### **SEEC FORM 20**

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

Page 1 of 17

Do Not Mark in This Space For Official Use Only

CO	VER	PA	GE

RECEIVED FOR FILING

ATTEN OF COSTSTANDED	COVA	EN IAGE AND	CLERK'S OFFICE
1. NAME OF COMMITTEE	0	EAST	PHAVEN, CONN.
UPEEK	? FOR Mayo	of Stary 9	Muino, CCTC
2. TREASURER NAME			TOWN CLERK
First Jan	М	Last Lougal	TOWIT CLASSIC
3. TREASURER ADDRESS			
Street Address 39 EIn	n Street City	Last Haven	State Zip Code OGS 12
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete on	ly if Candidate Committee)	6. DISTRICT NUMBER
(mm/dd/yyyy)/1 · 3 · 15	Mayor		(f applicable)
7. CANDIDATE NAME (Complete only if			
First Michael	MI P	Last SPECR	Suffix
8. TYPE OF REPORT (Check One Box)			
O January 10 filing	7th day preceding primary	7th day preceding referendum	Onitial Contribution or Disbursement
OApril 10 filing	O30 days following primary	O45 days following referendum	(PACs ONLY)  Amendment to
July 10 filing	7th day preceding election	ODeficit	Type of Report:
October 10 filing	O12th day preceding election (State Central Committees Only)	<b>O</b> Termination	
O24 Hour Independent Expenditure OPrimary OElection	O45 days following election not held in November		
9. PERIOD COVERED			
	Beginning Date	Ending Date	
<del>,</del>	4.1.15	thru 6,30,15	<del></del>
10. CERTIFICATION			
<u> </u>			
I hereby certify and state, under pe Disclosure Statement for the per	enalties of false statement, that iod covered is true, accurate	all of the information set forth on this and complete.	s Itemized Campaign Finance
Clar Lace	na 6	Jax Lougal	7.11.15
TREASURER OR DEPUTY TREASURER	R (SIGNATURE) PRIN	NT NAME OF SIGNER	DATE (mm/dd/yyyy)
A person who is f	found to have knowingly and w	villfully violated any provisions of the	campaign finance statutes

faces a civil penalty or imprisonment or both.

#### **SEEC FORM 20**

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

### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
NAME OF COMMITTEE (Private Complete Name as Registered with Flums Repository)  SPEER FOR MOYOR	7.10.15		
	COLUMN A This Period	COLUMN B Aggregate	
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		4790.46	
12. Balance on hand at the beginning of Reporting Period	4790.46		
13. Contributions Received from Individuals (Sections A and B)	8440.00	8440.00	
14. Receipts from Other Committees (Sections C1 and C2)	0	0	
15. Other Monetary Receipts (Sections D through K)	0	0	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0	
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed	0	0	
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	8440.00	8440.00	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	13, 230.00	13,230.00	
19. Expenses Paid by Committee (Section P)	737.06	737.00	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	12,493.00	12,493,00	
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0	
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0	
23. In-Kind Contributions Received (Section M)	1,465.00	1,465.00	
24. Refundable Deposit to Telephone Company (Section N)	0	0	
25. Loan Balance	0	0	
25a. + Loans Received (Section D)	0	_0	
25b. + Interest and Penalties on Loan	0	0	
25c Payments on Loan	0	0	
25d, Total Outstanding Loan Amount	0	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0	
27. Expenses Incurred on Committee Credit Card (Section R)	0	0	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	6	0	

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



NAME OF COMMITTEE Provide Complete Name as	Registered with Filing Repository)		TYPE OF REPORT
SPEER FOR MAYOR			7.10.15
A. Total Contributions from Sma (See instructions for definition of Small Con	ll Contributors-Receiv	ed this Period ONLY SUBTOTAL SECTION A	\$
		ntributions from Individ	
Last Name Sanford		First Chr15ti	WC MI
Residential Street Address 350 Mains Fil	ald Grove Rd	City Fast Have	State Zip Code CT 06517
Residential Street Address  350 Mons File  Principal Occupation  Refined  Is contributor a lobbyist, spouse,  Yes If of		Name of Employer	1 1
or dependent child of a lobbyist?	es contributor or business he/she	is associated with have a contract	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 15 2 1 5 A	Is contributor a principal of a s  If yes, indicate which bran of government the contrac		contractor? Yes Wo # 1500
Method of Contribution:			Aggregate Contributions
Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order 5,20.15	
Last Name GIHUIY		First John	MI
Residential Street Address  9 / AV/2096	Court "	Walling for	State Zip Code Cf 06492
Principal Occupation Retired	·	Name of Employer	
or dependent child of a lobbyist?		o a candidate for a chief executive s associated with have a contract w	
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 453/15/4	Is contributor a principal of a s  If yes, indicate which bran of government the contract		<b>□</b> √ (4) /(1) 0 0 0
Method of Contribution:		Date Received	Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	Payroll Deduction  Money (	Order 5,20.15	
POMPANO RA	<del>rymon</del> d	Raymond	M
Residential Street Address 30 Maria CV	<del>/-</del>	East Han	State, Zip Code Obs. 12
Principal Occupation TO JCHER		Name of Employer  New / + 3	ven Public Schools
or dependent child of a lobbyist?		a candidate for a chief executive of associated with have a contract w	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2531154	Is contributor a principal of a sta If yes, indicate which branc of government the contract		1 No 1 1 1 00
Method of Contribution:	L	Date Received A	ggregate Contributions
☐ Cash	Payroll Deduction Money C	Order 5,2/1/0	Statement
	SUBTO	OTAL Section B — This P	age \$225,00
		of additional Section B Pa	$\omega_1 \sim 0.7$
TOTAL OF ALL O		INDIVIDUALS (Sections A - , Column A of Summary Page To	

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

NAME OF COMM	MITTEE (Provide Comp	lete Name as Registered	with Filing Repos	ltory)		TYPE OF REPORT	
SNAME OF THE PARTY	SPEE	R FO	RM	JYOR		1 1 10	
		Cı. C	Contributio	ons from O	ther Com	// / / / / / / / / / / / / / / / / / /	
Name of Committee					Name of Treas	surer	
Address			**	1-1-	<u> </u>		Amount of Contribution
Address				Is this contri event report	ed in Section L	list Event#	Amount of Contribution
City		State	Zip Code	Date Rece	ived	Aggregate Contributions	
Name of Committee	anna ann an Aireann an	manufactured to from a recognition when the committee that the free market and	in sea go ligy pinki amin'i 1982 enin'i 28 anin'i 1982 (di 1922).		Name of Treas	no o denocatamente proportione de la companya de l SI LIFÈF	ned and de de en
Address				1			Amount of Contribution
Audi Voo				event reporte	ed in Section L	ed with an Yes No 1? ist Event#	Amount of Contribution
City		State	Zip Code	Date Rece	ived	Aggregate Contributions	
Name of Committee	anni pagasa atau atau atau atau atau atau atau a			anticial lands and a second lands and a second lands and a second lands are second as a second lands are second	Name of Treas	urer	
Address		**************************************		Is this contri	bution associate	ed with an \(\rightarrow\) Yes \(\rightarrow\) No	Amount of Contribution
				event reporte	ed in Section Ll <i>If yes</i> , l	17 ist Event #	
City		State	Zip Code	Date Recei	ved	Aggregate Contributions	
	C2.	 Reimbursemen	ts or Surnl	us Distribu	tions from	other Committees	
Name of Committee	in a comming a lime to commission of the commiss	ordinalis moderitari ima razi ima semerari descriziones			Name of Treas		
Address			· · · · · · · · · · · · · · · · · · ·	City		<u> </u>	State Zip Code
	Expenditure#	· · · · · · · · · · · · · · · · · · ·				,	<u> </u>
Date Received	(if applicable)	Payment Type  OReimbursem	ent for shared e	expense OSi	arplus Distribut	ion	Amount of Receipt
Description			· · · · · · · · · · · · · · · · · · ·	· -			_
		Sometimes and the second second	domestic desired and the second	de en			
Name of Committee				·	Name of Treas	urer	
Address	<del> </del>			Cîty			State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	·		· · · · · · · · · · · · · · · · · · ·		Amount of Receipt
		OReimburse	ment for shared	l expense O	Surplus Distrib	ution	
Description							
			SUBTO	TAL Section	n C — This	Page	
The second secon			TOTAL	of additional	Section C l	Pages	
		FALL COMMIT's C1 + C2) (Enter to					
		Decine.					

SEEC FORM 20 Rethrd January 2015

# Section B ADDITIONAL PAGE 5 of 43

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository).	<b>对这种影响器 阿斯特斯</b>	TYPE OF REPORT	
SPEER	FOR Mayo	PR	7.10	1.15
A. Total Contributions from Sn (See instructions for definition of Small C	Could all the rate that colding to the coldination of the coldination	ved this Period ONLY SUBTOTAL SECTION A	\$	
		-		
	B. Itemized Co	ntributions from Indivi	duals	
Last Name F Spowda		First Felipa		MI
Residential Street Address 29 Fin	Street	City Fast Hav	eN	State Zip Code 06512
Principal Occupation Retire	` <u></u>	Name of Employer		· · · · · · · · · · · · · · · · · · ·
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?	es Is contributor a principal of a	state contractor or prospective state	<b>□</b> -N0	\$75,00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Care	d □Payroll Deduction □Money	استماله سيرا	Aggregate Contributions	,
Last Name  Martin		First Karan		MI
Residential Street Address 15 D&K T		city East Ha	ww	State Zip Code  CT 06572
Principal Occupation Nordologic Tex	<u> </u>	Name of Employer	viversity	
or dependent child of a lobbyist? I No d	f contribution is in excess of \$400 t oes contributor or business he/she i alued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 052/154			₽ 1/0	\$ 7500
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money (	, , ,	ggregate Contributions	
Last Name DIPalma		First Richard		MI
Residential Street Address  18 Seaview	0.00	Richard East Have		State Zip Code
Principal Occupation	7708	Name of Employer	9	Ct 06512
or dependent child of a lobbyist? 🔲 No do	contribution is in excess of \$400 to bes contributor or business he/she is lated at more than \$5,000?			Amount of Contribution
Is this contribution associated with an Yes event reported in Section L1? No If yes, list Event # 152115A	Is contributor a principal of a sta If yes, indicate which branc of government the contract		<u> </u>	\$75-00
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money C		ggregate Contributions	
	SUBTO	OTAL Section B — This P.	age # 1.	25.00
	TOTAL	of additional Section B Pag	ing Society	
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 13	INDIVIDUALS (Sections A + Column A of Summary Page Tol		

# Section B ADDITIONAL PAGE 6 of 43

NAME OF COMMITTEE (Provide Complete Name.	as Registered with Filing Repository)		TYPE OF REPORT	
SPEER A	OR Mayor	•	7.10.1	ح.
A. Total Contributions from Sm (See instructions for definition of Small Co	lana a wetaken yezatane i anabetik bal	ved this Period ONLY SUBTOTAL SECTION A	\$	***************************************
	B. Itemized Co	ontributions from Indiv	iduals	
Last Name ESPOSITO		First		MI
Residential Street Address // Park P/	acc	East Ha	ren	State Zip Code CF 06572
Principal Occupation Clinical Team	Assistant	Name of Employer	nt Care	). 
or dependent child of a lobbyist?		to a candidate for a chief executive is associated with have a contract  Yes Door	t with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 252/1574		state contractor or prospective state nch or branches		#15
Method of Contribution:  Cash Personal Check Credit/Debit Card		Date Received	Aggregate Contributions	-
Last Name Zumbo		First ANTHON	IV D	MI
b. 21. 22.10	ds Rd	city Fast Han	- T	State Zip Code  1 06517
Principal Occupation  Refired		Name of Employer		10000
Is contributor a lobbyist, spouse, Yes If or dependent child of a lobbyist? No doc	contribution is in excess of \$400	I to a candidate for a chief executive is associated with have a contract Yes TNo	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an Yes event reported in Section L.1? No If yes, list Event # 252/154  Method of Contribution:  Cash Personal Check Credit/Debit Card	If yes, indicate which brai of government the contrac	t is with: Executive  Date Received		St 75-08
Last Name Conte		First Marc		М
Residential Street Address 62 Wood Te.	NACE	East Ha	ven c	tate Zip Code 21 06513
Principal Occupatión MZNQGEN	<u> </u>	Name of Employer Amphe	Phol	- '
or dependent child of a lobbyist? 🔲 No 📗 doe		o a candidate for a chief executive s associated with have a contract v		Amount of Contribution
s this contribution associated with an Yes event reported in Section L1? No If yes, list Event # 052/15A	Is contributor a principal of a st  If yes, indicate which brance of government the contract		contractor? ☐ Yes ☐ No ☐ Legislative	\$75.00
Method of Contribution:    Cash   Personal Check   Credit/Debit Card	1	Date Received	Aggregate Contributions	
	SUBT	OTAL Section B — This P	Page # 22.	5.00
	TOTAL	of additional Section B Pa	History.	
TOTAL OF ALL (		INDIVIDUALS (Sections A , Column A of Summary Page To		

SEEC FORM 20 Restrict June 2015 

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	经数据特别代表的
SPEER FOR Mayo	PR	1.101	6 <sup>-</sup>
A. Total Contributions from Small Contributors-Recei	ived this Period ONLY SUBTOTAL SECTIONA	\$	
Electrical and the second of t	ontributions from Individ		MI
Last Name SPEER	Stawle	<i>y</i>	IVII
Residential Street Address 33 LTM St	Fast Have	ON	State Zip Code 06512
Principal Occupation  Mechinic ORBA	Name of Employer	* whitne	767
Is contributor a lobbyist, spouse,	O to a candidate for a chief executive e is associated with have a contract.	officer of a municipality	
valued at more than \$5,000?	☐Yes ☐Mo		_
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 05211517  Is contributor a principal of a lfyes, indicate which bree of government the contra		☑ No	\$150.00
Method of Contribution:	ا سسر	Aggregate Contributions	,
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	,		MI
Last Name Camera	First VINCEN	<i>†</i>	·
Residential Street Address Forbes Place	City Last Have	27)	State Zip Code 06572
Principal Occupation Manager	Name of Employer	sh n' Ca	rrl
Is contributor a lobbyist, spouse,   Yes   If contribution is in excess of \$400	to a candidate for a chief executive or is associated with have a contract w	officer of a municipality,	
		<b>□</b> /No	\$20.00
Method of Contribution:  ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	المعسود الأورسيد	ggregate Contributions	
Last Name	First		М
Lowenski	LONEAS LO	015	
Lowenski Residential Street Address 10 M31N ST	Lonens Lo Woodbridg	e	State Zip Code  1 065-25
Principal Occupation	Name of Employer		
	to a candidate for a chief executive of is associated with have a contract with the		Amount of Contribution
Is this contribution associated with an event reported in Section L1?	t is with: 🔲 Executive 🗀	☐ No ] Legislative	\$75.00
Method of Contribution: □ Cash	المستفسد وينسسا	ggregate Contributions	
SUBT	OTAL Section B — This P.	ige #24	5.00
TOTAL	of additional Section B-Pag	SASS	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections A + 3, Column A of Summary Page Tol		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository).	TYPE OF REPORT
SPEER FOR Mayor	1.10.10
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	
B. Itemized Contributions from Indi	viduals
Last Name Standrd First Tammy	МТ
Residential Street Address  508 (05.ey B.Each Ave East Hav	
Principal Occupation  Name of Employer	Employed
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contravalued at more than \$5,000?	nct with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 0521154  Is contributor a principal of a state contractor or prospective states of government the contract is with:	tate contractor?
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Received  21.15	Aggregate Contributions
Last Name EMatrick Pirst Cyn Hiz	MI
Residential Street Address So Dale St City Fast Ha	VER State Zip Code
Principal Occupation Retired Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	et with said municipality
Is this contribution associated with an sevent reported in Section L1?  If yes, list Event # 252/154  Is contributor a principal of a state contractor or prospective starting the security of government the contract is with:  Executive	ate contractor?
Method of Contribution:  □ Date Received □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 21.15	Aggregate Contributions
Last Name Pellegrino First Mary A	7-nn MI
Residential Street Address  90 Ororish Ave 722 Fast Ha	Ven State Zip Code
Principal Occupation TEACHER (h/drews	Community Programs
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ve officer of a municipality, Amount of Contribution twith said municipality
s this contribution associated with an Yes vent reported in Section L1?  If yes, list Event # 252/1517  Is contributor a principal of a state contractor or prospective state flyes, indicate which branch or branches of government the contract is with:	
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order   5.2/.15	Aggregate Contributions
SUBTOTAL Section B — This	Page \$275.00
TOTAL of additional Section B.1	P10255099*
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13; Column A of Summary Page	

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Section B ADDITIONAL PAGE 9 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	ository)	TYPE OF REPORT	
SPEER FOR MAY	OR	0.10	1. 13
A. Total Contributions from Small Contributors-I (See instructions for definition of Small Contributor)	Received this Period ONLY SUBTOTAL SECTION A	\$	··
B. Itemize	ed Contributions from Indivi	duals	
Last Name MilaNO	First Genna	10	MI
Residential Street Address 1/200 Sands Rd 1	101 City East Hav	EN .	State Zip Code O651Z
Principal Occupation	Name of Employer		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	of \$400 to a candidate for a chief executive is he/she is associated with have a contract?	o officer of a municipality, with said municipality	Amount of Contribution
	oal of a state contractor or prospective state ich branch or branches contract is with:		\$ 15,00
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	Date Received	Aggregate Contributions	
Last Name M1/3NO	First Joseph	sine.	MI
Residential Street Address 566 Silver Sands Rd  Principal Occupation  Refixed	City Fast Hav	ren s	tate Zip Code C+ 065/2
Principal Occupation Refived	Name of Employer		
is contributor a lobbyist, spouse,   \( \sum_{\text{Yes}} \) It contribution is in excess of	f \$400 to a candidate for a chief executive he/she is associated with have a contract w	officer of a municipality, ith said municipality	Amount of Contribution
event reported in Section L1? No If yes, indicate which of government the of government the	al of a state contractor or prospective state	contractor? 口 Yes ロメイロ コ Legislative	\$ 15.00
Method of Contribution: □ Cash  ☑ Personal Check □ Credit/Debit Card □ Payroll Deduction □ N	Money Order 5.21.15	ggregate Contributions	
Last Name Rombardier	First SUSAN	<del></del>	MI
Residential Street Address  126 All Son Way	City East Have	9 St	ate Zip Code  1 06572
Residential Street Address  126 All Son Way  Principal Occupation  Refired	Name of Employer		
s contributor a lobbyist, spouse,  Yes If contribution is in excess of	\$400 to a candidate for a chief executive o e/she is associated with have a contract wi	fficer of a municipality, th said municipality	Amount of Contribution
	of a state contractor or prospective state c h branch or branches ontract is with:	ontractor? Yes No	\$200.00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ M	1 1	ggregate Contributions	
Committee of the commit	UBTOTAL Section B = This Pa	ige # 3.50	00
TO	TAL of additional Section B Pag	res	
TOTAL OF ALL CONTRIBUTIONS FI (Enter total on I	ROM INDIVIDUALS (Sections A + Line 13, Column A of Summary Page Tota		

SEEC FORM 10 Revived June 2015

# Section B ADDITIONAL PAGE // of 43

NAME OF COMMITTEE Provide Complete Name as Registered with Filling Reposit	liory)(多年)。	TYPE OF REPORT	<b>等地理社会的公司是对外的</b>
SPEER FOR MAYO	R	0.1	0.15
A. Total Contributions from Small Contributors=Re		99°25334 W	
		ANTO DATE OF THE PROPERTY OF T	
B. Itemized	l Contributions from Inc	lividuals	
Last Name Abboth	First Linda		MI
Residential Street Address  33 Laurel St  Principal Occupation Retired	City Fast 1	laven	State Zip Code CF 065/2
Principal Occupation Retired	Name of Employer		V <sup>a</sup>
Is contributor a lobbyist, spouse, Yes If contribution is in excess of S	\$400 to a candidate for a chief exect e/she is associated with have a contt 口Yes 口が	act with said municipality	ity, Amount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, indicate which of government the co		state contractor?	\$ 75.00
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ M.	Ioney Order	1130-13-11	,
Last Name Pacelli	First Louis		МІ
Residential Street Address 107 FOLON ROZY	City East 1-/2	DUCH	State Zip Code  C+ 06513
Principal Occupation Labor/Parks Dept	Name of Employer	of E.H	,
Is contributor a lobbyist, spouse,	400 to a candidate for a chief execut she is associated with have a contra	ive officer of a municipality	
	ntract is with:	E Legislative  Aggregate Contributions	\$175.00
Last Name Sawtacroce	First Dong	211	MI
One idential Street Address	City East Have	°N	State Zip Code  7 065/2
28 Whaters Point Principal Occupation Refired	Name of Employer		
	00 to a candidate for a chief executing the is associated with have a contrace ☐ Yes ☐→₩o	t with said municipality	Amount of Contribution
s this contribution associated with an went reported in Section L1?  If yes, list Event # 2521/54		te contractor? ☐ Yes ☐ No ☐ Legislative	\$100.00
Method of Contribution: Cash Defersonal Check Chedit/Debit Card Payroll Deduction Mone	Date Received	Aggregate Contributions	
SUP	BTOTAL Section B — This	Page #2	50.00
TOTA	L of additional Section B I	<b>建基度数</b>	
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Sections A e-13, Column A of Silinmary Page	A + B) Totals)	

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NAME OF COMMITTEE Provide Complete	Name as Registered with Filling Repository)	<b>但是我们是否当时的</b> 表现了这种思	TYPE OF REPORT	
SPEER	FOR MAYOR		0.10	ク・ノジー
A. Total Contributions from		yed this Period ONLY SUBTOTAL SECTIONA	\$	
	and against a new section of the sec			
	B. Itemized Co	ontributions from Indivi	duals	
Last Name		First	- A 10 Trail of BC Decision of the PT - NO (Hind proper	MI
" De Caprio		Christin	10	
Residential Street Address 215 £ ddo N	Drave.	East Han		State Zip Code  CF 065/2
Principal Occupation Hair dres	SP (	Name of Employer		√ô.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she	is associated with have a contract		Amount of Contribution
Is this contribution associated with an		☐ Yes ☐ ₩6 state contractor or prospective state	e contractor?	\$ 5000
event reported in Section L1?  If yes, list Event # 052/159	No If yes, indicate which brain of government the contract		☐ Legislative	\$50,00
Method of Contribution			Aggregate Contributions	-
☐ Cash ☐ Personal Check ☐ Credit/Debit	Card Payroll Deduction Money	Order 5.21.15		,
Last Name Pellegrind		First MAN(A)	n	MI
Residential Street Address		City		State Zip Code
90 Gerrish	AVC	East Have	0	J 46518
Principal Occupation		Name of Employer	ens Comm	TOD
Teacher		<u> </u>		
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she in valued at more than \$5,000?			Amount of Contribution
s this contribution associated with an west reported in Section L1?  If yes, list Event #			<b>171-140</b>	\$ 100.10
Method of Contribution:			ggregate Contributions	į
□ Cash □ Personal Check □ Credit/Debit C	ard □Payroll Deduction □Money (	<u> </u>		
ast Name RUOCCO		Gennaro		М
Residential Street Address 74 BenneX	4 Rd C	6ennaro	7	ate Zip Code  Cf 065-1:3
74 Benneth Principal Occupation Retired		Name of Employer		
Retired	1			
s contributor a lobbyist, spouse, Yes r dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is yalued at more than \$5,000?			Amount of Contribution
s this contribution associated with an went reported in Section I.1?			<u>□</u> ₩6	\$150.00
Method of Contribution:		Date Received Ag	ggregate Contributions	
Cash Personal Check Credit/Debit Ca	rd Payroll Deduction Money O	order 5,21.15		
	SUBTO	TAL Section B — This Pa	ige \$300.	e
	TOTAL	of additional Section B Pag	es:	
TOTALOFA	LL CONTRIBUTIONS FROM I (Enter lotal on Line 13)	NDIVIDUALS (Sections A + Column A of Summary Page Told		

# Section B ADDITIONAL PAGE 12 of 43

NAME OF COMMITTEE Provide Complete Name as Registered with Filing Repost	lory)	TYPE OF REPORT	地區的基礎的經濟學的主義和
SPEER FOR MAYO	E	0.10	2.15
A. Total Contributions from Small Contributors-Re	ceived this Period ONLY	\$	
B. Itemized	Contributions from Indivi	duals = 102772	
Last Name Sparaco	First Magda	len	МІ
Residential Street Address  215 £ ddoN AFIUL  Principal Occupation	East Have	, N	State Zip Code O65/2
Principal Occupation Retired	Name of Employer		Vr
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	8400 to a candidate for a chief executive  ### secondary of the secondary	e officer of a municipality with said municipality	, Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, indicate which of government the collection Grant Debt Card Payroll Deduction Method of Contribution:    Cash   Personal Check     Credit/Debit Card   Payroll Deduction   Method of Contribution   Method of Contribution	ntract is with:	Z-No	\$15.00
Last Name Capone	First Jud, LA		MI
	City East Ha	NOW !	State Zip Code (1) 13
Principal Occupation  Refined  Refined	Name of Employer	<u> </u>	
s contributor a lobbyist, spouse,   Yes If contribution is in excess of \$4	00 to a candidate for a chief executive ashe is associated with have a contract w	officer of a municipality, ith said municipality	Amount of Contribution
s this contribution associated with an Yes Is contributor a principal of vent reported in Section L13 In No If yes, indicate which to of government the converted of Contribution:	tract is with:	☐ No ☐ Legislative	\$350.00
weined of Configuration:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mon		ggregate Contributions	
ast Name SCA/8558	First Robert		MI
esidential Street Address	City Fast Have	en s	ata Zip Code
rincipal Occupation Retired	Name of Employer		
contributor a lobbyist, spouse, dependent child of a lobbyist?  Yes dependent child of a lobbyist?  Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate for a chief executive or the is associated with have a contract with the contract wit	fficer of a municipality, h said municipality	Amount of Contribution
this contribution associated with an entreported in Section L1?  Tyes, list Event # 05211579  Is contributor a principal of a life, indicate which broof government the contributor.		ontractor? Yes	\$ 15.00
ethod of Contribution:		gregate Contributions	
Cash	By Order D / C / A S S S S S S S S S S S S S S S S S S	<u> </u>	
SUB	TOTAL Section B—This Pa	ge \$ 500.	
TOTA	L of additional Section B Pag	es :	
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A + 13, Column A of Stanmary Page Tota	B).	

# Section B ADDITIONAL PAGE 13 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	pository)。	TYPE OF REPORT	建设计划的影响。
SPEER FOR MAY	OR	2.10	1. 15
A. Total Contributions from Small Contributors- See instructions for definition of Small Contributor)		\$	· · · · · · · · · · · · · · · · · · ·
B. Itemiz	ed Contributions from Indivi	duals	
Last Name Scalesse	First Carolys	<ul> <li>Property of the time of the control of</li></ul>	e prinsipe en deservation en pa   MI
Residential Street Address 19 Khompson Are	City East Hau		State Zip Code  CF 06572
Principal Occupation  Retired	Name of Employer		Tr.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess does contributor or business valued at more than \$5,000	of \$400 to a candidate for a chief executive s he/she is associated with have a contract ? ☐ Yes ☐ ₩	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	pal of a state contractor or prospective state ich branch or branches contract is with:	☐ No ☐ Legislative	\$175.00
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction		Aggregate Contributions	
Last Name Gerace	First Nancy		MI
Residential Street Address 7140 Grassy Bdy Br.	West Palm	Beach 1	ate   Zip Code   33411
Principal Occupation Retired	Name of Employer	<u> </u>	
s contributor a lobbyist, spouse, If contribution is in excess of does contributor or business for dependent child of a lobbyist?  If contribution is in excess of does contributor or business for valued at more than \$5,000?	\$400 to a candidate for a chief executive on the sassociated with have a contract with the sassociated with have a contract with the sassociated with have a contract with the sassociated with the sa	fficer of a municipality, th said municipality	Amount of Contribution
	al of a state contractor or prospective state c th branch or branches contract is with:	II No I	\$ 25.00
Method of Contribution: □ Cash	Date Received Ag	gregate Contributions	
Pompano	First Raymor	or	М
cosidential Street Address 105 Sorrento Ave	City Fast Hav	en C	e Zip Code 1 0657 'Z
rincipal Occupatión Toolmaker	Name of Employer	nt mfc	00
contributor a lobbyist, spouse, dependent child of a lobbyist? The does contributor or business he valued at more than \$5,000?	S400 to a candidate for a chief executive off c/she is associated with have a contract with	icer of a municipality.	Amount of Contribution
this contribution associated with an entreported in Section L1?  Tyes, list Event #  Tyes Is contributor a principal If yes, indicate which of government the co			130.00
ethod of Contribution:  Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Me	Date Received Agg	regate Contributions	. 50
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TOT	AL of additional Section B Page	ie	
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L	OM INDIVIDUALS (Sections A + I the 13; Column A of Slimmary Page Total		

Section B ADDITIONAL PAGE 14 - of 43

or dependent child of a lobbyist?	NAME OF COMMITTEE Provide Complete Name	as Registered with Filling Repository)(	<b>的一种人们的主义的</b>	TYPE OF REPORT	维的基础的数据等的数据
A TOTAL CONTRIBUTION STATE Contributions from Standard Contributions from Individuals  B. Itemized Contributions from Individuals  B. Itemized Contributions from Individuals  B. Itemized Contributions from Individuals  Fat	SPEER A	FOR MAYOR		0.10	ク・ノゴ
First	A. Total Contributions from Sn	ıall Contributors-Receiv			
First				¥ T	
First		B. Itemized Co.	itributions from Indi	viduals (1)	
Residential Steet Address   Shallow brack   Lanu   Clay   Clas Shah bury   Shallow brack   Clay   Clas Shah bury   Shallow brack   Clay   Class   Clay   Class   Clay   Class   Clay   Class   Clay   Class   Clay   Class   Clay	Last Name	eral <mark>egge grapitati i takih suman ak</mark> engili 199	in the control of the latest the first term of the same	<u>。</u> 图 1763年7月 8日 - 宋次号年5月27日	<u> </u>
State of Employer   Stat	111077			$V_{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{V}}}}}}}}$	
Secontibutor a lobbyist, spouse,   Yes   Yes   Yes   Gost contributor or business in Acts   Secont   Yes   Yes   Gost contributor or business in Acts   Secont   Yes   Management   Yes   Yes   Yes   Management   Yes   Yes   Yes   Management   Yes   Yes   Yes   Management   Yes	158 Shallow	brook Lane	Glaston	bury	04
or dependent child of a lobbylist?	1 .			OES	V.
event reported in Section L1?	or dependent child of a lobbyist?	oes contributor or business he/she is	s associated with have a contrac	t with said municipality	Amount of Contribution
Method of Contribution   Money Order   Mon	event reported in Section L1?	<ul> <li>If yes, indicate which brane</li> </ul>	ate contractor or prospective sta	ite contractor?	\$ 100.00
State   Address   State   Address   State   Amount of Contribution   State   Amount of Contribution   State   Amount of Contribution   State   Amount of Contribution   State   Stat		at go i vitation die continu			-
Lesidential Street Address   Last   Zip Code	☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money C	Order 6.3.15		1
Contribution a Jobbyist, spouse,   Yes   If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and the suddential Steet Address   Address	Last Name Hargraves		First LINda		Mi
Name of Employer   Name of Emp	Residential Street Address 521 Hompson		East Have	ON	$\rho(\mathcal{A})$
does contribution associated with an payroll Deduction   Money Order      State   Address   Addr	Defendant Communica	. ,	Name of Employer		<u>-</u>
rent reported in Section L1?	r dependent child of a lobbyist? 🏻 🔟 📉 🗘 doc	es contributor or business he/she is a	associated with have a contract	e officer of a municipality, with said municipality	Amount of Contribution
Cath   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received   Aggregate Contributions     State   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received   Aggregate Contributions     State   Address   Address   Aggregate Contribution   State   Aggregate Contribution     State   Address   Aggregate Contribution   Announce   Aggregate Contribution     State   Address   Aggregate Contribution   Announce   Aggregate Contribution     State   Address   Aggregate Contribution   Announce   Aggregate Contribution     State   Aggregate Contribution   Aggregate Contribution     State   Aggregate Contribution   Announce   Aggregate Contribution     State   Aggregate Contribution   Announce   Aggregate Contribution     State   Aggregate Contribution   Announce   A		If yes, indicate which branch	ı or branches	<u> </u>	\$ 100.00
Suppose   Supp	Aethod of Contribution:		Date Received		
Dama to  Stephen and to Stephen and to Stephen and the stephen		☐ Payroll Deduction ☐ Money Or	der	i	
City   Cast   Haven   Styles   City   Cast   Haven   City   Cast   Haven   City   Cast   Haven   City   Cast   Haven   City   Cast	$\mathcal{T}$	•	First Sebastic	PN .	MI
Name of Employer   Name of Employer   Name of Employer	esidential Street Address 216 Laurel St				? <b>/-</b> [
valued at more than \$5,000?	incipal Occupation Retired		***************************************		
ent reported in Section L17  Tyes, indicate which branch or branches  Gyes, list Event #		contributor or business he/she is as	sociated with have a contract w	officer of a municipality, rith said municipality	Amount of Contribution
SUBTOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	this contribution associated with an Yes- ent reported in Section L1? No fyes, list Event #	If yes, indicate which branch (	or branches	<u>₩</u> 10	\$100.00
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TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)				age & 3M	a year
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	TOTAL OF ALL C	ONTRIBUTIONS FROM IN. = (Enter lotal on Line 13; Ca	DIVIDUALS (Sections A Foliana A of Summary Page To	B) (ats)	

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NAME OF COMMITTEE			TYPE OF REPORT	
SPEER	FOR May	TOR	17.10	グ・人5ー
	B. Itemized Con	tributions from Indivi	duals	
Last Name Colangelo		First Suc	).	М
Residential Street Address 348 Occ	Ave	East H	Javen	State Zip Code  OGSI 2
Principal Occupation  PCF, CE		Name of Employer		
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 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 # OC 2575-B  Method of Contribution:	of government the contract	Date Received	te contractor?	
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	rd Payroll Deduction Money (			L) G
Last Name		First Joseph		MI
Residential Street Address 355 Cal	Ave	lty		State Zip Code
Principal Occupation Retired		Name of Employer		
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is yalued at more than \$5,000?	a candidate for a chief executive associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 2625758		h or branches s with:	☐ Legislative	25-60
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Car	d □ Payroll Deduction □ Money C	/ ~ · · · · · · · · · ·	Aggregate Contributions	
Last Name Sachs		First Howard		MI
Residential Street Address 80 Lom acti	a Lane	Beanford	li li	State Zip Code C+ C6405
Residential Street Address  80 Lon acti  Principal Occupation  Construct	on	Name of Employer CheRRY	Fill Con	striction
Is contributor a lobbyist, spouse,  Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive associated with have a contract  \[ \sum  \text{Yes} \sum \sqrt{N} \]	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 #		n or branches	☐ Legislative	1,000
Method of Contribution:	. E	Date Received	Aggregate Contributions	
□ Cash □ Personal Check □ Credit/Debit Care	d ∐Payroll Deduction ∐Money O	rder		
	SUB	TOTAL Section B —	This Page /	1,050,00

### Section B ADDITIONAL PAGE 16 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
UPEER FOR Mayor	7.10.15			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A				
B. Itemized Contributions for				
Last Name Lomonte First Ja	ohn			
Residential Street Address 39 Westwynd City Mida	lletown Ct O6 457			
Principal Occupation Self-	nployer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a does contributor or business he/she is associated with a valued at more than \$5,000?	ave a contract with said municipality			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or p  If yes, indicate which branch or branches of government the contract is with:	rospective state contractor?			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Aggregate Contributions			
Last Name LomoNTe First to	resa MI			
	Hetown States Zip Code 06 4/57			
Principal Occupation Self	ployer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a does contributor or business he/she is associated with he valued at more than \$5,000?	ive a contract with said municipality			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	rospective state contractor?			
Method of Contribution:    Date Received   Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received	d Aggregate Contributions			
Last Name First	MI			
MORRO LUC  Residential Street Address  City  City	Haven State Zip Code C+ 06513			
Residential Street Address  54 Colonial Hts East	Haven Ct 06513			
Principal Occupation Name of Em	ployer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a contributor or business he/she is associated with hat valued at more than \$5,000?	ve a contract with said municipality			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	spective state contractor?			
Method of Contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Cash   Ca	d Aggregate Contributions			
SUBTOTAL Section B — This Page 42500.00				
TOTAL of additional Section B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B). (Enter total on Line 13, Column A of Summary Page Totals)				

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Section B ADDITIONAL PAGE // of 43

NAME OF COMMITTEE Provide Complete No.	ume as Registered with Filing Repository)		TYPE OF REPORT	於學院的學術學學的
SPEEK	FOR A	1ayor	7-10.	15
A. Total Contributions from S -(See instructions for definition of Smal		ved this Period ONLY SUBTOTAL SECTIONA	\$	_
	B. Itemized Co	ontributions from Indivi	duals	
Last Name Mathews		Bridge	<i>y</i> -	MI
Residential Street Address Lenv	OX St	City FOST HE	I (	State / Zip Code 06572
Principal Occupation Retire	4	Name of Employer	<u>,                                     </u>	,
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?	o to a candidate for a chief executive e is associated with have a contract □ Yes □ □ No □	officer of a municipality, with said municipality	Amount of Contribution
	Yes Is contributor a principal of a No If yes, indicate which bre of government the contra		<b>Z</b> I∕No	\$25000
Method of Contribution:			Aggregate Contributions	~ 00
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Mone	y Order 6 10.15		t .
Last Name /- 1/2		First Polly		МІ
Residential Street Address 49 Coch e	co Ave	City Branfo	ird s	ate / Zip Code / 05
Principal Occupation Retired		Name of Employer	-	
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a  If yes, indicate which bra  of government the contra	ct is with:	☐ Legislative	\$/10.00
Method of Contribution:  Cash Personal Check Credit/Debit Contribution:	ard   T Payroll Deduction   T Money		Aggregate Contributions	
Lart Nama	ad Ellyton Deduction Elmoney	First		MI
Pelligrin		Mary	Ann	
Residential Street Address  O Servi-	sh Ave	city East Ha	ven st	1 2 ip Code 2 7 2
Principal Occupation Retired		Name of Employer		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #			12 NO	\$30.00
Method of Contribution:		1	ggregate Contributions	
□ Cash □ Fersonal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order				
SUBTOTAL Section B — This Page # 380. ~				
TOTAL of additional Section B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page Totals)				

# Section B ADDITIONAL PAGE 18 of 42

NAME OF COMMITTEE Provide Complete Name of	Registered with Filing Repository)	ransopandiqualidad	TYPE OF REPORT		
SPEER FOR Mayor		7.1	0.15		
	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor).  SUBTOTAL SECTION A.				
	B. Itemized Co	ntributions from Individ	duals		
Last Name Martin		First Karti	γ	MI	
Residential Street Address 15 Dak G	rove Rd	East Have	CN	State / Zip Code O6512	
Principal Occupation	,-,,- <u>-</u>	Name of Employer			
or dependent child of a lobbyist?		to a candidate for a chief executive is associated with have a contract UYes LINO		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 062515	Is contributor a principal of a s  If yes, indicate which bran of government the contract		_ □ <u>'</u> ₩6	850.00	
Method of Contribution:  Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money	1/2020	Aggregate Contributions	] .	
Last Name Capotorto		First Beth		MI	
Residential Street Address  73 £ 1m St.	C	East 17	aven	State Zip Code 065-12	
Principal Occupation (27potosto's 1)	Ap1222 -	Name of Employer			
or dependent child of a lobbyist?		a candidate for a chief executive s associated with have a contract with the contrac		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 262515B	Is contributor a principal of a sl  If yes, indicate which bran of government the contract	is with:   Executive [	☐ Ko ☐ Legislative	\$1 60	
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	□Payroll Deduction □Money (		ggregate Contributions		
Last Name Lougal		First Jan		M	
Residential Street Address LTM ST	C	iny _ 25+ //3	rven (	State / Zip Code / Z	
Principal Occupation Director		Name of Employer  TOWN	of E.It		
or dependent child of a lobbyist? \( \square\) No \( \does \)		a candidate for a chief executive of associated with have a contract with have a PNO		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 0625758	Is contributor a principal of a sta If yes, indicate which branc of government the contract	is with:   Executive	☐ № ☐ Legislative	\$50.00	
Method of Contribution:  Cash Personal Check Credit/Debit Card	Payroll Deduction Money C	]	ggregate Contributions		
SUBTOTAL Section B — This Page # 160.00					
TOTAL of additional Section B Pages					
TOTAL OF ALL (		INDIVIDUALS (Sections A + Column A of Summary Page To			

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NAME OF COMMITTEE: (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	rain ne terme to
SPEER FOR N	12YOR	1.1	0.15
A. Total Contributions from Small Contributors-Receive - (See instructions for definition of Small Contributor)	ed this Period ONLY UBTOTAL SECTION A	\$	
	<u>, a de la compaga de la comunidad de la comun</u>	<u> </u>	
B. Itemized Cont	tributions from Individ	duals	
Last Name Capone	First Judi H	3	MI
Residential Street Address Ci	iv Eas't H	aven	State, Zip Code  # 065/3
Principal Occupation Retired	Name of Employer	1	, v <sup>2</sup>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, indicate which branch	te contractor or prospective state	<b>□</b> .≥₹6	\$ 710,00
If yes, list Event # 062575B of government the contract is Method of Contribution:	· · · · · · · · · · · · · · · · · · ·	Legislative Aggregate Contributions	,
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Or	1 ,		,
Last Name Capone	First O-ran	/<	MI
Residential Street Address 164 TOXON Rd City	East Ha	wen s	tate / Zip Code 1 065/3
Principal Occupation Retired	Name of Employer	, ,	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Ole 25/5/B  Is contributor a principal of a state of government the contract is	or branches	No No	\$25-00
Method of Contribution:  ☐ Cash ☐ Payroll Deduction ☐ Money Orc		ggregate Contributions	
Last Name Daap [[]	First LOUIS		МІ
Residential Street Address 107 FOXON Rd City	Fast Ha	ven (	ate / Zip Code / 3
Principal Occupation 1. 200K Patks Dept	Name of Employer TOWN	,	_
s contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a or dependent child of a lobbyist? In the does contributor or business he/she is as	candidate for a chief executive o	fficer of a municipality,	Amount of Contribution
yafued at more than \$5,000?	Yes No	ut salu mumerpanty	1
is this contribution associated with an Yes Is contributor a principal of a state If yes, indicate which branch of government the contract is of government the contract is a state of government the government the government of go	or branches	ontractor? Yes    Yes     Yes	50.00
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Ord	1 1	gregate Contributions	
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TOTAL öf	additional Section B Pag	es	
TOTAL OF ALL CONTRIBUTIONS FROM IN (Enter total on Line 13, C	DIVIDUALS (Sections A + Column A of Summary Page Tol		

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NAME OF COMMITTEE (Provide Complete Name as R	legistered with Filing Repository)		TYPE OF REPORT	
SPEER 1	FOR ME	DYOR	2.1	0.15
A. Total Contributions from Small (See instructions for definition of Small Contra		ed this Period ONLY SUBTOTAL SECTION A	\$	
				· · · · · · · · · · · · · · · · · · ·
	B. Itemized Co	ntributions from Indivi	iduals	
Last Name	100 min 100 min 100 min 1 N. 10 M. 1	First	The state of the s	MI
OJUOCCO		Genna		
Residential Street Address 74 Bennei	H Pozd	City Fast Ha	iva	State   Zip Code
Principal Occupation  Retired		Name of Employer	<u>'</u>	***************************************
or dependent child of a lobbyist?		to a candidate for a chief executiv is associated with have a contract	with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a s  If yes, indicate which bran	tate contractor or prospective statech or branches	te contractor?	450.00
If yes, list Event # 0025(5B	of government the contrac	t is with: ☐Executive  Date Received	Legislative	
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction  Money		Aggregate Contributions	
Last Name RICCIO		First Vincel	) T	MI
Residential Street Address 345 Short	Brach DI	East Have		State Zip Code
Principal Occupation	CEACH WO			N PW3/ F
Decurity		Security	Academy .	of CFIC
or dependent child of a lobbyist? I No does of	stribution is in excess of \$400 to contributor or business he/she i d at more than \$5,000?	o a candidate for a chief executive s associated with have a contract Yes Z No	e officer of a municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06 2515 B  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # 06 2515 B  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Executive   Legislative   Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction  Money (	Order 6,25.15		
Last Name Nobile		First Ryan		MI
Residential Street Address  HATPISON	Road	North Ha	ven s	tate 4 Zip Code C + O6 471
Principal Occupation Student	1	Name of Employer		
Is contributor a lobbyist, spouse, Yes If con or dependent child of a lobbyist? No does c	tribution is in excess of \$400 to contributor or business he/she is 1 at more than \$5,000?	a candidate for a chief executive associated with have a contract v	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 0635153	s contributor a principal of a sta If yes, indicate which brance of government the contract		<b>1</b> No	\$ 25-00
Method of Contribution:	Daurell Daduction	1/05/41	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	and the second s		4,	
SUBTOTAL Section B—This Page # 125.00				
TOTAL of additional Section B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				

## Section B. ADDITIONAL PAGE 21 of 43-

NAME OF COMMITTEE		197			TYPE OF REPORT		
SPEER FO	R MAYO,	R			2.10	1	) 
	B. Itemized Co	ntrib	utions from Ir	idivi	duals		
Last Name		Fir			7		MI
Blagio		City			ronTe	State	Zip Code
Residential Street Address 145 Saleriu	0	L	1st Ha	ve	<i>'</i> n	Ct	06512
Principal Occupation			Name of Employer	0	C		
Driver				•		v   Ame	ount of Contributio
or dependent child of a lobbyist? Z No doe	ontribution is in excess of \$400 s contributor or business he/she ued at more than \$5,000?	is assoc	riated with have a co	ontract No	with said municipality	Ame	Juli of Commission
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 0625153	Is contributor a principal of a If yes, indicate which bra of government the contract	nch or b	ranches		te contractor?	\$ 8	50.00
Method of Contribution:  ☑ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order	6 25.	15	Aggregato Controllorio		
Last Name C, farelli		Firs	st	7.4		T	М
Residential Street Address 44 M111 SY	<u>/_</u>		ast /7			State	Zip Code 06513
Principal Occupation					ndows		
or dependent child of a lobbyist? We No doe	ontribution is in excess of \$400 s contributor or business he/she ted at more than \$5,000?	to a cand is assoc	iated w <u>i</u> th have a <u>co</u>	ecutive intract No	e 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 # 062565	Is contributor a principal of a If yes, indicate which brau of government the contrac	ich or b	ranches	utive	☐ Legislative	S AF	100.00
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card [	Payroll Deduction  Money	Order	Date Received	45	Aggregate Contributions		·
Last Name	11 ayron Deduction Limitation	Firs			Managar parameter and a second se		MI
Garrett			Veron	110	₹		
Residential Street Address 1289 DIAMONC	1 Lake Rd	City	laston	bS	N	State	Zip Code 06033
Principal Occupation Sales Rep			Name of Employer	P	atrick 1	OUB.	lishing
or dependent child of a lobbyist? INo doe	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?	to a can is assoc	iated with have a co	ecutive ontract No	e 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 # 06 35 15	Is contributor a principal of a If yes, indicate which bran of government the contrac	nch or b	ranches : Exec		☐ Legislative		20.00
Methed of Contribution:  ☑ Cash ☐ Personal Check ☐ Credit/Debit Card [	☐ Payroll Deduction ☐ Money	Order	Date Received	75-	Aggregate Contributions		
Production of the production o		(j.(p.)G21483	TAL Section	a velas	This Page	1 %	5, 10
		Alphaketek				, , -	

# Section B. ADDITIONAL PAGE 22 of 43

NAME OF COMMITTEE TYPE OF REPORT
SPEER FOR MAYOR 7.10.15
B. Itemized Contributions from Individuals
Last Name ANDSTASIO First LOUIS
Residential Street Address 108 Prospect Place Ext East Haven State 2 D6512
Principal Occupation  Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Amount of Contribution of Contribution of Contribution or Contribution o
Is this contribution associated with a fundraising event listed in Section L1?  If yes, indicate which branch or branches of government the contract is with:    Date Received   Aggregate Contributions   Date Received   Aggregate Contributions   Contributions   Contribution
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 6.35.15
Last Namo Paraco First Magdalen MI
Residential Street Address 215 Eddon DR City East Haven State Zip Code Cos 12
Principal Occupation  Retired  Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?
Is this contribution associated with a types fundraising event listed in Section L1? No If yes, list Event # Olo 25156 Is contributor a principal of a state contractor or prospective state contractor? 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:
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Aggregate Contributions
Last Name  Abbott  First  LINDA
Residential Street Address Laurel St City East Haven State Zip Code 06512
Principal Occupation  Petire (  Name of Employer)  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 yalued at more than \$5,000?  Yes No
Is this contribution associated with a fundraising event listed in Section L12 No If yes, indicate which branch or branches of government the contract is with:
Method of Contribution:  Date Received Aggregate Contributions
Licent Distribution of the Control o
SUBTOTAL Section B — This Page # 150.00

## Section B. ADDITIONAL PAGE 2.3 of 43

NAME OF COMMITTEE	TYPE OF REPORT
SPEER FOR Mayo	2010.15
B. Itemized Contribution	
Lest Name C	arolyn
	St Haven Ct Clost 2
Principal Occupation Retried	ne of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate does contributor or business he/she is associated valued at more than \$5,000?	e for a chief executive officer of a municipality, with have a contract with said municipality   Yes  Mount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Is contributor a principal of a state contract of If yes, list Event # 06 35/5 8 Is contributor a principal of a state contract of government the contract is with:	les ☐ Executive ☐ Legislative ☐ ∠3.
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	Received Aggregate Contributions
Last Name Scalesse First	Robert
14 /110/10000 1310	State Zip Code VST Haven
Principal Occupation Nam	e of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate does contributor or business he/she is associated valued at more than \$5,000?	e for a chief executive officer of a municipality, with have a contract with said municipality  Yes 12-No
Is this contribution associated with a fundraising event listed in Section L1? Is contributor a principal of a state contract If yes, list Event # 062515B Is contributor a principal of a state contract If yes, indicate which branch or branch of government the contract is with:	Executive  Legislative  25.
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	Received Aggregate Contributions
Last Name First	homas
Residential Street Address  2) M/// H/// FZ.	57 Haven State Zip Code St Haven Ct 06513
	ne of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate does contributor or business he/she is associated valued at more than \$5,000?	with have a contract with said municipality
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # OC 3515B Is contributor a principal of a state contract If yes, indicate which branch or branch of government the contract is with:	Executive Legislative
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	Received Aggregate Contributions
SUBTOTAL	L Section B — This Page # 75. 5-0

Section B. ADDITIONAL PAGE 24 of 43

NAME OF COMMITTEE			TYPE OF REPORT	
	FOR Mayo	DE .	1.10.	15
	B. Itemized Cont	ributions from Indivi	duals	
Last Name Healy		First Jacky N	7	MI
Residential Street Address 29 Lagewood	od Dr. Cit	Colches le	PR	State Zip Code  Object 15
Principal Occupation Manager		Name of Employer	e.	
or dependent child of a lobbyist?  No c	f contribution is in excess of \$400 to a loes 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 4 No	e officer of a municipality, with said municipality	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 26 25 15 B  Method of Contribution:	Wyes, indicate which branch of government the contract is	or branches with:	te contractor?	25.00
☐ Cash ☐ Personal Check ☐ Credit/Debit Care	I ☐ Payroll Deduction ☐ Money Or			
Last Name D, Palma		First Richa		MI
Residential Street Address 10 Seavice	w Ave City	East Ha	ven	State Zip Code  (I) Zip Code
Principal Occupation		Name of Employer		
or dependent child of a lobbyist? De No d	contribution is in excess of \$400 to a coest contributor or business he/she is a alued at more than \$5,000?	candidate for a chief executive ssociated 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 # 263513B	Is contributor a principal of a state of yes, indicate which branch of government the contract is	or branches Executive	☐ Legislative	\$30.00
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money Or		Aggregate Contributions	
Last Name E Sposito		First Richar		МІ
Residential Street Address	e Rd City	Edst He	ven	State Zip Code CH OGJ 7 2
Principal Occupation		Name of Employer		
or dependent child of a lobbyist? I No d	contribution is in excess of \$400 to a ces contributor or business he/she is a alued at more than \$5,000?	candidate for a chief executive ssociated with have a contract Yes Tho	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section 1.13 No  If yes, list Event # 22555	Is contributor a principal of a state If yes, indicate which branch of government the contract is	or branches	₽No	50.
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money Ord		Aggregate Contributions	
	SUBT	ГОТАL Section В —	This Page 🏽 🎺	125,00
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## Section B. ADDITIONAL PAGE 25 of 43

NAME OF COMMITTEE	4.000000000000000000000000000000000000	22.2		TYPE OF REPORT	
SPEER	FOR Mi	3406	2	7.10	./5
	B. Itemized Co	ntributio	as from Indivi	duals	
Last Name Krebs		First	James	1	MI
Residential Street Address 83 Hughe	25 St	City Z	ist He	zven	State Zip Code 065-1
Principal Occupation Real Yor			e of Employer		
or dependent child of a lobbyist? I No does	ontribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?	to a candidate is associated	e for a chief executive with have a contract   Yes	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 # (1) 1575 B  Method of Contribution:  Cash Personal Check Credit/Debit Card D	Is contributor a principal of a  If yes, indicate which brau of government the contrac  Payroll Deduction Money	nch or branch t is with: Date	es	te contractor? Yes  Legislative  Aggregate Contributions	30.0
Last Name Tutill		First	Justin	/	MI
Residential Street Address  181 Borrma	NN Rd	City	25t H		State Zip Code CT 0657
Principal Occupation  Life TNSURANCO	/	Nam	of Employer  AXA	dusors	
Is contributor a lobbyist, spouse, Yes If co	ntribution is in excess of \$400 t contributor or business he/she and at more than \$5,000?	o a candidate is associated	for a chief executive 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 # 625758	Is contributor a principal of a If yes, indicate which bran of government the contract	ch or branch is with:	Executive	e contractor? Yes  - No  Legislative  Aggregate Contributions	25.00
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □	Payroll Deduction  Money			700.40	
Last Name Colangelo		First	Rober	+	MI
Paridontial Street Address	que l'		ST HZ	ven	State Zip Code  Zip Code
Principal Occupation  Refired			e of Employer		
or dependent child of a lobbyist?	ntribution is in excess of \$400 t contributor or business he/she i ed at more than \$5,000?	o a candidate s associated	for a chief executive with have a contract.  Yes ZINO	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with a Pres fundraising event listed in Section L13 No If yes, list Event # OGS 153	Is contributor a principal of a If yes, indicate which bran of government the contract	ch or branche is with:	Executive	☐ Legislative	15:00
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction  Money		Received	Aggregate Contributions	
	SU	BTOTAI	Section B —	This Page	180.
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### Section B. ADDITIONAL PAGE 26 of 43

NAME OF COMMITTEE			TYPE OF REPORT	
SPEER F.	OR MAN	OR	2.1	0.15
B	3. Itemized Contrib	utions from Indivi	duals	
Last Name Nobile	Fi	rst Ann 11	name	Mi
Residential Street Address    Saler No (+	Tue City	East Ha	ven	State Zip Code  CH O6512
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   If contribution   does contribut   valued at more	n is in excess of \$400 to a car for or business he/she is asso te than \$5,000?	ndidate for a chief executive ciated with have a contract  Yes  No	officer of a municipality, with said municipality	Amount of Contribution
fundraising event listed in Section L17 No If ye If yes, list Event # 00351515 of go  Method of Contribution:	ibutor a principal of a state co	branches h:	<b>4</b> 10	\$25,00
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll I	Deduction	6.25.15	100	
Last Name De Caprio	Fir	Christi	we Marie	MI State Zip Code
Residential Street Address 215 Eddon Z	$\ni \mathscr{R}$ , $\stackrel{City}{E}$	ast Have	en !	Ct 06572
Principal Occupation / Halldresser		Name of Employer Salow 1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution does contribute valued at more	is in excess of \$400 to a can or or business he/she is assoc than \$5,000?	ididate for a chief executive plated with have a contract value Yes A No	officer of a municipality, with said municipality	Amount of Contribution
fundraising event listed in Section L1? \( \subseteq \text{No} \)	butor a principal of a state co s, indicate which branch or b vernment the contract is with	oranches	e contractor?	\$ 25.00
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll I	Deduction  Money Order	6.25.15		
Last Name Conte	Fir	st Marc	<sub>тур</sub> ин осоот и стите и постоя на	MI
Residential Street Address 62 Wood Terri	ace City	ast Har	VEN !	State / Zip Code C / 065/3
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution does contribute valued at more	is in excess of \$400 to a can or or business he/she is assoc than \$5,000?	didate for a chief executive stated with have a contract v	officer of a municipality, with said municipality	Amount of Contribution
fundraising event listed in Section L12 \( \square\) No \( \text{If yet}	butor a principal of a state co s, indicate which branch or b vernment the contract is with	ranches  :	☐ No ☐ Legislative	30.°°
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll I	Deduction  Money Order	Date Received	Aggregate Contributions	
	SUBTO	TAL Section B — '	This Page	00.
A 19 of Contract Cont	<del>"</del>			

### Section B. ADDITIONAL PAGE 27 of 43

NAME OF COMMITTEE			TYPE OF REPORT		
SPEER "	FOR Mayo	e	7.10	・ノン~_	
	B. Itemized Co	ntributions from Indivi	duals		
Last Name (CSJRC		First Aman	<i>d</i> ਰ		MI
Residential Street Address Felicia	2 Drive	East Have	Ph	State, Zip Co	ode 5/3
Principal Occupation	al AssistaNi	Name of Employer  601 For of	'-Gastrae	en tence	194
Is contributor a lobbyist, spouse, Uses or dependent child of a lobbyist? In No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality with said municipality	Amount of	Contribution
Is this contribution associated with a fundraising event listed in Section L17 N yes, list Event # 0625753	o If yes, indicate which bra of government the contract	Date Received	<b>□</b> No	\$50	ud
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	rd ∐Payroll Deduction ∐Money				
Last Name CESTRC	•	First Richard			<b>М</b> І
Residential Street Address  8 Felicia Bh	ive	city East Havi	en l	State Zip Co	5/3
Principal Occupation Graphias	MGR	Name of Employer	C		
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract to \( \sum \text{Yes} \) \( \text{P} \) No	officer of a municipality, with said municipality	Amount of C	Contribution
Is this contribution associated with a fundraising event listed in Section L1? \(\text{If yes, list Event # \(\text{D625758}\)	1	is with: Executive	☐ Legislative	50	. 00
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Car	d □ Payroll Deduction □ Money	ا ہیں سمی ا	Aggregate Contributions		
Last Name CESARC		Mariani	ve	1	MI
Residential Street Address EFEIIEIZ	Dh.	city East Hau	en !	State Zip Cox	le 512_
Principal Occupation Page 1	RZ	Name of Employer  L. H.	BOE		
or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?			Amount of C	ontribution
Is this contribution associated with a flundraising event listed in Section L1? If yes, list Event # 062515B		is with:	☑ No ☐ Legislative	20	00
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Car	d □ Payroll Deduction □ Money	1 1	Aggregate Contributions		
	.SU	BTOTAL Section B—'	This Page	125.0	ઉ
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## Section B. ADDITIONAL PAGE 28 of 43

NAME OF COMMITTEE			TYPE OF REPORT		
	FOR Mayor	e	9.10.	6	
B. Itemized Contributions from Individuals					
Lest Name /fouyou		First	•	MI	
Residential Street Address 422 Short	beach Rd	East Ha	ven	State / Zip Code / 065 /	プ
Principal Occupation	<u> </u>	Name of Employer			,
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	o a candidate for a chief executives associated with have a contract	e officer of a municipality, with said municipality	Amount of Contrib	ution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 0625/558	Is contributor a principal of a  If yes, indicate which bran of government the contract	state contractor or prospective sta ch or branches is with:	te contractor? Yes No Legislative Aggregate Contributions	\$25,00	
Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Money	Order 6 25.15	·		
Last Name		First Joanne	Amento	М	
Residential Street Address	sSt Ent	Fast Have	en	State Zip Code  LT 0651	<u>~</u>
Principal Occupation  Refined		Name of Employer			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? Z-No	If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?	o a candidate for a chief executive s associated with have a contract Yes A No	e officer of a municipality, with said municipality	Amount of Contribu	ution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 0625756		is with:	☐ Legislative	25.00	·.
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □ Payroll Deduction □ Money (		Aggregate Contributions		
Last Name ESPOSITO		First banne.	Amento	MI	
Residential Street Address  Trances  Principal Occupation  Refired	St Exx	East Hau	ren	State Zip Code Zip Code	9-
Principal Occupation  Retired		Name of Employer			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a candidate for a chief executive s associated with have a contract Yes 4-No	e officer of a municipality, with said municipality	Amount of Contribu	ution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 662575B	Is contributor a principal of a so If yes, indicate which bran of government the contract		IJ_No	20.00	
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Ca	rd □ Payroll Deduction □ Money		Aggregate Contributions		
	SU	BTOTAL Section B —	This Page	75-00	

### IV. EXPENDITURES (Sections P-T)

Page 17-01-17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposi	ilory)	egyetyezykegyőlyesépe főenűyülkejűsyárásájásyűlejűlyá	TY	PE OF R	EPORT		CX -	7. 7.3
TOTAL	SPEER FOR ME	zyor				7.10	<sup>7</sup> ·/5	gasweren	
	T. Itemization of Rein	nbursement	s and Seconda	uy Pay	yees				
Last Name of Worker/Co	nsultaut	First				MI		Payment to V or Entity	/endor,
Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant		<del></del>		reported	t to Reimburse in Section P:	_		-
Street Address of Vendor	Person or Entity Paid by Committee Worker/Consultant	City			O Ch	eck #	CID	ebit Card Zip Code	OEFT
Substitution of Females	2 Colon of Pinty Value by Committee Worker Consultation	City					State	S.p Gaas	
Purpose of Expenditure (by code)	Description		Ev	ent#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement Sought (joint ex Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-kit	(penditure)	Independe	ant O	О <sub>в</sub> (	О О В			
Last Name of Worker/Con	nsultant	First	agggganagen am an			MI		Payment to V or Entity	endor,
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant					to Reimburse in Section P: eck #	_		ultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description		Evi	ent#				Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	penditure)	e of the below" is ch	nt O	О (	Э O			
Last Name of Worker/Cor	sultant	First	an sandan magikan kembera masiliya asad melangi manan perikan yang melangi sandan perikan yang melangi sandan		****	МІ	Date of Person of	Payment to Vor Entity	endor,
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	<u></u>				to Reimburse in Section P:			ultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			<del>O</del> che	ock ir	State	Zip Code	<u></u>
Purpose of Expenditure (by code)	Description		Eve	ent#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requi	enditure)	of the below" is ch	ntO (	O (	) (° )			
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#### IV. EXPENDITURES (Sections P-T)

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	S. Expenses Incurred by Con	nmittee but Not Paid	During this I	eriod .		
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### IV. EXPENDITURES (Sections P—T)

Page 15 of 17

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### IV. EXPENDITURES (Sections P—T)

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Page 11 of 17 33 - リネー

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Page 10 of 17

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

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Revised January 2015	

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

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te of Receipt		Amour	it FOTAL SECTION	Amount
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e of Receipt	H. Personal Funds of t  Method of payment:  OCash  Method of payment:	Amoun  7  he Candidate Receive  O Personal Check	TOTAL SECTION  d this Period (Ca	Amount  G  Indidate Committees ONLY)  Amount  Card  Amount
e of Receipt	H. Personal Funds of t  Method of payment:  OCash  Method of payment:  OCash	Amoun  7  he Candidate Receive  O Personal Check	TOTAL SECTION  d this Period (Ca	Amount  Card  Amount  Card  Amount  Card
e of Receipt  o of Receipt	H. Personal Funds of t  Method of payment:  OCash  Method of payment:  OCash  Method of payment:	Amount of the Candidate Receive  O Personal Check O Personal Check	TOTAL SECTION  d this Period (Ca  Credit/Debit	Amount  Card  Amount  Card  Amount  Card
	H. Personal Funds of t  Method of payment:  OCash  Method of payment:  OCash  Method of payment:  OCash	Amount of the Candidate Receive  O Personal Check O Personal Check	TOTAL SECTION  d this Period (Ca  Credit/Debit	Amount  Card  Amount  Card  Amount  Card  Amount  Card  Amount

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

SEEC FORM 20 Revised Juneary 2018	I. MONETAR	YRE	CEIPTS (Se	ections A—K)		29-11 Page 5 of 17
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repo	ository)		TYPE OF	REPORT	$\mathcal{O}(7.0)$
	SPEER FOR.	May	10K		2.10.	<b>4</b>
	D. Loai	ıs Recei	ived this Perio	d		
Name of Lender		<u>eliumėnini ir ilių augu</u>	Source of Loan: OBank OC	andidate 🔘 Individua	l Other Committee	Date of Receipt
Street Address	City		<u>- L</u>	State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (1)	applicable)	<del></del>		<u></u>		Amount Received
Street Address	City			State	Zip Code	
Name of Lender		Stranscorpular del Parimeter Seguente autori	Source of Loan: OBank OCa	andidate ( ) Individual	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  O Yes O No
Name of Cosigner/Guarantor (If	applicable)					Amount Received
Street Address	City			State	Zip Code	
Name of Lender		2 110 West in design all times on he as	Source of Loan; OBank OCa	andidate () Individual	Other Committee	Date of Receipt
Street Address	City	<del></del>	<del></del>	State	Zip Code	Is there a Cosigner or Guarantor of this loan?  O Yes O No
Name of Cosigner/Guarantor (V	pplicable)			, <u>.</u>		Amount Received
Street Address	City			State	Zip Code	:
			TOTAL SECT	TION D		
E. Rece	eipts from Entities other than Indi	viduals	or Other Com	imittees (Referenc	dum Committee	es ONLY)
Name of Entity		punnan and has a manage and denie	samenes no sempso de se consaminado menso, que a		Annual State of the State of th	
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contribut	tions	
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contribut	lions	
Name of Entity	personal mental and a second s	Para Anthonis (Procedure de la Procedure de la	gant de la companya d	Dannide manda ana ana ana ana ana ana ana ana ana	CONTROL OF THE PROPERTY OF THE	
Street Address		<del></del>		Date Received		Amount Received
City		State	Zip Code	Aggregate Contribut	ions	
			TOTAL SECT	TION E	0	

SEEC FORM 20 III. NONMONETARY RECEIPTS (Sections M—O) NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT M. In-Kind Contributions Name a ponc RaNK Street Address 06513 Aggregate Contributions Individual / Sole Proprietorship Other 1.21.65 If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality. O Yes Is contributor a lobbyist, spouse, does contributor or business he/she is associated with have a contract with said municipality or dependent child of a lobbyist? No Fair Market Value valued at more than \$5,000? Yes (ONo of this Contribution Is this contribution associated with an Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? If yes, indicate which branch or branches No If yes, list Event # 0502 of government the contract is with: C Executive C Legislative Name Street Address Zip Code Fast Haven 06513 Description of In-Kind Contribution Type of contributor: Committee Aggregate Contributions PIZZZ'S & BREZds 0-21.13 MIndividual / Sole Proprietorship Other If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Is contributor a lobbyist, spouse, O Yes Fair Market Value does contributor or business he/she is associated with have a contract with said municipality or dependent child of a lobbyist? of this Contribution valued at more than \$5,000? Yes @No Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes No event reported in Section L1? No If yes, indicate which branch or branches If yes, list Event # 0521156 of government the contract is with: CExecutive CLegislative Name East Haven Date Received Description of In-Kind Contribution Type of contributor: Aggregate Contributions 372115 Mindividual / Sole Proprietorship Oother 4am's TRAYS dolles 0 If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Is contributor a lobbyist, spouse, ( Yes Fair Market Value does contributor or business he/she is associated with have a contract with said municipality or dependent child of a lobbyist? (2) No of this Contribution valued at more than \$5,000? Yes (3) No Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with an Yes event reported listed in Section L1? If yes, indicate which branch or branches If yes, list Event # of government the contract is with: O Executive O Legislative SUBTOTAL Section M - This Page TOTAL of additional Section M Pages TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals) N. Refundable Deposit to Telephone Company Last Name of Individual First MI Date Deposit Made Residential Street Address City State Zip Code Amount of Deposit Name of Telephone Company Street Address City State Zip Code

SEEC FORM 20 Revised January 2015 Section M. ADDITIONAL PAGE 40 of 43

NAME OF COMMITTEE (Provide Complete	Name as Registered wi	th Filing Repository)		TYPE OF REPORT		
SPEER	FOR 1	NZYOR		7.10.1	3-	
		M. In-Kind Co	ntributions			Part Control
Name Marc (	onte					
Street Address 62 Wood	Terrac	<u> </u>	City	laven	State Zip Code	1z
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind (	Contribution of For FU	I Copie	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		r business he/she is associa	idate for a chief executive of the with have a contract wit Yes Mo	fficer of a municipality,	Fair Market Val- of this Contributi	lue
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☑ No If yes	outor a principal of a state s, indicate which branch o vernment the contract is wi		₩ No	#379.00	U
Name Chelsey	Speen					
	Stree		City East It		State Zip Code  C + Olo 5 1	12
Type of contributor: ☐Committee  Individual / Sole Proprietorship ☐Other	Date Received どっろんだ	Aggregate Contributions	Description of In-Kind C	Contribution book Ad		
Is contributor a lobbyist, spouse, Pes or dependent child of a lobbyist? P-No		or business he/she is associ	lidate for a chief executive o ated with have a contract wi Yes PNo		Fair Market Value of this Contributi	ion
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	No If yes	utor a principal of a state c , indicate which branch or ernment the contract is wit		<b>\(\bar{L}</b> \)\(\frac{1}{2}\)	\$ 60.00	
Name					a septembrie de la companya de la companya de la companya de la companya de la companya de la companya de la c	
Street Address			City		State Zip Code	
Type of contributor: Committee Individual / Sole Proprietorship Other	Date Received	Aggregate Contributions	Description of In-Kind Co	ontribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		r business he/she is associa	idate for a chief executive or ated with have a contract wit Yes No		Fair Market Valu of this Contribution	
	☐ No   If yes,	utor a principal of a state co- indicate which branch or ernment the contract is with		□ No		
Name				HER CONTROL OF THE CO	anagamas a marang gapag yang partirah Sebel di Mandada sa mana sa na na na	
Street Address		1	City		State Zip Code	
Type of contributor: Committee Individual / Sole Proprietorship Other	Date Received	Aggregate Contributions	Description of In-Kind Co	ntribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		r business he/she is associa	date for a chief executive of ted with have a contract with \( \subseteq \text{Yes} \square \square \text{No} \)		Fair Market Valu of this Contributio	
	☐ No   If yes,	tor a principal of a state coindicate which branch or rument the contract is with		□ No		
		SUBTOTAL	Section M — This Page	#43	9.00	
					`	

Name

Name

Street Address

Type of contributor:

Is contributor a lobbyist, spouse,

or dependent child of a lobbyist?

event reported in Section L1?

If yes, list Event # 052/

Is contributor a lobbyist, spouse,

or dependent child of a lobbyist?

event reported in Section L12

Is contributor a lobbyist, spouse,

or dependent child of a lobbyist?

Committee

Street Address

Type of contributor:

event reported listed in Section LJ? 8 No   1	ntributor a principal of a state contractor fyes, indicate which branch or branche f government the contract is with:		<b>⊘</b> No	4 41,00
	SUBTOTAL Section	M — This Page	St.	239,00
	TOTAL of additional S	Section M Pages		13440
TOTAL OF ALL IN-KIND CONTRIBUTION	NS (Enter total on Line 23, Column A of L	Summary Page Totals)		774,00
N. Re	fundable Deposit to Telepho	one Company		
ast Name of Individual	First		MI	Date Deposit Made
esidential Street Address	City	State	I Zip Code	Amount of Deposit
ame of Telephone Company				
reet Address	City	State	Zip Code	
TOTAL SECTION N (2	l Inter total on Line 24, Column A of Sun	ımary Page Totals)		-

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed. IV. EXPENDITURES (Sections P-T) NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) P. Expenses Paid by Committee Name of Payee Date of Payment Method of Payment: OXON Fire House @ Check # <u>099</u> 2 グルバデ ODebit Card OEFT Street Address 1420 North Hig "Fast Haven Purpose of Expenditure (by code) FUND Raiser 052115 A \$ 100.00 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD

Date of Payment Name of Payee Method of Payment: (f) Check # 100 / 6126.15 3 Caseg Beach Ave Fast Haven O Debit Card OEFT Street Address Purpose of Expenditure Amount (by code) 062115B Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD Name of Payee Method of Payment: Square INC. Check # O Debit Card **O**EFT Street Address Zip Code Merchant Services Purpose of Expenditure (by code) Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OAOBOCOD Name of Payee Date of Payment Method of Payment: Check # O Debit Card **O**EFT Street Address City Purpose of Expenditure Description Event # Amount (by code) Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Oganization A OB OC SUBTOTAL Section P -- This Page TOTAL of additional Section P Pages

TOTAL OF ALL EXPENSES PAID BY COMMITTEE

(Enter total on Line 19, Column A of Summary Page Totals)