [	Payroll Deduction  Mone	y Order	12-4-	2014	0.00		
		S	UBTC	TAL Section	on B —	This Page	42	50,00

### Section B. ADDITIONAL PAGE 6 of 13

B. Itemized Contributions from Individuals    First   A   Free do   Mistage   A   Free do   Mistage   Mist	25
Residential Street Address  /O Main Street  N/A  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a flundraising event listed in Section L1?  No  No  No  No  No  No  No  No  No  N	25
Residential Street Address  /O Main Street  Name of Employer  N/A  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?  No  No  No  No  No  No  No  No  No  N	25
Principal Occupation  Name of Employer  N/A  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with a fundraising event listed in Section L1?  No lf yes, list Event #  Name of Employer  N/A  Amount of Contributor or a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches  of government the contract is with:  Executive Legislative	25
Principal Occupation  Name of Employer  N/A  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No lose contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with a fundraising event listed in Section L1?  No lyes, list Event #  Name of Employer  N/A  Amount of Contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No list contribution associated with a fundraising event listed in Section L1?  No lyes, indicate which branch or branches of government the contract is with: Executive Legislative	atribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No lif contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  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 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:    Executive   Legislative   Legisl	atribution
fundraising event listed in Section L1?	
© Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order //- 9-2014 0.00	50
Last Name TORRES First Chelsey	
Residential Street Address 151 Acorn Lane  City Milford  State Zip Code CT 0648	61
Principal Occupation  Name of Employer  N/A	
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 contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	ıtribution
Is this contribution associated with a fundraising event fisted in Section L1?    Yes	00
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 11-10-2014 □ 100.00 □ 1	
Last Name C & SARE,   First   Marianne   MI	
Residential Street Address  8 Felicia Drive  City  East Haven  State Zip Code  CT 065	12
Principal Occupation Para  Name of Employer  Fast Haven Bd of Education	
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?     Yes   X   No	ıtribution
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:   Executive Legislative	00
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	
SUBTOTAL Section B — This Page \$ 500.0	0

### Section B. ADDITIONAL PAGE 7 of 13

NAME OF COMMITTEE				TYPE OF REPORT		
SPEER 2013	5			1-12-20	15	
	B. Itemized Co	ntribı	rtions from Indivi	duals		
Last Name DE STEFAND		Fir	wendy		Lac	MI
Residential Street Address  240 5/0+/and	Road	City	adism		State	Zip Code 0443
Principal Occupation		<u> </u>	Name of Employer		.1	
· N/A			N/A			unt of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 以 No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	iated with have a contract  Yes Mo	with said municipality	y, Amo	aut of Coutribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Method of Contribution:		nch or b	ranches	te contractor?		25.00
☐ Cash Personal Check ☐ Credit/Debit C	ard □ Payroll Deduction □ Money	Order (	12-10-2015	0.00		
Last Name  GAETANO		Firs	Maria			MI
Residential Street Address	_	City 1	1		State	Zip Code O6468
64 Knorr K	Load	1,	lon roe Name of Employer			20160
Principal Occupation Admin. Dir. Notre Dav	_			of Bridgepor	+	•
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 cand is associ	lidate for a chief executive ated with have a contract    Yes X No	e officer of a municipality with said municipality	/, Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #		nch or bi	anches	te contractor? Yes Legislative  Aggregate Contributions	ž á	00.00
Method of Contribution:  ☐ Cash ☑ Personal Check ☐ Credit/Debit Co	ard □ Payroll Deduction □ Money	Order	12-11-2014			
Last Name ESPONDA		Firs	Felipa			MI
Residential Street Address 29 E/m 54ree7		City	ast Haven		State	Zip Code 06512
Principal Occupation N/A			Name of Employer  N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	idate for a chief executive inted with have a contract Yes A No	e officer of a municipality with said municipality	/, Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #		nch or bi	anches	Legislative	·   /	100.00
Method of Contribution:  ☐ Cash 【X Personal Check ☐ Credit/Debit C	ard   Payroll Deduction   Money	Order	Date Received 12 -19-2014	Aggregate Contributions  O . O O		
Cash APersonal Check Citetur Debit C		arayasanên	TAL Section B —	4	32	5.00
		action street ESS		and which the first of the expension of		
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# Section B. ADDITIONAL PAGE 8 of 13

NAME OF COMMITTEE			TYPE OF REPORT	
SPEER	2015		/ 1/2	·/5 <sup>-</sup>
	B. Itemized Contr	ibutions from Indivi	duals	177
Last Name Valenti,	NO JR.	First Joseph	· .	M P
Residential Street Address  18 021 26	e Hill Rd City	Wallingto	rd	State Zip Code C+ 06492
Principal Occupation  IN dependent like			Dock luce	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a does contributor or business he/she is as valued at more than \$5,000?	candidate for a chief executives sociated with have a contract Yes W No	e officer of a municipality with said municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  YN  If yes, list Event #		or branches with:	te contractor?	25.00
	ard Payroll Deduction Money Ord	der 12, 8,14	0	
Last Name // a/enfino		Barhara		MI O
Residential Street Address SciTer.	HIII RL City	Wallingto.	rd	State Zip Code 06492
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 to a does contributor or business he/she is as valued at more than \$5,000?	ssociated with have a contract  Yes 40	with said municipality	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #		or branches Executive	☐ Legislative	\$ 25.00
Method of Contribution:			Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	rd □ Payroll Deduction □ Money Ord		D	I MI
Last Name ChipoKaS	la)	First Jeffery	/	State Zip Code
Residential Street Address	Stroot 1	Naugatuck	/	Ct 06770
Principal Occupation  W/1		Name of Employer		
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 to a does contributor or business he/she is as valued at more than \$5,000?	ssociated 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 #		or branches with:	Legislative	25.
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money Ord	Date Received  12.16.14	Aggregate Contributions	N. Tananananananananananananananananananan
	SUBT	FOTAL Section B —	This Page	75,00
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### Section B. ADDITIONAL PAGE 9 of 13

NAME OF COMMITTEE			TYPE OF REPORT	
SPEER ?	2015		/-/2	.13
	B. Itemized Con	tributions from Indivi	duals	<u> </u>
Last Name  MU/QUECN  Particular Secret Address		First CORINA	<u>'</u>	MI
Residential Street Address / Rock Pol	int Lane	Guilford	/	State Zip Code  C - Olo 437
Principal Occupation		Name of Employer  NA		
or dependent child of a lobbyist? I No doe	ontribution is in excess of \$400 to s contributor or business he/she is led at more than \$5,000?	o a candidate for a chief executive s associated with have a contract \( \sum \text{ Yes } \sum \text{ No} \)	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 #  Method of Contribution:	If yes, indicate which brane of government the contract	is with:	Aggregate Contributions	
☐ Cash ■ Personal Check ☐ Credit/Debit Card I	☐ Payroll Deduction ☐ Money (		0	  MI
Last Name Langello		First		0
Residential Street Address 20 £ 111 S1	reet	ily Fast Hav	M	State Zip Code 26512
Principal Occupation  N H		Name of Employer		
or dependent child of a lobbyist?	ontribution is in excess of \$400 to s contributor or business he/she is led at more than \$5,000?	a candidate for a chief executive associated with have a contract  Yes No	officer of a municipality with said municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Is contributor a principal of a st  If yes, indicate which branc of government the contract i	is with: 🔲 Executive	Legislative	
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction  Money C	10 11	Aggregate Contributions	
Last Name Langello		First Rose ma	rie	MI
Residential Street Address  20 EIM Street	rof-	East Hal	ral	State Zip Code O6512
Principal Occupation  M A	,	Name of Employer	4	
or dependent child of a lobbyist? PNo does	ontribution is in excess of \$400 to s contributor or business he/she is sed at more than \$5,000?	a candidate for a chief executive associated with have a contract \( \sum \) Yes \( \sum \) 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 st  If yes, indicate which branc of government the contract i	is with: 🔲 Executive	Legislative	\$ 25.00
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card [	Payroll Deduction  Money C		Aggregate Contributions	
	SUI	BTOTAL Section B —	This Page 🏽 🔏	75,00

#### Section B. ADDITIONAL PAGE 10 of 13

NAME OF COMMITTEE			TYPE OF REPORT			
SPEER 1	.015		/-/2	·/3 <sup>—</sup>		
	B. Itemized Cont	ributions from Indivi	duals	125		
Last Name Hubbell		First John	,	M K		
Residential Street Address 124 S. £ Im	St.	Wallingfor	$\forall$	State Zip Code CT 06492		
Principal Occupation  Pralt & lehi		Name of Employer				
or dependent child of a lobbyist? M No does	intribution is in excess of \$400 to a contributor or business he/she is a ed at more than \$5,000?	a candidate for a chief executive associated with have a contract Yes INo	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 sta  If yes, indicate which branch of government the contract is	or branches Executive	☐ Legislative	\$ 100.00		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction  Money O		Aggregate Contributions			
Last Name CRISCUOLO		First	<i>i</i> d	MI		
Residential Street Address 560 Silver Sa	rds Rd City			State Zip Code Ob 5/2		
Principal Occupation W · Re		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 cd at more than \$5,000?	candidate for a chief executive associated with have a contract Yes No	officer of a municipality, with said municipality	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  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   Legi						
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction	der 12.15.14	0			
Last Name Sicignano		First	·	M D		
Desidental Phone Addrson	eddler Path cio	Madison		State   Zip Code   06443		
Principal Occupation  Self		Name of Employer				
or dependent child of a lobbyist? PNo does	ntribution is in excess of \$400 to a contributor or business he/she is a id at more than \$5,000?	candidate for a chief executive ssociated with have a contract Yes 14 No	officer of a municipality, with said municipality	Amount of Contribution		
Is this contribution associated with a Yes fundraising event listed in Section L1?	Is contributor a principal of a state If yes, indicate which branch of government the contract is	or branches	Legislative Legislative	100.		
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction  Money Or		Aggregate Contributions			
	SUB	ΓΟΤΑL Section B —	This Page 🥢	300.00		
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### Section B. ADDITIONAL PAGE // of 13

NAME OF COMMITTEE			TYPE OF REPORT		
SPEER 2015 1-12-20					
	B. Itemized Cont	ributions from Indivi	duals		
GILHULY.		Tracey			MI A
Residential Street Address	Cit	•	ı	State	Zip Code 04492
Principal Occupation	urt	Walling for	)		9116
, N(A		NIA			
Is contributor a lobbyist, spouse, Yes If contributor a lobbyist? X No does	ontribution is in excess of \$400 to a scontributor or business he/she is a set at more than \$5,000?	a candidate for a chief executives sociated with have a contract Yes X No	e officer of a municipality with said municipality	/, Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Method of Contribution:	Is contributor a principal of a sta  If yes, indicate which branch of government the contract is	or branches with:	Legislative Aggregate Contributions	·	50.00
☐ Cash	Payroll Deduction L Money Or		0.00		I MI
East Name RAFTER		Alyssa		State	Zip Code
Residential Street Address  36 Hopson Aver	∩u <b>୧</b>	Branford		CT.	04405
Principal Occupation		Name of Employer			
	entribution is in excess of \$400 to a	Pasta (		LAmo	unt of Contribution
or dependent child of a lobbyist? X No does	contributor or business he/she is a ed at more than \$5,000?  Is contributor a principal of a star If yes, indicate which branch	ssociated with have a contract  Yes No te contractor or prospective state	with said municipality		
If yes, list Event #	of government the contract is	with:   Executive	☐ Legislative  Aggregate Contributions	/	100.00
Method of Contribution:	Payroll Deduction	der 11-22-2014	D . 00		
Last Name VALENTI		Gertrude	2		MI B
Residential Street Address 97 Airline 8	oad	Clinton		State	Zip Code OG 413
Principal Occupation Retired		Name of Employer  N / A			
or dependent child of a lobbyist?  No does	ontribution 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 associated with have a contract Yes M No	officer of a municipality with said municipality	, Anto	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  Mo	Is contributor a principal of a state of government the contract is	or branches	₽K No		20.00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □	Payroll Deduction Money Or		Aggregate Contributions  O. OO		
4 (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	SUB	FOTAL Section B —	This Page	17	0,00
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### Section B. ADDITIONAL PAGE 12 of 3

NAME OF COMMITTEE			TYPE OF REPORT	
SPEER 201	3		1-12-	2015
	B. Itemized Cont	ributions from Indivi	duals	
Last Name PUMA		First Carm	ine	MI
Residential Street Address 49-18 10p Gar	llant Road Ci	Stam ford		State Zip Code Code Code Code Code Code Code Code
Principal Occupation  N/A		Name of Employer  N /A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief 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 fundraising event listed in Section L1?  If yes, list Event #  Method of Contribution:		n or branches	te contractor?	20.00
☐ Cash 《 Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money O	rder 12-27-2014	0.00	
Last Name Morales		First		MI
Residential Street Address 158 Carolin	e Street Cit	Derby		State Zip Code CT O6418
Principal Occupation	***************************************	Name of Employer	y Aircrat	<u></u>
4ainter	TC 11 (1 ) 1		·	Amount of Contribution
Is contributor a lobbyist, spouse, 口 Yes or dependent child of a lobbyist? 总. No	If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?	a candidate for a chief executive associated with have a contract  Yes   No	with said municipality	Ainount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #		or branches Executive	<b>⊠</b> No	25.00
Method of Contribution:  ☐ Cash APersonal Check ☐ Credit/Debit Contribution:	ard □ Payroll Deduction □ Money Or		0.00	
Last Name SPEER		First Susan		MM
Residential Street Address 5 290 Forbes	Torrace City	Port Charlott		State Zip Code FL 33981
Principal Occupation		Name of Employer	/A	
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?	scandidate for a chief executive essociated with have a contract Yes X No	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #		or branches	Legislative No	250.00
Method of Contribution:  ☐ Cash ② Personal Check ☐ Credit/Debit Co	ard □ Payroll Deduction □ Money Or	ا بـ ـ مـا	Aggregate Contributions る. o み	
	SUB'	TOTAL Section B —	This Page	295.00
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### Section B. ADDITIONAL PAGE 13 of 13

NAME OF COMMITTEE				TYPE OF REPORT			
SPEER 2015		_		1-12-2	015		
B. Itemized Contributions from Individuals							
Last Name SPEER		First	Edward rt Charbt	•	<sup>MI</sup> 5		
Residential Street Address 5290 Forbes Ter	-race	City	rt Charbt	te	State         Zip Code           FL         33981		
Principal Occupation			Name of Employer	M_			
Is contributor a lobbyist, spouse, Yes If	contribution is in excess of \$400 les contributor or business he/she lued at more than \$5,000?	to a cand is associ	idate for a chief executive ated with have a contract 口 Yes 足 No	e officer of a municipality with said municipality	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of a If yes, indicate which brate of government the contract	nch or br t is with:	anches  Executive	☐ Legislative	250.00		
Method of Contribution:	DR UD Latin El Marco		Date Received 12-8-2014	Aggregate Contributions  O. Od			
☐ Cash	Prayrou Deduction Climoney	First			MI		
Last Name		1 1131			.		
Residential Street Address		City			State Zip Code		
Principal Occupation			Name of Employer				
or dependent child of a lobbyist?   No do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?	to a cand is associa	idate for a chief executive ated with have a contract  Yes No	e 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 #	Is contributor a principal of a  If yes, indicate which bran of government the contrac	ich or bra	tractor or prospective sta anches Executive	☐ Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order   First		ann a tha ann an dean an dean an a	MI		
Last Name							
Residential Street Address		City			State Zip Code		
Principal Occupation			Name of Employer				
or dependent child of a lobbyist?   No do	contribution is in excess of \$400 les contributor or business he/she lued at more than \$5,000?	to a cand is associ	idate for a chief executive ated with have a contract  Yes No	e officer of a municipality, with said municipality	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event #	Is contributor a principal of a If yes, indicate which brau of government the contract	nch or br	anches	Legislative No	_		
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order	2. V				
	SU	BTO	FAL Section B —	This Page	250.20		
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NAME OF COMMIT	TEE		TYPE OF REPORT	
57	PEER 2015			2./5
	P. Expenses	Paid by Committee	and the second s	
Name of Payee	helsey lorres	1,	Date of Payment	Method of Payment: OCheck #// OO2 Debit Card
Street Address		MI/FOR		State Zip Code Cf. 26461
Purpose of Expenditure (by code)	Description Refund to payee for Donation Oversian of	Kimit	Event#	Amount
Expenditure # (if applicable)	Done Tow Overeige of Type of Expenditure (if applicable) Itemization in Addendum O Coordinated without reimbursement sought O Independent	P Required Coordin	ated with reimbursement sought  B OC OD	25.,00
Name of Payce			Date of Payment	Method of Payment: Check # Debit Card
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	<u> </u>	Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  Coordinated without reimbursement sought O Independ		ated with reimbursement sought  B OC OD	
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card
Street Address	-	City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum D Coordinated without reimbursement sought () Independ		nted with reimbursement sought  B OC OD	
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (If applicable)	Type of Expenditure (If applicable) Itemization in Addendum I  Coordinated without reimbursement sought O Independ	• –	nted with reimbursement sought	
		SUBTOTAL Section	P — This Page	25-20
		TOTAL of additional S	Section P Pages	0
TOTAL OF	ALL EXPENSES PAID BY COMMITTEE (E)	iter total on Line 19 of Sunv	nary Page Totals)	20; <sup>2</sup>

#### Section P. ADDITIONAL PAGE \_\_\_\_ of \_\_\_\_

NAME OF COMMIT	TBE (Provide Complete Name as Registered with Commission	orentennesse en marken en		TYPE OF REPORT
	SPEER 2015			1-12-15
	P. Expenses Incu	rred on Commi	ittee Credit Card	
Name of Issuing Insti	tution 12ens Bank		Type of Credit Card:	ard
Name of Vendor			Other	Date of Transaction
L	Banners of the Che	rap)		11.19.14
Street Address	5 A Stone Hollow	City	tin	State Zip Code
Purpose of Expenditure (hy code)	Description Campaign Banner			Amount
reimbursement is sougl	rdinated with another candidate for which Yes ht? S No nditure # and complete Itemization in Addendum P	Expenditure # (If applicable)	Event#	36.30
Name of Vendor	aples	а (Ath the Administration of the Administra		Date of Transaction
Street Address	North Hain St	City Bra	nford	State Zip Code  OF 405
Purpose of Expenditure (by code)	Description Office Supplie	s		Amount
Is this expenditure coor reimbursement is sough	dinated with another candidate for which  Yes	Expenditure # (If applicable)	Event#	32.96
Name of Vendor  UCRA	ight Prints			Date of Transaction
Street Address 2583	Lus vegas Blud	City LOS	Vegas	State Zip Code SG123
Purpose of Expenditure (by code)  PRN +	Business Cards	Ŝ		Amount
reimbursement is sough	dinated with another candidate for which Yes t? No diture # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event#	831.90
Name of Vendor	UPS			Date of Transaction
	- Main St	City EGZS T	Haven	State Zip Code CT 06512
Purpose of Expenditure (by code)	Description Stanps			Amount
reimbursement is sought	linated with another candidate for which Pes 17 DE No liture # and complete Itemization in Addendum P	Expenditure # (If applicable)	Event #	473.50
	SUB	TOTAL Section	n P — This Page	174.64

#### Section P. ADDITIONAL PAGE \_\_\_\_ of \_\_\_\_

NAME OF COMMIT	TBE (Provide Complete Name as Registered with Commissi	ion)		TYPE OF I	REPORT		
SPEER 2015 1.1.				2.75			
A PART OF THE PART	P. Expenses Inci	urred on Comm	ittee Credit Card	J		A THE LOT OF THE PARTY OF THE P	
Name of Issuing Insti	tution HIZENS BANK	andiammentika adi ara-Adianny ani tamp-seonine yang mga pagase	Type of Credit Card:  Wisa Master Car	d □ Disc	over []A	merican Express	
Name of Vendor	§		Other		Date of Tra	nsaction	
Wa	Utmart				12	11114	
Street Address	Commercial PK	City PA	ansord		State C+	Zip Code 06405	
Purpose of Expenditure (by code)	Description BIKE For Child					Antount	
Is this expenditure cooreimbursement is sough	rdinated with another candidate for which  Yes	Expenditure # (if applicable)	Event# East Secretsa.	Have <b>v</b> nta	\$ 1	4.41	
Name of Vendor	Facebook				Date of Tran	saction 1.04	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code) A - WEB	Description Advertizing for	Campai	JN.		- /	Amount	
Is this expenditure coordinated with another candidate for which							
Name of Vendor	Lizens Bank				Date of Tran	saction 8-14	
Street Address 243 H	emingulay Ave	City East	Haven	l.	State C/	Zip Code OCOST Z	
BNK	Description  BANK Charges  dinated with another candidate for which \( \square\$ / Yes	Expenditure #	Event#			Amount 5714	
reimbursement is sough If yes, assign an Expen		(if applicable)					
Name of Vendor (ITIZEN'S BANK					Date of Transaction		
Street Address	3 Hemingury Ave	city FZ.57	Haven			Zip Code	
(h) cods)	Description				A.	mount	
Is this expenditure coordinate in the coordinate is sough if yes, assign an Expenditure.	Gent Chatges  dinated with another candidate for which Yes  t? No  liture # and complete Itemization in Addendum P	Expenditure # ((f applicable)	Event #		WG.	99	
	SUI	BTOTAL Sectio	n P — This Page		139.	53	
				20.4 1.11.10 1.8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			