

# SEEC FORM 20

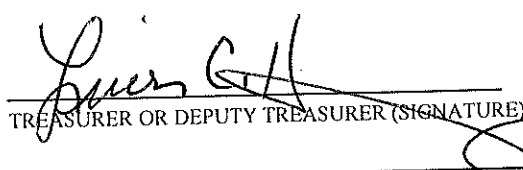
Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2015



RECEIVED FOR FILING JAN 06 2020 TOWN CLERK'S OFFICE EAST HAVEN, CONN. <i>Stacy Gravano, CTC</i> Do Not Mark in This Space For TOWN CLERK
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Page 1 of 17

## COVER PAGE

<b>1. NAME OF COMMITTEE</b> Big Steve Tracey for Mayor				
<b>2. TREASURER NAME</b>		MI	Last	Suffix
First Linda			Hennessey	
<b>3. TREASURER ADDRESS</b>				
Street Address 34 Columbus Avenue		City East Haven	State CT	Zip Code 06512
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/05/2019	<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee) Mayor			<b>6. DISTRICT NUMBER</b> (if applicable)
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)				
First "Big" Steve		MI	Last Tracey	Suffix
<b>8. TYPE OF REPORT</b> (Check One Box)				
<input checked="" type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)	
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to	
<input type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report:	
<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election (State Central Committees Only)	<input type="radio"/> Termination		
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November			
<b>9. PERIOD COVERED</b>				
Beginning Date 10/28/2019		thru	Ending Date 12/31/2019	
<b>10. CERTIFICATION</b>				
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.				
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Linda Hennessey PRINT NAME OF SIGNER		01/06/2020 DATE (mm/dd/yyyy)
A person who is found to have knowingly and willfully 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	
Big Steve Tracey for Mayor	January 10th Filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00
12. Balance on hand at the beginning of Reporting Period	4,983.10	
13. Contributions Received from Individuals (Sections A and B)	8,285.00	13,268.10
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)	175.00	13,443.10
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	2,450.00	2,450.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	10,910.00	15,893.10
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	15,893.10	15,893.10
19. Expenses Paid by Committee (Section P)	15,851.39	15,851.39
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	41.71	41.71
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
Big Steve Tracey for Mayor		January 10th Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$
SUBTOTAL SECTION A		

## B. Itemized Contributions from Individuals

Last Name		First		MI	
Hennessey		Michael			
Residential Street Address		City		State	Zip Code
18 Piscitelli Circle		East Haven		CT	06512
Principal Occupation		Name of Employer			
Heating Oil Manager		AF Forbes Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		100.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	100.00		
Last Name		First		MI	
Imperati		James			
Residential Street Address		City		State	Zip Code
65 Messina Drive		East Haven		CT	06512
Principal Occupation		Name of Employer			
REtired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		100.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	100.00		
Last Name		First		MI	
Fronte		Gina			
Residential Street Address		City		State	Zip Code
145 Salerno Avenue		East Haven		CT	06512
Principal Occupation		Name of Employer			
Secretary		East Haven Board of Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		100.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	100.00		
SUBTOTAL Section B — This Page					300.00
TOTAL of additional Section B Pages					7,985.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					8,285.00

Section B ADDITIONAL PAGE 3a of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

B. Itemized Contributions from Individuals											
Last Name Finkle				First Catherine			MI				
Residential Street Address 91 Angela Drive				City East Haven			State CT		Zip Code 06512		
Principal Occupation Retired				Name of Employer							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				<input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1?		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor?				<input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, list Event #		10302019A		If yes, indicate which branch or branches of government the contract is with:				<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:				Date Received		Aggregate Contributions					
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				10/30/2019		100.00					
Last Name Sande				First Len			MI				
Residential Street Address 363 Benham Hill Road				City West Haven			State CT		Zip Code 06516		
Principal Occupation Construction				Name of Employer Self							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				<input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1?		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor?				<input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, list Event #		10302019A		If yes, indicate which branch or branches of government the contract is with:				<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:				Date Received		Aggregate Contributions					
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				10/30/2019		100.00					
Last Name Hennessey				First Victoria			MI				
Residential Street Address 18 Piscitelli Circle				City East Haven			State CT		Zip Code 06512		
Principal Occupation Homemaker				Name of Employer							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				<input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1?		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor?				<input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, list Event #		10302019A		If yes, indicate which branch or branches of government the contract is with:				<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:				Date Received		Aggregate Contributions					
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				10/30/2019		50.00					
<b>SUBTOTAL Section B — This Page</b>								250.00			
<b>TOTAL of additional Section B Pages</b>								7,735.00			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)								7,985.00			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
Big Steve Tracey for Mayor		January 10th Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$
SUBTOTAL SECTION A		

B. Itemized Contributions from Individuals					
Last Name		First		MI	
Hennessey		Steven			
Residential Street Address		City		State	Zip Code
35 Beachside Avenue		East Haven		CT	06512
Principal Occupation		Name of Employer			
Transport Manager		AF Forbes Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	50.00		
Last Name		First		MI	
Llorda		Taylor			
Residential Street Address		City		State	Zip Code
35 Beachside Avenue		East Haven		CT	06512
Principal Occupation		Name of Employer			
Mechanical Engineer		Medtronic			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	50.00		
Last Name		First		MI	
Tracey		Michael			
Residential Street Address		City		State	Zip Code
31 River Road		East Haven		CT	06512
Principal Occupation		Name of Employer			
Sub-contractor		Byrd Contracting			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		40.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	40.00		
SUBTOTAL Section B — This Page				140.00	
TOTAL of additional Section B Pages				7,595.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				7,735.00	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name DeSorbo	First Louis	MI
Residential Street Address 26 Colonial Heights Road	City East Haven	State CT      Zip Code 06473
Principal Occupation Retired	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 40.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019
		Aggregate Contributions 40.00

Last Name D'Auria	First Alan	MI
Residential Street Address 69 French Avenue	City East Haven	State CT      Zip Code 06512
Principal Occupation Technician	Name of Employer Regional Water Authority	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No	Amount of Contribution 40.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019
		Aggregate Contributions 40.00

Last Name Bryk	First Holly	MI
Residential Street Address 121 George Street	City East Haven	State CT      Zip Code 06512
Principal Occupation Process Server	Name of Employer State Marshall	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 40.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019
		Aggregate Contributions 40.00

<b>SUBTOTAL Section B — This Page</b>	120.00
<b>TOTAL of additional Section B Pages</b>	7,475.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	7,595.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name	First	MI
Sand	Robert	
Residential Street Address	City	State Zip Code
501 Thompson Street	East Haven	CT 06513
Principal Occupation	Name of Employer	
Retired		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	40.00
If yes, list Event # <u>10302019A</u>	If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	40.00	

Last Name	First	MI
Gravino	Stacy	
Residential Street Address	City	State Zip Code
132 Vista Drive	East Haven	CT 06512
Principal Occupation	Name of Employer	
Town Clerk	Town of East Haven	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	30.00
If yes, list Event # <u>10302019A</u>	If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	80.00	

Last Name	First	MI
Jaffe	Lori	
Residential Street Address	City	State Zip Code
140 Mill Street	East Haven	CT 06512
Principal Occupation	Name of Employer	
Service Rep	Frontier	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	20.00
If yes, list Event # <u>10302019A</u>	If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	20.00	

<b>SUBTOTAL Section B — This Page</b>	90.00
<b>TOTAL of additional Section B Pages</b>	7,385.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	7,475.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name	First	MI
Taddei	John, Jr.	
Residential Street Address	City	State Zip Code
15 Martin Road	East Haven	CT 06512
Principal Occupation	Name of Employer	
Retired		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	20.00
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	20.00	

Last Name	First	MI
Caponera	Richard, Jr.	
Residential Street Address	City	State Zip Code
19 Thomas Court	East Haven	CT 06513
Principal Occupation	Name of Employer	
Accountant	Knights of Columbus	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	20.00
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	20.00	

Last Name	First	MI
Serino	Victor	
Residential Street Address	City	State Zip Code
65 Messina Drive	East Haven	CT 06512
Principal Occupation	Name of Employer	
Retired		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	20.00
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	20.00	

<b>SUBTOTAL Section B — This Page</b>	60.00
<b>TOTAL of additional Section B Pages</b>	7,325.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	7,385.00



Section B ADDITIONAL PAGE 3f of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Mattera		First John		MI
Residential Street Address 24 Woodward Avenue		City New Haven	State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution 20.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?		
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	20.00	

Last Name DeRosa		First John		MI
Residential Street Address 24 Woodward Avenue		City New Haven	State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution 20.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?		
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	20.00	

Last Name Montagna		First Frank		MI
Residential Street Address 226 Greenwood Drive		City Cheshire	State CT	Zip Code 06418
Principal Occupation Police Officer		Name of Employer Town of East Haven		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution 20.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?		
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	20.00	

<b>SUBTOTAL Section B — This Page</b>	60.00
<b>TOTAL of additional Section B Pages</b>	7,265.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	7,235.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Maltese		First Salvatore		MI
Residential Street Address 11 Holland Drive		City East Haven	State CT	Zip Code 06512
Principal Occupation Tax Preparer		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution 20.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?		
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	70.00	

Last Name Muir		First Ryan		MI
Residential Street Address 38 Zwicks Farm Road		City Plantsville	State CT	Zip Code 06479
Principal Occupation HR Manager		Name of Employer Wells Fargo		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution 20.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?		
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	20.00	

Last Name Muir		First Dave		MI
Residential Street Address 144 Coe Avenue		City East Haven	State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution 20.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?		
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	20.00	

<b>SUBTOTAL Section B — This Page</b>	60.00
<b>TOTAL of additional Section B Pages</b>	7,205.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	7,265.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name	First	MI
Torrealba	Eduardo	
Residential Street Address	City	State Zip Code
193 Thompson Street	East Haven	CT 06513

Principal Occupation	Name of Employer
Interpreter	State of Connecticut Judicial Branch

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				20.00

Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	10302019A	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No
				If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative

Method of Contribution:	Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	10/30/2019	70.00

Last Name	First	MI
Torrealba	Hermes	
Residential Street Address	City	State Zip Code
193 Thompson Street	East Haven	CT 06513

Principal Occupation	Name of Employer
Student	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				20.00

Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	10302019A	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No
				If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative

Method of Contribution:	Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	10/30/2019	20.00

Last Name	First	MI
Geraci-Anastasio	Lisa	
Residential Street Address	City	State Zip Code
81 Salerno Avenue	East Haven	CT 06512

Principal Occupation	Name of Employer
Social Worker	State of Connecticut

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				20.00

Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	10302019A	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No
				If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative

Method of Contribution:	Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	10/30/2019	70.00

<b>SUBTOTAL Section B — This Page</b>	60.00
<b>TOTAL of additional Section B Pages</b>	7,145.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	7,205.00

## Section B ADDITIONAL PAGE 3i of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

## B. Itemized Contributions from Individuals

Last Name	First	MI
Mauro	Vincent	
Residential Street Address	City	State Zip Code
58 Vista Drive	East Haven	CT 06512
Principal Occupation	Name of Employer	
Elevator Technician	Kone	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	20.00
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	20.00	

Last Name	First	MI
Lang	Michael	
Residential Street Address	City	State Zip Code
74 Bradley Avenue	East Haven	CT 06512
Principal Occupation	Name of Employer	
Public Service	Town of East Haven	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	20.00
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	20.00	

Last Name	First	MI
Richardson	William	
Residential Street Address	City	State Zip Code
136 Bennett Road	East Haven	CT 06513
Principal Occupation	Name of Employer	
Sales Manager	Dat Assoc	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	20.00
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	20.00	

<b>SUBTOTAL Section B — This Page</b>	60.00
<b>TOTAL of additional Section B Pages</b>	7,085.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	7,145.00

Section B ADDITIONAL PAGE 3j of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Richo	First Donna	MI
Residential Street Address 67 Charnes Drive	City East Haven	State CT Zip Code 06513
Principal Occupation Realtor	Name of Employer Self	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> 20.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019
		Aggregate Contributions 20.00

Last Name Martens	First Linda	MI
Residential Street Address 145 Morgan Avenue	City East Haven	State CT Zip Code 06512
Principal Occupation Retired	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> 20.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019
		Aggregate Contributions 20.00

Last Name Martens	First Kerry	MI
Residential Street Address 145 Morgan Avenue	City East Haven	State CT Zip Code 06512
Principal Occupation Teacher	Name of Employer St. Bernadette School	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> 20.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019
		Aggregate Contributions 20.00

<b>SUBTOTAL Section B — This Page</b>	60.00
<b>TOTAL of additional Section B Pages</b>	7,025.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	7,085.00

Section B ADDITIONAL PAGE 3k of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Palumbo	First James, Jr.	MI
Residential Street Address 103 Cedar Knolls Drive	City Branford	State CT
	Zip Code 06405	
Principal Occupation Tile Setter	Name of Employer Local 1 CT	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution  20.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 20.00	

Last Name Richo	First Edward	MI
Residential Street Address 67 Charnes Drive	City East Haven	State CT
	Zip Code 06513	
Principal Occupation Retired	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution  20.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 20.00	

Last Name Lynch	First James	MI
Residential Street Address 64 Edward Street	City East Haven	State CT
	Zip Code 06512	
Principal Occupation Driver	Name of Employer Forbes Transport	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution  20.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 20.00	

<b>SUBTOTAL Section B — This Page</b>	60.00
<b>TOTAL of additional Section B Pages</b>	6,965.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	7,025.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

### B. Itemized Contributions from Individuals

Last Name	First	MI
Smith	Bobbi-Jo	

Residential Street Address	City	State	Zip Code
64 Edward Street	East Haven	CT	06512

Principal Occupation	Name of Employer
School Bus Driver	M & J

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				20.00

Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	10302019A	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No
				If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative

Method of Contribution:	Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	10/30/2019	20.00

Last Name	First	MI
Inzitari	Leonard	

Residential Street Address	City	State	Zip Code
175 South End Road	East Haven	CT	06512

Principal Occupation	Name of Employer
Law Clerk	Action Law

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				20.00

Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	10302019A	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No
				If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative

Method of Contribution:	Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	10/30/2019	70.00

Last Name	First	MI
Scarpellino	Luann	

Residential Street Address	City	State	Zip Code
2 Mansfield Grove Road	East Haven	CT	06512

Principal Occupation	Name of Employer
Owner	Scarpellino's Deli

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				20.00

Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	10302019A	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No
				If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative

Method of Contribution:	Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	10/30/2019	20.00

<b>SUBTOTAL Section B — This Page</b>	60.00
<b>TOTAL of additional Section B Pages</b>	6,905.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	6,965.00

Section B ADDITIONAL PAGE 3m of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name DiAdamo		First Nick		MI
Residential Street Address 103 Wooster Street		City New Haven	State CT	Zip Code 06511
Principal Occupation Pilot		Name of Employer Clay Lacy		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution 80.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No 10302019	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 130.00	

Last Name Karbowski		First Paul		MI
Residential Street Address 171 Angela Drive		City East Haven	State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution 20.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No 10302019A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 70.00	

Last Name Kolb		First Kory		MI
Residential Street Address 8 Erico Drive		City East Haven	State CT	Zip Code 06512
Principal Occupation Office Manager		Name of Employer Kolb & Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution 20.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No 10302019A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 20.00	

<b>SUBTOTAL Section B — This Page</b>	120.00
<b>TOTAL of additional Section B Pages</b>	6,785.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	6,905.00



Section B ADDITIONAL PAGE 3n of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Otto	First Kathi	MI
Residential Street Address 19 Gerald Street	City East Haven	State CT
	Zip Code 06512	
Principal Occupation Retired	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>
				20.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 20.00	

Last Name Enders	First Michael	MI
Residential Street Address 23 Oregon Avenue	City East Haven	State CT
	Zip Code 06512	
Principal Occupation Adjunct Instructor	Name of Employer Housatonic Community College	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>
				20.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 20.00	

Last Name Anania	First Richard	MI
Residential Street Address 50 David Drive	City East Haven	State CT
	Zip Code 06512	
Principal Occupation Retired	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>
				20.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 20.00	

<b>SUBTOTAL Section B — This Page</b>	60.00
<b>TOTAL of additional Section B Pages</b>	6,725.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	6,785.00

Section B ADDITIONAL PAGE 30 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Richardson		First Dave		MI
Residential Street Address 23 Brookfield Road		City East Haven	State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 20.00
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # <u>10302019A</u>		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 20.00	

Last Name Wynne		First Maureen		MI
Residential Street Address 203F Thompson Street		City East Haven	State CT	Zip Code 06513
Principal Occupation N/A		Name of Employer		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 20.00
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # <u>10302019A</u>		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 20.00	

Last Name Keefe		First Hugh		MI
Residential Street Address 52 Trumbull Street		City New Haven	State CT	Zip Code 06510
Principal Occupation Attorney		Name of Employer Self		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Amount of Contribution 1,000.00
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # <u>10302019A</u>		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 1,000.00	

<b>SUBTOTAL Section B — This Page</b>	1,040.00
<b>TOTAL of additional Section B Pages</b>	5,685.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	6,725.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Zullo		First Alfred		MI	
Residential Street Address 357 Horse Pond Road		City Madison		State CT	Zip Code 06443
Principal Occupation Attorney		Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 750.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 750.00		

Last Name Zullo		First Joseph		MI	
Residential Street Address 2 Lisa Lane		City East Haven		State CT	Zip Code 06512
Principal Occupation Attorney		Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input type="radio"/> No			Amount of Contribution 750.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 1,000.00		

Last Name Parente		First Robert		MI	
Residential Street Address 7 Farm River Road		City East Haven		State CT	Zip Code 06512
Principal Occupation Superintendent of Public Services		Name of Employer Town of East Haven			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 250.00		

<b>SUBTOTAL Section B — This Page</b>		1,750.00
<b>TOTAL of additional Section B Pages</b>		3,935.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		5,685.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name DiAdamo		First Arthur		MI
Residential Street Address 138 Townsend Avenue		City New Haven	State CT	Zip Code 06512
Principal Occupation Bonds		Name of Employer DiAdamo & Tracey		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution 500.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section LI?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?		
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 600.00	

Last Name DiAdamo		First Lorraine		MI
Residential Street Address 138 Townsend Avenue		City New Haven	State CT	Zip Code 06512
Principal Occupation Counselor		Name of Employer Weight Watchers		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution 500.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section LI?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?		
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 500.00	

Last Name Hennessey		First Thomas		MI
Residential Street Address 34 Columbus Avenue		City East Haven	State CT	Zip Code 06512
Principal Occupation Owner		Name of Employer AF Forbes Inc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution 500.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section LI?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?		
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 750.00	

<b>SUBTOTAL Section B — This Page</b>	1,500.00
<b>TOTAL of additional Section B Pages</b>	2,435.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	3,935.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name	First	MI
Hennessey	Linda	
Residential Street Address	City	State Zip Code
34 Columbus Avenue	East Haven	CT 06512

Principal Occupation	Name of Employer
Homemaker	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	500.00
If yes, list Event # <u>10302019A</u>	If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	750.00	

Last Name	First	MI
Jackowicz	Edward	
Residential Street Address	City	State Zip Code
535 Thompson Avenue	East Haven	CT 06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	250.00
If yes, list Event # <u>10302019A</u>	If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	250.00	

Last Name	First	MI
Brancati	Salvatore	
Residential Street Address	City	State Zip Code
58 Vista Terrace	New Haven	CT 06515

Principal Occupation	Name of Employer
Director of Administrative Services	Town of East Haven

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	200.00
If yes, list Event # <u>10302019A</u>	If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	200.00	

<b>SUBTOTAL Section B — This Page</b>	950.00
<b>TOTAL of additional Section B Pages</b>	1,485.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	2,435.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name	First	MI
Consiglio	Andrew	
Residential Street Address	City	State Zip Code
11 Carolyn Court	North Haven	CT 06473
Principal Occupation	Name of Employer	
Retired		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	200.00
If yes, list Event #	10302019A	If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	200.00	

Last Name	First	MI
DiAdamo	Harry	
Residential Street Address	City	State Zip Code
9 Riverwalk	Branford	CT 06405
Principal Occupation	Name of Employer	
Consulting	Self	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	100.00
If yes, list Event #	10302019A	If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	150.00	

Last Name	First	MI
Anastasio	Louis	
Residential Street Address	City	State Zip Code
108 Prospect Place Ext.	East Haven	CT 06512
Principal Occupation	Name of Employer	
Retired		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	100.00
If yes, list Event #	10302019A	If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	100.00	

<b>SUBTOTAL Section B — This Page</b>	400.00
<b>TOTAL of additional Section B Pages</b>	1,085.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	1,485.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Longobardi		First Aniello		MI
Residential Street Address 70 Centerbrook Road		City Hamden	State CT	Zip Code 06518
Principal Occupation State Marshal		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution  100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 100.00	

Last Name Carr		First Marylou		MI
Residential Street Address 1832 Dean Street		City New Haven	State CT	Zip Code 06512
Principal Occupation Waitress		Name of Employer I-Hop		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution  50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 50.00	

Last Name Temkin		First Alan		MI
Residential Street Address 178 Ledge Lane		City Torrington	State CT	Zip Code 06790
Principal Occupation Real Estate		Name of Employer ATA Realty		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution  100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 100.00	

<b>SUBTOTAL Section B — This Page</b>	250.00
<b>TOTAL of additional Section B Pages</b>	835.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	1085.00

Section B ADDITIONAL PAGE 3u of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Gravino		First Mark		MI	
Residential Street Address 75 Salerno Avenue		City East Haven		State CT	Zip Code 06512
Principal Occupation Entertainment Promoter		Name of Employer Self			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution  100.00
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # <u>10302019A</u>		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 150.00	

Last Name Della Camera		First Frank		MI	
Residential Street Address 117 Short Beach Road		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution  50.00
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # <u>10302019A</u>		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 50.00	

Last Name DePino		First Chris		MI	
Residential Street Address 58 Cosey Beach Avenue		City East Haven		State CT	Zip Code 06512
Principal Occupation Lobbyist		Name of Employer Self			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution  50.00
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # <u>10302019A</u>		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 300.00	

<b>SUBTOTAL Section B — This Page</b>	200.00
<b>TOTAL of additional Section B Pages</b>	635.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	835.00



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Katz	First Paulina	MI
Residential Street Address 26 Glendale Place	City Branford	State CT
	Zip Code 06405	

Principal Occupation Owner	Name of Employer Popo's Club Car
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # <u>10302019A</u>		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 150.00	

Last Name DiLungo	First Jennifer	MI
Residential Street Address 299 Barberry Road	City East Haven	State CT
	Zip Code 06512	

Principal Occupation Physician Assistant	Name of Employer DOCS Medical Group
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 40.00
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # <u>10302019A</u>		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 40.00	

Last Name Chase	First Edward	MI
Residential Street Address 5 Pondview Terrace	City East Haven	State CT
	Zip Code 06512	

Principal Occupation Cashier	Name of Employer Forbes Premium Fuel
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 20.00
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # <u>10302019A</u>		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2019	Aggregate Contributions 20.00	

<b>SUBTOTAL Section B — This Page</b>	110.00
<b>TOTAL of additional Section B Pages</b>	525.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	635.00

Section B ADDITIONAL PAGE 3w of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name DePalma	First Gary	MI
Residential Street Address 16 Center Avenue	City East Haven	State CT Zip Code 06512

Principal Occupation Retired	Name of Employer
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 40.00
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Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 10/30/2019	Aggregate Contributions 40.00
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Last Name Simoni	First Linda	MI
Residential Street Address 25 Charnes Drive	City East Haven	State CT Zip Code 06513

Principal Occupation Investigator	Name of Employer State of Connecticut
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 20.00
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Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 10/30/2019	Aggregate Contributions 20.00
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Last Name Parlato	First Samantha	MI
Residential Street Address 470 Thompson Avenue	City East Haven	State CT Zip Code 06512

Principal Occupation Teacher	Name of Employer Old Stone Church Early Learning Center
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 20.00
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Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302019A</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 10/30/2019	Aggregate Contributions 70.00
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<b>SUBTOTAL Section B — This Page</b>	80.00
<b>TOTAL of additional Section B Pages</b>	445.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	525.00

Section B ADDITIONAL PAGE 3x of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name	First	MI
Carr	Diane	
Residential Street Address	City	State Zip Code
42 Gordon Street	East Haven	CT 06512
Principal Occupation	Name of Employer	
Retired		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	40.00
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:			
10302019A	<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	40.00	

Last Name	First	MI
Constantinople	Anthony	
Residential Street Address	City	State Zip Code
95 Honey Pot Road	West Haven	CT 06516
Principal Occupation	Name of Employer	
Letter Carrier	USPS	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	25.00
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:			
10302019A	<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	25.00	

Last Name	First	MI
Mastrangelo	Gerald	
Residential Street Address	City	State Zip Code
269 Shore Drive	Branford	CT 06405
Principal Occupation	Name of Employer	
Retired		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	50.00
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:			
10302019A	<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/30/2019	50.00	

<b>SUBTOTAL Section B — This Page</b>	115.00
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	

Section B ADDITIONAL PAGE 3y of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name	First	MI
DiAdamo	Harry	
Residential Street Address	City	State Zip Code
45 Glen Ridge Road	Hamden	CT 06518

Principal Occupation	Name of Employer
Insurance Sales	Elm City Insurance

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				30.00

Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	

Method of Contribution:	Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	10/30/2019	80.00

Last Name	First	MI
Illingworth	William	
Residential Street Address	City	State Zip Code
175 South End Road	East Haven	CT 06512

Principal Occupation	Name of Employer
State Marshal	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				250.00

Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	

Method of Contribution:	Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	10/30/2019	250.00

Last Name	First	MI
Sittnick	Judith	
Residential Street Address	City	State Zip Code
41 Chidsey Avenue	East Haven	CT 06512

Principal Occupation	Name of Employer
Owner	AmerClean inc

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				50.00

Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, list Event # 10302019A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	

Method of Contribution:	Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	10/30/2019	100.00

<b>SUBTOTAL Section B — This Page</b>	330.00
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
Big Steve Tracey for Mayor						January 10th Filing	

**C1. Contributions from Other Committees**

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			

**C2. Reimbursements or Surplus Distributions from other Committees**

Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				Amount of Receipt	
Description							

Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				Amount of Receipt	
Description							

SUBTOTAL Section C — This Page						
TOTAL of additional Section C Pages						
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>						

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing

### D. Loans Received this Period

Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)				
Street Address	City	State	Zip Code	Amount Received
Name of Lender				
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)				
Street Address	City	State	Zip Code	Amount Received
Name of Lender				
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)				
Street Address	City	State	Zip Code	Amount Received
Name of Lender				
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)				
Street Address	City	State	Zip Code	Amount Received
Name of Lender				

**TOTAL SECTION D**

**E. Receipts from Entities other than Individuals or Other Committees** (*Referendum Committees ONLY*)

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
TOTAL SECTION E				

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing

**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount
TOTAL SECTION F			

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)**

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
TOTAL SECTION G		

**H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
TOTAL SECTION H		

**I. Anonymous Contributions**

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

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing

## J. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Street Address	City	State Zip Code
Name of Institution	Date Received	Amount
Street Address	City	State Zip Code

### TOTAL SECTION J

## K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
AF Forbes Inc	12/31/2019	175.00
Street Address	City	State Zip Code
119 Commerce Street	East Haven	CT 06512
Description	Purchase of Computer used during Campaign	
Name	Date of Transaction	Amount Received
Street Address	City	State Zip Code
Description		
Name	Date of Transaction	Amount Received
Street Address	City	State Zip Code
Description		
Name	Date of Transaction	Amount Received
Street Address	City	State Zip Code
Description		
Name	Date of Transaction	Amount Received
Street Address	City	State Zip Code
Description		

### TOTAL SECTION K

## SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)	
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+
Total Amount Transferred from Affiliated Business Treasury (Section F)	+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+
<b>Total of Other Monetary Receipts</b> (Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)	175.00



## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing

### L1. Event Information

Event #	Date of Event	Letter	Description	Was this a fundraising event?
	10/30/2019	A	Candidate Meet and Greet	<input checked="" type="radio"/> Yes <input type="radio"/> No
Location: Street Address			City	State Zip Code
656 Silver Sands Road			East Haven	CT 06512

#### Subpart 1: (All Committees)

Was this event hosted at a personal residence?

☐ Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)

☒ No

Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?

☐ Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?

☐ Yes (If yes, enter Total Receipts here.)

☒ No

\$

#### Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?

☒ Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

☐ No

#### Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?

☐ Yes (If yes, enter Total Receipts here.)

☒ No

\$

Event #	Date of Event	Letter	Description	Was this a fundraising event?
				<input type="radio"/> Yes <input type="radio"/> No
Location: Street Address			City	State Zip Code

#### Subpart 1: (All Committees)

Was this event hosted at a personal residence?

☐ Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)

☐ No

Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?

☐ Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

☐ No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?

☐ Yes (If yes, enter Total Receipts here.)

☐ No

\$

#### Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?

☐ Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

☐ No

#### Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?

☐ Yes (If yes, enter Total Receipts here.)

☐ No

\$

SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page	
TOTAL of additional Section L1 Pages	
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> (Enter total on Line 16a, Column A of Summary Page Totals)	

## II. EVENT ACTIVITY (Sections L1—L5)

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing

### L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser	Purchase Made By:
Michael Katz	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
26 Glendale Drive	Branford	CT	06405

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
10/30/2019	10302019A	200.00	200.00	

Name of Purchaser	Purchase Made By:
Robert Ranfone	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
44 Iver Avenue	East Haven	CT	06512

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
10/30/2019	10302019A	250.00	250.00	

Name of Purchaser	Purchase Made By:
William Iovanne	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
61 Pasture Lane	Branford	CT	06405

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
10/30/2019	10302019A	250.00	250.00	

Name of Purchaser	Purchase Made By:
William Iovanne	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
61 Pasture Lane	Branford	CT	06405

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
10/30/2019	10302019A	250.00	250.00	

Name of Purchaser	Purchase Made By:
William Iovanne	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
61 Pasture Lane	Branford	CT	06405

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
10/30/2019	10302019A	250.00	250.00	

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page 1,200.00

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages 1,250.00

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN 2,450.00  
(Enter total on Line 16c, Column A of Summary Page Totals)

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

NAME OF COMMITTEE: <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Big Steve Tracey for Mayor				January 10th Filing	
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>					
Name of Purchaser				Purchase Made By:	
Alfred Zullo				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
357 Horse Pond Road		Madison		CT	06443
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
10/30/2019	10302019A	250.00	250.00		
Name of Purchaser				Purchase Made By:	
Joseph Zullo				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
2 Lisa Lane		East Haven		CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
10/30/2019	10302019A	250.00	250.00		
Name of Purchaser				Purchase Made By:	
Linda Hennessey				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
34 Columbus Avenue		East Haven		CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
10/30/2019	10302019A	250.00	250.00		
Name of Purchaser				Purchase Made By:	
Michael Dolan				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
100 Aella Drive		Hamden		CT	06514
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
10/30/2019	10302019A	250.00	250.00		
Name of Purchaser				Purchase Made By:	
Hugh Keefe				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
52 Trumbull Street		New Haven		CT	06510
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
10/30/2019	10302019A	250.00	250.00		
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				1,250.00	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages					
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>					

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing

### L4. In-Kind Donations Not Considered Contributions

Name of Donor

Street Address	City	State	Zip Code
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Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 30%; padding: 5px;">Event #</td> <td style="width: 45%; padding: 5px;">Aggregate Value for this Event</td> </tr> </table>	Date Received	Event #	Aggregate Value for this Event	
Date Received	Event #	Aggregate Value for this Event			

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 30%; padding: 5px;">Event #</td> <td style="width: 45%; padding: 5px;">Aggregate Value for this Event</td> </tr> </table>	Date Received	Event #	Aggregate Value for this Event	
Date Received	Event #	Aggregate Value for this Event			

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 30%; padding: 5px;">Event #</td> <td style="width: 45%; padding: 5px;">Aggregate Value for this Event</td> </tr> </table>	Date Received	Event #	Aggregate Value for this Event	
Date Received	Event #	Aggregate Value for this Event			

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 30%; padding: 5px;">Event #</td> <td style="width: 45%; padding: 5px;">Aggregate value for this Event</td> </tr> </table>	Date Received	Event #	Aggregate value for this Event	
Date Received	Event #	Aggregate value for this Event			

SUBTOTAL Section L4 — This Page	
TOTAL of additional Section L4 Pages	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>	

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Big Steve Tracey for Mayor			January 10th Filing	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State    Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State    Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State    Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State    Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
<b>SUBTOTAL Section L5 — This Page</b>				
<b>TOTAL of additional Section L5 Pages</b>				
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>				

### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Big Steve Tracey for Mayor				January 10th Filing	
<b>M. In-Kind Contributions</b>					
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
<b>SUBTOTAL Section M — This Page</b>					
<b>TOTAL of additional Section M Pages</b>					
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS</b> <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>					
<b>N. Refundable Deposit to Telephone Company</b>					
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	
<b>TOTAL SECTION N</b> <i>(Enter total on Line 24, Column A of Summary Page Totals)</i>					

# IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Big Steve Tracey for Mayor				January 10th Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Conquest Communications Group			11/20/2019		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
2812 Emerywood Pky., Ste. 103		Richmond		VA	23294
Purpose of Expenditure (by code)	Description		Event #		Amount
POLLS	Tracey for Mayor Survey				3,190.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Joseph Zullo			10/29/2019		<input checked="" type="radio"/> Check # 125 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
2 Lisa Lane		East Haven		CT	06512
Purpose of Expenditure (by code)	Description		Event #		Amount
OFFICE	Office Supplies for fundraiser mailer		10302019A		139.85
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Chris Farrell			10/29/2019		<input checked="" type="radio"/> Check # 124 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
7 Erico Drive		East Haven		CT	06512
Purpose of Expenditure (by code)	Description		Event #		Amount
POST	Postage for fundraiser mailer		10302019A		330.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Spectrum Marketing Companies			10/28/2019		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
95 Eddy Road, Suite 101		Manchester		NH	03102
Purpose of Expenditure (by code)	Description		Event #		Amount
A-DM	Tracey for Mayor GOTV Mailer				2,302.08
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
<b>SUBTOTAL Section P — This Page</b>				5,961.93	
<b>TOTAL of additional Section P Pages</b>				9,889.46	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> (Enter total on Line 19, Column A of Summary Page Totals)				15,851.39	

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Big Steve for Mayor	January 10th Filing

**P. Expenses Paid by Committee**

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment:</b>	
Anedot.com		10/28/2019	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
1920 McKinney Avenue	Dallas	TX	75201	

<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
BNK	Fees for online donation		2.30
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment:</b>	
AT&T		10/29/2019	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
208 S. Akard Street	Dallas	TX	75202	

<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
MISC	minutes for phones used at headquarters		27.17
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment:</b>	
Shore Publishing		10/30/2019	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
724 Boston Post Road	Madison	CT	06443	

<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
A-NEWS	Campaign Advertisement		750.00
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment:</b>	
Facebook		11/4/2019	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
1Hacker Way	Menlo Park	CA	94025	

<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
A-WEB	Social Media Advertising		46.10
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

**SUBTOTAL Section P — This Page** 825.57



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing

**P. Expenses Paid by Committee**

Name of Payee		Date of Payment	Method of Payment:	
Facebook		11/4/2019	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
1 Hacker Way	Menlo Park	CA	94025	
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-WEB	Social Media Campaign Advertising		125.00	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

Name of Payee		Date of Payment	Method of Payment:	
Facebook		11/4/2019	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
1 Hacker Way	Menlo Park	CA	94025	
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-WEB	Social Media Campaign Advertising		75.00	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

Name of Payee		Date of Payment	Method of Payment:	
Facebook		11/5/2019	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
1 Hacker Way	Menlo Park	CA	94025	
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-WEB	Social Media Campaign Advertising		175.00	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

Name of Payee		Date of Payment	Method of Payment:	
Anedot.com		11/5/2019	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address	City	State	Zip Code	
1920 McKinney Avenue	Dallas	TX	75201	
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	fees associated with online donations		11.80	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

**SUBTOTAL Section P — This Page** 386.80

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Big Steve for Mayor	January 10th Filing

**P. Expenses Paid by Committee**

Name of Payee		Date of Payment	Method of Payment:	
Minuteman Press		11/8/2019	<input checked="" type="radio"/> Check # 127 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
330 Main Street	East Haven	CT	06512	

Purpose of Expenditure (by code)	Description	Event #	Amount
PRNT	Voter Lists for Election Day		
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		277.11

Name of Payee		Date of Payment	Method of Payment:	
Spectrum Marketing Companies		11/8/2019	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address	City	State	Zip Code	
95 Eddy Road, Suite 101	Manchester	NH	03102	

Purpose of Expenditure (by code)	Description	Event #	Amount
A-WEB	Online Digital Campaign Ads		
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		1,782.75

Name of Payee		Date of Payment	Method of Payment:	
Joseph Coss		11/8/2019	<input checked="" type="radio"/> Check # 135 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
26 Ralphs Lane	East Haven	CT	06512	

Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	Coffee and Donuts for workers standing outside polls		
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		92.58

Name of Payee		Date of Payment	Method of Payment:	
Karen Noccioletti		11/8/2019	<input checked="" type="radio"/> Check # 126 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
102 Patten Road	North Haven	CT	06473	

Purpose of Expenditure (by code)	Description	Event #	Amount
OVHD	Rental of Campaign Headquarters		
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		1,000.00

**SUBTOTAL Section P — This Page** 3,152.44

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing

**P. Expenses Paid by Committee**

Name of Payee	Date of Payment	Method of Payment:
The United Illuminating Company	11/8/2019	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address	City	State      Zip Code
300 Boston Post Road	West Haven	CT      06516

Purpose of Expenditure (by code)	Description	Event #	Amount
OVHD	Electricity for Headquarters		926.38
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
James Rocco	11/8/2019	<input checked="" type="radio"/> Check # 128 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State      Zip Code
26 Bollaswood Road	Avon	CT      06001

Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Door Knockers on Election Day - GOTV		125.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Steve DelVecchio	11/8/2019	<input checked="" type="radio"/> Check # 129 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State      Zip Code
27 Skylark Drive	Northford	CT      06472

Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Door Knockers on Election Day - GOTV		125.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
David Richardson	11/8/2019	<input checked="" type="radio"/> Check # 130 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State      Zip Code
23 Brookfield Road	East Haven	CT      06512

Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Door Knockers on Election Day - GOTV		125.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

**SUBTOTAL Section P — This Page** 1,301.38

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Big Steve Tracey for Mayor				January 10th Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Jason Velleca			11/8/2019		<input checked="" type="radio"/> Check # 131 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
363 Thompson Avenue		East Haven		CT	06512
Purpose of Expenditure (by code)	Description		Event #		Amount
MISC	Door Knockers on Election Day - GOTV				125.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Jesalen Inzitari			11/8/2019		<input checked="" type="radio"/> Check # 136 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
175 South End Road		East Haven		CT	06512
Purpose of Expenditure (by code)	Description		Event #		Amount
MISC	Door Knockers on Election Day - GOTV				125.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Danielle Musco			11/8/2019		<input checked="" type="radio"/> Check # 132 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
55 Messina Drive		East Haven		CT	06512
Purpose of Expenditure (by code)	Description		Event #		Amount
MISC	Door Knockers on Election Day - GOTV				125.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Joseph Coss			11/14/2019		<input checked="" type="radio"/> Check # 137 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
26 Ralphs Lane		East Haven		CT	06512
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE	Payment to committee staff member for work				700.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
<b>SUBTOTAL Section P — This Page</b>					<b>1,075.00</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve for Mayor	January 10th Filing

**P. Expenses Paid by Committee**

Name of Payee		Date of Payment	Method of Payment:	
William Richardson		11/18/2019	<input checked="" type="radio"/> Check # 138 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
136 Bennett Road	East Haven	CT	06513	

Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Doork Knockers on Election Day - GOTV		125.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee		Date of Payment	Method of Payment:	
Facebook		12/4/2019	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
1 Hacker Way	Menlo Park	CA	94025	

Purpose of Expenditure (by code)	Description	Event #	Amount
A-WEB	Online Digital Ads		5.31
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee		Date of Payment	Method of Payment:	
Beer Exchange		12/31/2019	<input checked="" type="radio"/> Check # 164 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
656 Silver Sands Road	East Haven	CT	06512	

Purpose of Expenditure (by code)	Description	Event #	Amount
FDNR	Candidate Meet and Greet	10302019A	450.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee		Date of Payment	Method of Payment:	
Frank Lyons		11/18/2019	<input checked="" type="radio"/> Check # 141 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
21 Myrtle Avenue	East Haven	CT	06512	

Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Unofficial Poll Checker		125.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

**SUBTOTAL Section P — This Page 705.31**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing

**P. Expenses Paid by Committee**

Name of Payee		Date of Payment	Method of Payment:	
Brian Deko		11/18/2019	<input checked="" type="radio"/> Check # 142 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State
104 Terrace Street		New Haven		CT
Purpose of Expenditure (by code)	Description	Event #	Amount	
MISC	Unofficial Poll Checker on Election Day		125.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

Name of Payee		Date of Payment	Method of Payment:	
Brian Wiel		11/18/2019	<input checked="" type="radio"/> Check # 143 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State
3 Lynwood Place		East Haven		CT
Purpose of Expenditure (by code)	Description	Event #	Amount	
MISC	Unofficial Poll Checker on Election Day		125.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

Name of Payee		Date of Payment	Method of Payment:	
Haley DePalma		11/18/2019	<input checked="" type="radio"/> Check # 144 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State
3 Lynwood Place		East Haven		CT
Purpose of Expenditure (by code)	Description	Event #	Amount	
MISC	Unofficial Poll Checker on Election Day		125.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

Name of Payee		Date of Payment	Method of Payment:	
Sharon Grasso		11/18/2019	<input checked="" type="radio"/> Check # 145 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State
65 St. Andrew Avenue		East Haven		CT
Purpose of Expenditure (by code)	Description	Event #	Amount	
MISC	Unofficial Poll Checker on Election Day		125.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

**SUBTOTAL Section P — This Page** 500.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th filing

**P. Expenses Paid by Committee**

Name of Payee Lexi Laurelo		Date of Payment 11/18/2019	Method of Payment: <input checked="" type="radio"/> Check # 151 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 26 Jardin Drive	City East Haven		State CT	Zip Code 06513

Purpose of Expenditure (by code) MISC	Description Unofficial Poll Checker on Election Day	Event #	Amount 125.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Candice Mott		Date of Payment 11/18/2019	Method of Payment: <input checked="" type="radio"/> Check # 152 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 23 Robert Drive	City East Haven		State CT	Zip Code 06512

Purpose of Expenditure (by code) MISC	Description Unofficial Poll Checker on Election Day	Event #	Amount 125.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Ciara Senberg		Date of Payment 11/18/2019	Method of Payment: <input checked="" type="radio"/> Check # 153 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 5 Monte Circle	City East Haven		State CT	Zip Code 06512

Purpose of Expenditure (by code) MISC	Description Unofficial Poll Checker on Election Day	Event #	Amount 125.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Ava Anastasio		Date of Payment 11/18/2019	Method of Payment: <input checked="" type="radio"/> Check # 154 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 81 Salerno Avenue	City East Haven		State CT	Zip Code 06512

Purpose of Expenditure (by code) MISC	Description Unofficial Poll Checker on Election Day	Event #	Amount 125.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

**SUBTOTAL Section P — This Page** 500.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing

**P. Expenses Paid by Committee**

Name of Payee		Date of Payment	Method of Payment:
Erik Dewitt		11/18/2019	<input checked="" type="radio"/> Check # <u>155</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
47 Nicholas Drive	East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Unofficial Poll Checker on Election Day		125.00

Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

Name of Payee		Date of Payment	Method of Payment:
Francine Lucibello		11/18/2019	<input checked="" type="radio"/> Check # <u>156</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
30 Osmond Street	East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Unofficial Poll Checker on Election Day		125.00

Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

Name of Payee		Date of Payment	Method of Payment:
Olivia Angelo		11/18/2019	<input checked="" type="radio"/> Check # <u>157</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
219 Hemingway Avenue	East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Unofficial Poll Checker on Election Day		125.00

Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

Name of Payee		Date of Payment	Method of Payment:
Josh Allan		11/18/2019	<input checked="" type="radio"/> Check # <u>158</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
13 Chin Clift Trail	West Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Unofficial Poll Checker on Election Day		125.00

Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

**SUBTOTAL Section P — This Page** 500.00



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing

**P. Expenses Paid by Committee**

Name of Payee Linda Parente		Date of Payment 11/18/2019	Method of Payment: <input checked="" type="radio"/> Check # 159 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 7 Farm River Road		City East Haven		State CT      Zip Code 06512
Purpose of Expenditure (by code) MISC	Description Unofficial Poll Checker on Election Day	Event #	Amount 125.00	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			

Name of Payee Kory Kolb		Date of Payment 11/18/2019	Method of Payment: <input checked="" type="radio"/> Check # 160 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 8 Erico Drive		City East Haven		State CT      Zip Code 06512
Purpose of Expenditure (by code) MISC	Description Unofficial Poll Checker on Election Day	Event #	Amount 125.00	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			

Name of Payee Kathy Otto		Date of Payment 11/18/2019	Method of Payment: <input checked="" type="radio"/> Check # 160 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 19 Gerald Street		City East Haven		State CT      Zip Code 06512
Purpose of Expenditure (by code) MISC	Description Unofficial Poll Checker on Election Day	Event #	Amount 125.00	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			

Name of Payee Brianna Brockett		Date of Payment 11/18/2019	Method of Payment: <input checked="" type="radio"/> Check # 162 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 74 Bradley Avenue		City East Haven		State CT      Zip Code 06512
Purpose of Expenditure (by code) MISC	Description Unofficial Poll Checker on Election Day	Event #	Amount 125.00	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			

**SUBTOTAL Section P — This Page 500.00**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve Tracey for Mayor	January 10th Filing

**P. Expenses Paid by Committee**

Name of Payee		Date of Payment	Method of Payment:	
Sarah Parlato		11/18/2019	<input checked="" type="radio"/> Check # 140 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
470 Thompson Avenue	East Haven	CT	06512	
Purpose of Expenditure (by code)	Description	Event #	Amount	
MISC	Unofficial Poll Checker on Election Day		125.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

Name of Payee		Date of Payment	Method of Payment:	
Karla Sittnick		11/18/2019	<input checked="" type="radio"/> Check # 138 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
41 Chidsey Avenue	East Haven	CT	06512	
Purpose of Expenditure (by code)	Description	Event #	Amount	
MISC	Unofficial Poll Checker on Election Day		125.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

Name of Payee		Date of Payment	Method of Payment:	
Will Cote		11/18/2019	<input checked="" type="radio"/> Check # 163 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
30 Vista Drive	East Haven	CT	06512	
Purpose of Expenditure (by code)	Description	Event #	Amount	
MISC	Unofficial Poll Checker on Election Day		125.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

Name of Payee		Date of Payment	Method of Payment:	
Deluxe Corp.		11/15/2019	<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address	City	State	Zip Code	
105 RT 46 West	Mountain Lakes	NJ	07046	
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	Check Order Fee		56.74	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

**SUBTOTAL Section P — This Page 431.74**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Big Steve Tracey for Mayor						January 10th Filing	
P. Expenses Paid by Committee							
Name of Payee AT&T					Date of Payment 11/6/2019		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address 208 S. Akard Street				City Dallas		State TX	Zip Code 75202
Purpose of Expenditure (by code) MISC		Description Minutes for Telephones Used at Headquarters			Event #		Amount 11.22
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)					
Name of Payee					Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)					
Name of Payee					Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)					
Name of Payee					Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)					
Name of Payee					Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)					
Name of Payee					Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)					
SUBTOTAL Section P — This Page					11.22		

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Big Steve for Mayor	January 10th Filing

## Q. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount

SUBTOTAL Section Q — This Page

TOTAL of additional Section Q Pages

TOTAL OF ALL EXPENSES PAID BY CANDIDATE  
(Enter total on Line 26, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Big Steve for Mayor						January 10th Filing	
<b>R. Expenses Incurred on Committee Credit Card</b>							
Name of Issuing Institution				Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:			
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)						
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)						
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)						
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)						
SUBTOTAL Section R — This Page							
TOTAL of additional Section R Pages							
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> (Enter total on Line 27, Column A of Summary Page Totals)							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Big Steve for Mayor				January 10th Filing	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>					
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
<b>SUBTOTAL Section S-This Page</b>					
<b>TOTAL of additional Section S Pages</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>					
<b>Previously reported Expenses Unpaid and still Outstanding</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Big Steve for Mayor						January 10th Filing	
<b>T. Itemization of Reimbursements and Secondary Payees</b>							
Last Name of Worker/Consultant				First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant				First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant				First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant				First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant				First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
SUBTOTAL Section T — This Page							
TOTAL of additional Section T Pages							
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS							