SEEC FORM 20

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

RECEIVED FOR FILING JAN 0 6 2020 TOWN CLERK'S OFFICE EAST HAVEN, CONN.

Page 1 of 17

Do Not Mark in This Space I of OTOWN CLERK

		COVE	R PAG	jK		
1. NAME OF COMMITTEE						
Big Steve Tracey for Mayor						
2. TREASURER NAME						Suffix
First		MI	Last Hennes	SeV		
Linda			Ticinico	50		
3. TREASURER ADDRESS		City	· · · · · ·	.: `	State	Zip Code
Street Address 34 Columbus Avenue		Ea	st Haven		СТ	06512
	5. OFFICE SOUG	GHT (Complete only	y if Candidate (Committee)		6. DISTRICT NUMBER
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	3, Office out					(if applicable)
11/05/2019	Mayor					
7. CANDIDATE NAME (Complete only if	Candidate or Explorate	ory Committee)	Last			Suffix
First		MI				
"Big" Steve			Tracey			
8. TYPE OF REPORT (Check One Box)					C Initial Con	ntribution or Disbursement
January 10 filing	O7th day prece	eding primary	○7th	day preceding referendum	(PACs ONL)	in the discussion of Discussio
O April 10 filing	O30 days follo	wing primary	O45 d	ays following referendum	Amendme	ent to
O July 10 filing	O7th day prece	eding election	ODef	icit	Type of Re	port:
October 10 filing	12th day pre-	ceding election Committees Only)	○ Ten	nination		
O24 Hour Independent Expenditure OPrimary OElection	O45 days follo not held in N	owing election November				
9. PERIOD COVERED						
	Beginning D	ate		Ending Date		
	10/28/2019		thru	12/31/2019		
10, CERTIFICATION						
I hereby certify and state, under Disclosure Statement for the particle of the	penalties of falsoer iod covered in	s true, accurat	inda Henr	ipioco.	this Itemized C	Campaign Finance O 1 06 2020 DATE (mm/dd/yyyy)
		-				
A person who	is found to have	knowingly and faces a civil	l willfully v penalty or	iolated any provisions of imprisonment or both.	the campaign f	ìnance statutes

SEEC FORM 20

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

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	44.4						

SUMMARY PAGE TO	TYPE OF REPORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	January 10th Filing				
ig Steve Tracey for Mayor	COLUMN A This Period	COLUMN B Aggregate			
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00			
Balance on hand at the beginning of Reporting Period	4,983.10				
3. Contributions Received from Individuals (Sections A and B)	8,285.00	13,268.10			
4. Receipts from Other Committees (Sections C1 and C2)					
5. Other Monetary Receipts (Sections D through K)	175.00	13,443.10			
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)					
6b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed	<u> </u>				
6c. Total Purchases of Advertising—Program Book or Sign (Section L3)	2,450.00	2,450.00			
7. 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)

C. L. V Desistered with Filing Reposit	itory)			TYPE OF I	REPORT			
AME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit				January	10th Filing			
sig Steve Tracey for Mayor		41.2.	Davied ONLY					
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	eceived SUB	tnis TOT	AL SECTION A	\$			 -	
P. Hamiro	d Contr	ihuí	ions from Indivi	duals				
B. Itemize	d Conti	First	IOIG II OM ALGORIA				N	11
ast Name		Mi	chael					
lennessey esidential Street Address	City	,				tate	Zip Cod	
8 Piscitelli Circle	E	ast ł	Haven			CT	0651	12
rincipal Occupation			Name of Employer					
Lating Oil Monoger			AF Forbes Inc			ı		
contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No Ves does contributor or business unless that the properties of the	is he/she is a)?	ISSOCI	Yes ONo			100		Contribution
is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a princip of figures, indicate who of government the	hich branch	or or	ractor or prospective stanches Executive	e OLegisl	No			
A. C. A. C.C. antibution:	○ M	-dar	10/30/2019	100.0				
OCash Personal Check OCredit/Debit Card Payroll Deduction	Money	ruei		10010		1	T	MI
ast Name		Firs	ames					
mperati	Ci		ATTIOS			State	Zip Co	ode
Residential Street Address			Haven		į	CT	065	512
65 Messina Drive			Name of Employer		<u> </u>			
Principal Occupation								
REtired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess does contribution or busine valued at more than \$5,00	ess he/she is)0?	assoc	didate for a chief execu- ciated with have a contra Yes N intractor or prospective	0	tor? OYes		0.00	Contributio
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a print If yes, indicate work Is contributor a print If yes, indicate work Is contributor Is contributo	which bran-	cn or	oranenes _	ve O Leg				
Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction	Money (Order	10/30/2019	100.0	00			
		Fi	rst					MI
Last Name			Gina					
Fronte Residential Street Address		City				State	Zip (
145 Salerno Avenue		Eas	t Haven			СТ	00	5512
Principal Occupation			Name of Employer					
			East Haven Bo					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a lobbyist of the spouse of the	ness he/she 000?	is asso	Yes O	No		10	10.00 10.00	f Contributi
event reported in Section L1? O No If yes, indicate of government	which brai	ich oi	ontractor or prospective branches ith: Execu	tive OLeg	gislative			
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction	n OMoney	Orde	r 10/30/2019	100.	00			
Cash Personal Check Octedit/Debit Card Of ayron Bedden.	the state of the s	4.0	AL Section B — 7	his Page	300.00			
		3 S S	additional Section		7,985.00			
TOTAL OF ALL CONTRIBUTIO	NS FROI	M IN 13, C	DIVIDUALS (Section of Summary)	ons A + B) Page Totals)	8,285.00			

Section B ADDITIONAL PAGE 3a

of <u>17</u>

Section B ADDITIONA				ing pagasanan	
AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
ig Steve Tracey for Mayor			January 10th Filin	g	
Small Contributors-Receive	ved thi SUBTO	s Period ONLY TAL SECTION A	\$		
				a o stero Arma	
B. Itemized Co	ontribu	ıtions from Indivi	duals		l MI
st Name	Firs	st			WII
inkle	C	atherine		State	Zip Code
esidential Street Address	City	Haven		CT	06512
01 Angela Drive	Easi	Name of Employer		<u> </u>	<u> </u>
incipal Occupation		Name of Employee			
Retired September 2 John Stranger O Yes If contribution is in excess of \$40	00 to a car	ndidate for a chief executi	ve officer of a municipalit	y, Amo	ount of Contribut
r dependent child of a lobbyist? No does contributor or business he/st	he is asso	OYes ONo	C TITLE DATE OF THE PROPERTY OF	100	0.00
s this contribution associated with an event reported in Section L1? Yes, list Event # 10302019A Valued at more than 33,000. Yes Is contributor a principal of fyes, indicate which by of government the contributor.	ranch or	ntanenes	: OLegislative		
A. J Contribution		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order	10/30/2019	100.00		MI
ast Name	Fi	irst			
Sande		Len		State	Zip Code
esidential Street Address	City	st Haven		СТ	06516
363 Benham Hill Road		Name of Employer			
rincipal Occupation Construction		Self			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business helevalued at more than \$5,000?	sne is assi	Yes No	0	10	nount of Contribu
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes No Is contributor a principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of Island of	i branch o	vith: Executi	ve O Legislative Aggregate Contributions		
Maked of Contribution:	Orde	Date Received 10/30/2019	100.00		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OM	oney Orde	First			MI
Last Name		Victoria			
Hennessey	City		<u></u>	State	Zip Code
Residential Street Address	Ea	ast Haven		СТ	06512
18 Piscitelli Circle Principal Occupation		Name of Employer			
Hamamakar					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor or business he valued at more than \$5,000?	e/she is as	Yes O'	No	5	mount of Contrib
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal If yes, indicate which of government the contributor of government the contributor of government the contributor of section Is contributor a principal If yes, indicate which of government the contributor apprincipal Is contributor a principal If yes, indicate which of government the contributor apprincipal If yes, indicate which of government the contributor apprincipal If yes, indicate which of government the contributor apprincipal If yes, indicate which of government the contributor apprincipal If yes, indicate which of government the contributor apprincipal If yes, indicate which of government the contributor If yes, indicate which of government If yes, indicate which is yes, indicate which If yes, indicate which	h branch	or branches		No	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction ON	Marin Velley		50.00		
S	SUBTO	TAL Section B — T	his Page 250,00		
그는 그		f additional Section)	
TOTAL OF ALL CONTRIBUTIONS F	FROM I Line 13,	NDIVIDUALS (Section Column A of Summary 1	ons A + B) 7,985.00)	

Section B ADDITIONAL PAGE 3b of 17

of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Repository)			TYPE OF	REPORT			
				Januar	y 10th Filing	İ		
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)	rs-Received SU	l this BTO	s Period ONLY TAL SECTION A	\$				
	i-al Cont	i la 11	tions from Indivi	duals				
	nizea Cont	First			anger en en gera, en en a g			MI
Last Name Hennessey		St	teven					
Residential Street Address	Ci	•			1	State	Zip C	
35 Beachside Avenue	E	East	Haven			CT	06	512
Principal Occupation			Name of Employer					:
Transport Manager			AF Forbes Inc	- CC		1 4		Contribution
or dependent child of a lobbyist? No does contributor or but valued at more than \$	usiness he/she is 55,000?	assoc	didate for a chief executive iated with have a contract OYes No	With Said	numcipanty	50.		Contribution
Is this contribution associated with the No. If yes, indicate	principal of a sta ate which branc ent the contract	ch or b	i: OExecutive	OLegis	ative			
Method of Contribution:	. 🔿 .	اس	Date Received 10/30/2019	Aggregate 50.00	Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	ion UMoney (30.00				MI
Last Name		Fire	sı aylor					
Liorda	Ic	ity	ay.o.			State	Zip (Code
Residential Street Address 35 Beachside Avenue		•	Haven			CT	06	5512
Principal Occupation			Name of Employer		L		-	
Mechanical Engineer			Medtronic					
On Inc. Address in its	usiness he/she is	o a can s assoc	ndidate for a chief execution ciated with have a contract Yes No	ve officer of t with said	manicipanty		ount o	f Contribution
Is this control in Section 112 No If yes, indic	n principal of a s cate which bran ment the contrac	ich or	th: Executive	e 🔘 Legi	slative			
Method of Contribution:			Date Received 10/30/2019	Aggregate 50.00	Contributions			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduct	tion Money			30.00	,	_		MI
Last Name			rst Michael					
Tracey	Ti-	City	Wildiadi			State	Zip	Code
Residential Street Address		•	t Haven			СТ	0	6512
31 River Road Principal Occupation			Name of Employer					
Sub-contractor			Byrd Contracting	g				
Ou Lie stilution is in	business he/she	to a ca	indidate for a chief executoriated with have a contra	Ct With Said	of a municipalit I municipality	1	nount	of Contribution
Is this contribution associated with an No If yes indi		nch or	ith: O Executiv	e OLeg	⊙ ∘			
Method of Contribution:	ation Obtaine	, Orde	Date Received 10/30/2019	40.0				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduc		11:31:23						
			AL Section B — Th		140.00			
			additional Section E		7,595.00			
TOTAL OF ALL CONTRIBUT	TIONS FROM	M INI 13, Ca	DIVIDUALS (Section olumn A of Summary Pag	s A + B) ge Totals)	7,735.00			

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Section B ADDITIONAL PAGE 3c

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	JIIIONAL FAGE	TYPE OF REPORT	
AME OF COMMITTEE (Provide Complete Name as Registered with i	Filing Repository)	January 10th Filing	
Big Steve Tracey for Mayor		January Tour Finning	
A. Total Contributions from Small Contrib (See instructions for definition of Small Contributor)	utors-Received this Period ONLY SUBTOTAL SECTION A	\$	
$\mathbf{B}_{oldsymbol{\cdot}}$	Itemized Contributions from Indiv	iduals	Тмі
ast Name	First		
DeSorbo	Louis	St	ate Zip Code
esidential Street Address	City East Haven		OT 06473
26 Colonial Heights Road	Name of Employer		
Principal Occupation	[earle of Employee		
Retired	s in excess of \$400 to a candidate for a chief execu	tive officer of a municipality,	Amount of Contribution
or dependent child of a lobbyist? No does contributor	then \$5,000? OYes ON	0	40.00
is this contribution associated the No. Hugs	ntor a principal of a state contractor or prospective s indicate which branch or branches vernment the contract is with:	_	
and a Constitution	Date Received 10/30/2019	40.00	
Ocash OPersonal Check OCredit/Debit Card OPayroll Debit Card OPayroll Debit Card OPayroll Debit Card	coduction ()	40.00	MI
Last Name	First Alan		
D'Auria			State Zip Code
Residential Street Address	City East Haven		CT 06512
69 French Avenue	Name of Employer	<u></u>	
Principal Occupation	Regional Wate	r Authority	
Technician	CO 100 to a condidate for a chief exec	utive officer of a municipality,	Amount of Contribution
or dependent child of a lobbyist? No does contribute valued at more	or or business he/she is associated with have a content than \$5,000?	Vo	40.00
is this controlled the Mo	Overminent and vertical	tive O Legislative Aggregate Contributions	_
and the Committee of th	Date Received Date Received 10/30/2019	40.00	
Ocash OPersonal Check Ocredit/Debit Card OPayroll	Deduction States	10.00	MI
Last Name	First Holly		
Bryk	City		State Zip Code
Residential Street Address	East Haven		CT 06512
121 George Street	Name of Employer	<u></u>	
Principal Occupation	State Marsha	11	
is contributed a toboying physical No does contribu	on is in excess of \$400 to a candidate for a chief excutor or business he/she is associated with have a contract to \$25,000?	cutive officer of a municipality ntract with said municipality No	y, Amount of Contribut
valued at mo	ore than \$5,000? Yes Uributor a principal of a state contractor or prospective	e state contractor? OYes	
event reported in Section L1? O No If y If yes, list Event # 10302019A of	ributor a principal of a state contractor of prosperies, indicate which branch or branches government the contract is with: Date Received Date Received	_	
Method of Contribution: Cash Personal Check Credit/Debit Card Payrol	Il Deduction OMoney Order 10/30/2019	40.00	
	SUBTOTAL Section B —		
	TOTAL of additional Section		
TOTAL OF ALL CONT	RIBUTIONS FROM INDIVIDUALS (Sect (Enter total on Line 13, Column A of Summary	Page Totals) 7,595.00	

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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-Rece (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$		· · · · · · · · · · · · · · · · · · ·
B, Itemized C	ontrib	outions from Indivi	duals		
Last Name	Fi	irst			MI
Sand	I	Robert			
Residential Street Address	City			State	Zip Code
501 Thompson Street	Eas	t Haven		СТ	06513
Principal Occupation		Name of Employer			
Retired					
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Section L1? No If yes, list Event # 10302019A	ranch or				
Method of Contribution:		Date Received	Aggregate Contributions		
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order	10/30/2019	40.00		
Last Name		irst			М
Gravino		Stacy			
Residential Street Address	City			State	Zip Code
132 Vista Drive	Eas	st Haven		CT	06512
Principal Occupation		Name of Employer		J	<u></u>
Town Clerk		Town of East Hav	en en		
	does contributor or business he/she is associated with have a contract with said municipality				unt of Contribution
event reported in Section L1? No If yes, indicate which b	his contribution associated with an ent reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No No				
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMon	ey Order	10/30/2019	80.00		
Last Name	F	irst			MI
Jaffe		Lori			
Residential Street Address	City			State	Zip Code
140 Mill Street	Eas	st Haven		CT	06512
Principal Occupation		Name of Employer			
Service Rep		Frontier			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?				y, Amo	unt of Contribution)0
Is this contribution associated with an event reported in Section L1? **Hyes*, list Event # 10302019A* Section L1? Yes* No Is contributor a principal of fyes, indicate which be of government the contributor.	ranch or	branches	●No		
Method of Contribution:		Date Received	Aggregate Contributions		
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order	10/30/2019	20.00		
SUI	втота	AL Section B — This	Page 90.00		
TOTA	AL of a	dditional Section B I	Pages 7,385.00		
TOTAL OF ALL CONTRIBUTIONS FRO	OM IND ne 13, Co	DIVIDUALS (Sections A lumn A of Summary Page	$\begin{array}{c} \mathbf{A} + \mathbf{B}) \\ Totals) \end{array} 7,475.00$		

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of <u>17</u>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Application 1		TYPE OF REPORT			
Big Steve Tracey for Mayor			January 10th Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		Period ONLY TAL SECTION A	\$			
B. Itemized Co.	ntribut	ions from Indivi	duals			
Last Name	First				MI	
Taddei	Joł	nn, Jr.				
Residential Street Address	City			State	Zip Code	
15 Martin Road	East H	łaven		CT	06512	
Principal Occupation	1	Name of Employer				
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amo 20.0	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Section L1? No Is contributor a principal of a section L1? If yes, list Event # 10302019A	inch or bra	inches	e contractor? Yes OLegislative			
Method of Contribution:	I	Date Received	Aggregate Contributions			
●Cash	y Order	10/30/2019	20.00			
Last Name	First				МІ	
Caponera	Ric	chard, Jr.				
Residential Street Address	City	·		State	Zip Code	
19 Thomas Court	East H	laven		CT	06513	
Principal Occupation	1	Name of Employer		-		
Accountant		Knights of Columb	ous			
	0 to a candidate for a chief executive officer of a municipality, he is associated with have a contract with said municipality Yes No 20.00			unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	anch or bra	anches	e contractor? Yes O Legislative			
Method of Contribution:	Е	Date Received	Aggregate Contributions			
OPersonal Check	y Order	10/30/2019	20.00			
Last Name	First		•		MI	
Serino	Vic	otor				
Residential Street Address	City			State	Zip Code	
65 Messina Drive	East F			СТ	06512	
Principal Occupation Retired	1	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amo	unt of Contribution	
event reported in Section L1?	Is contributor a principal of a state contractor or prospective state contractor? No Yes No No No No					
fethod of Contribution: Date Received Aggregate Contributions						
● Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	10/30/2019	20.00			
SUBT	TOTAL	Section B — This	Page 60.00			
TOTAL	L of add	itional Section B P	Pages 7,325.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 7,385.00						

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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-Receive (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$			
B. Itemized Con	ntribu	tions from Individ	duals			
Last Name	First	-			MI	
Mattera	Jc	ohn				
	City			State	Zip Code	
24 Woodward Avenue	New	Haven		СТ	06512	
Principal Occupation Retired		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes No If yes, indicate which bran of government the contraction of government the contraction.	nch or br	anches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
● Cash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/30/2019	20.00			
Last Name	First				MI	
DeRosa	Jo	ohn				
Residential Street Address	City			State	Zip Code	
24 Woodward Avenue	New	Haven		CT	06512	
Principal Occupation		Name of Employer				
Retired						
	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 Contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No 20.00					ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a subject to the section L1? If yes, list Event # 10302019A	nch or b	state contractor or prospective state contractor? One or branches No				
Method of Contribution:	1		Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	10/30/2019	20.00			
Last Name	Firs				МІ	
Montagna	Fr	ank		•		
	City	1 •		State	Zip Code	
226 Greenwood Drive	Ches			СТ	06418	
Principal Occupation		Name of Employer Town of East Hav	von.			
Police Officer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				20.	ount of Cont 00	ribution
event reported in Section L1?	ontributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative					
Method of Contribution:		Date Received	Aggregate Contributions			
● Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	Order	10/30/2019	20.00			
SUBT	ГОТАІ	Section B — This	Page 60.00	• "		
		ditional Section B P	<u> </u>			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A nm A of Summary Page 1				

SEEC FORM 20 Bestsed January 2018

Section B ADDITIONAL PAGE 3g of 17

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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-Receive (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$			
B. Itemized Co.	ntribu	tions from Individ	luals			
Last Name	First	The state of the s		State of the state of the	· Day taken	MI
Maltese	Sa	alvatore				
Residential Street Address	City			State	Zip (
11 Holland Drive	East	Haven		СТ	06	512
Principal Occupation		Name of Employer				
Tax Preparer		Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of the contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				, Amo		Contribution
Is this contribution associated with an event reported in Section L1? Hyes, list Event # 10302019A Section L1? No Is contributor a principal of a security of government the contract of government the government of government the contract of government the government of government the government of government the government of government the government of government of government of government of government the government of governmen	nch or br	ranches	Contractor? Yes O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
● Cash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney	/ Order	10/30/2019	70.00			
Last Name	First					MI
Muir	Ry	yan				
	City			State	Zip C	
38 Zwicks Farm Road	Plants		MM:	СТ	06	479
Principal Occupation		Name of Employer				
HR Manager Wells Fargo						
	ess of \$400 to a candidate for a chief executive officer of a municipality, iness he/she is associated with have a contract with said municipality 000? Yes No 20.00				Contribution	
event reported in Section L1? No If yes, indicate which brai	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive () Legislative					
Method of Contribution:	1		Aggregate Contributions			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	10/30/2019	20.00			
Last Name	First					MI
Muir		ave			In: c	
Residential Street Address 144 Coe Avenue	City Fact	Haven		State CT	Zip C	512
Principal Occupation	Last	Name of Employer				V12
Retired						
Is contributor a fobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				Amo 20.0		Contribution
s this contribution associated with an vent reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? 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: Executive Legislative						
Method of Contribution:	İ	Date Received	Aggregate Contributions			
● Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	10/30/2019	20.00			
SUBT	TOTAL	Section B — This	Page 60.00			
	And the second	ditional Section B P	AND MAN			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A onn A of Summary Page T				

SEEC FORM 20 Resided January 2015

Section B ADDITIONAL PAGE 3h of 17

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-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$.			
B. Itemized Cor	ntribu	utions from Indivi	duals			
Last Name Torrealba	Fin	st Eduardo			МІ	
	City	dualdo		Ctata	Zip Code	
193 Thompson Street	. 1	Haven		State	06513	
Principal Occupation		Name of Employer	<u></u>		100010	
Interpreter		1	cut Judicial Branch	1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Yes of \$400 to does contributor or business he/she valued at more than \$5,000?				pality, Amount of Co		bution
	nch or b	te contractor or prospective state contractor? Yes No			20.00	
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayrolf Deduction OMoney		10/30/2019	70.00			
Last Name	Firs				MI	
Torrealba		lermes				
İ	City	Haven		State CT	Zip Code	
193 Thompson Street Principal Occupation	Lasi		,	<u> </u>	06513	
Student		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	to a cand	didate for a chief executive intensity in the contract Yes No	e officer of a municipality with said municipality	/, Amo	ount of Contril	bution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a s If yes, list Event # 10302019A	nch or b	oranches	e contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions	7		
● Cash	Order	10/30/2019	20.00			
Last Name	Firs	st			MI	
Geraci-Anastasio	Li	isa				
Residential Street Address	City			State	Zip Code	
81 Salerno Avenue	East	Haven		CT	06512	
Principal Occupation		Name of Employer	. , , ,			
Social Worker		State of Connecti	cut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she i valued at more than \$5,000?				, Amo	unt of Contril	bution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Section L1? Yes Is contributor a principal of a standard principal of	ch or b	ranches	Contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Money	Order	Date Received 10/30/2019	Aggregate Contributions 70.00			
SUBT	OTAL	L Section B — This	Page 60.00			
TOTAL	of ad	ditional Section B P	ages 7,145.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.		VIDUALS (Sections A				

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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			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$			
B. Itemized Co	ntrik	butions from Individ	duals			
Last Name		First				MI
Mauro		Vincent				
Residential Street Address	City			State	1	Code
58 Vista Drive	Eas	st Haven		СТ	06	512
Principal Occupation		Name of Employer		**************************************	-	
Elevator Technician		Kone				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?					Amount of Contribution	
Is this contribution associated with an event reported in Section L1? We have a section L1? No list Event # 10302019A	nch or	contractor or prospective state r branches	e contractor? Yes OLegislative		,	
If yes, list Event # 10302019A of government the contract Method of Contribution:	A 10 m.	Date Received	Aggregate Contributions	-		
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	Order		20.00			
		First	20.00			М
Last Name Lang		Michael				MII
	City			State	Zip C	
74 Bradley Avenue		st Haven		CT	1 '	512
Principal Occupation	<u> </u>	Name of Employer		V 1		V12
Public Service		Town of East Hav	lon.			
				Τ.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?				, Amo 20.		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a section L1? If yes, list Event # 10302019A	nch or	r branches	e contractor? Yes No Legislative		-	
Method of Contribution:		Date Received	Aggregate Contributions	7		
●Cash ○Personal Check ○Credit/Debit Card ○Payroll Deduction ○Money	Order	r 10/30/2019	20.00			
Last Name	F	rirst				MI
Richardson	١	William				
Residential Street Address	City		· · · · · · · · · · · · · · · · · · ·	State	Zip (Code
136 Bennett Road	Eas	st Haven		CT	06	513
Principal Occupation		Name of Employer			-	
Sales Manager		Dat Assoc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				, Amo		f Contribution
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: Executive Legislative						
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	1	Aggregate Contributions 20.00			
SUBT	ОТА	AL Section B — This	Page 60.00			
TOTAL	of a	dditional Section B P	ages 7,085.00	12		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		DIVIDUALS (Sections A dumn A of Summary Page 7				

SEEC FORM 20 Restred January 2015

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			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
		utions from Indivi	duals			
Last Name	Fi	-			MI	
Richo		Donna ———————————————————————————————————		1 -		
Residential Street Address 67 Charnes Drive	City	: Haven		State CT	Zip Code 06513	
Principal Occupation	Last				00013	
Realtor		Name of Employer Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	to a car	Indidate for a chief executive ciated with have a contract Yes No	e officer of a municipalit with said municipality		Amount of Contribution	
ls this contribution associated with an event reported in Section L.1? If yes, list Event # 10302019A Section L.1? No Is contributor a principal of a substitution of government the contraction of government the contraction.	nch or t	oranches	No			
Method of Contribution:		Date Received	Aggregate Contributions	1		
	Order	10/30/2019	20.00			
Last Name	Fir	st			Mi	
Martens	L	inda				
Residential Street Address	City			State	Zip Code	
145 Morgan Avenue	East	Haven		CT	06512	
Principal Occupation		Name of Employer		L	1	
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a substitution of government the contraction of government the contraction.	nch or l	branches	e contractor? Yes			
Method of Contribution:		,	Aggregate Contributions	1		
● Cash	Order	10/30/2019	20.00			
Last Name	Fir	st			Mi	
Martens	ΙK	Cerry				
	City			State	Zip Code	
145 Morgan Avenue	East	Haven		CT	06512	
Principal Occupation		Name of Employer				
Teacher		St. Bernadette Sc	hool			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?				y, Amo 20.0	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Section L1? If yes, list Event # 10302019A	ich or b	ranches	e contractor? O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	10/30/2019	20.00			
SUBT	OTA	L Section B — This	Page 60.00			
TOTAL	of ad	ditional Section B P	ages 7,025.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A				

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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-Receiv (See instructions for definition of Small Contributor)		Period ONLY AL SECTION A	\$.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	<u>.</u>					
B. Itemized Con		ons from Indivi	luals			
Last Name	First	1-				MI
Palumbo		nes, Jr.	1		1	<u> </u>
	City Branfoi	سما		State CT	Zip C	Code 405
103 Cedar Knolls Drive	<u> </u>			C1	UO	400
Principal Occupation Tile Setter		ame of Employer				
			200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· []		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, Amount of Co		l Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Section L1? No Is contributor a principal of a significant which brain of government the contract of government the contract.	nch or brac	nches	Contractor? Yes No	s		
Method of Contribution:	D:	ate Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/30/2019	20.00			
Last Name	First					МІ
Richo	Edv	vard				
Residential Street Address	City			State	Zip C	L Code
67 Charnes Drive	East Ha	aven		CT	06	513
Principal Occupation	Na	ame of Employer			<u>. </u>	
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				Amor		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a subject to the section L1? If yes, list Event # 10302019A	nch or brai	nches	e contractor? Yes No		,,	
Method of Contribution:			Aggregate Contributions	1		
●Cash	Order	10/30/2019	20.00			
Last Name	First					MI
Lynch	Jan	nes				
Residential Street Address	Cîty		·	State	Zip C	Code
64 Edward Street	East Ha	aven		CT	06	512
Principal Occupation		ame of Employer				
Driver	F	Forbes Transport				
	dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution 20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or bran	iches _	contractor? O Legislative			
Method of Contribution:	Da	ate Received	Aggregate Contributions			
● Cash	Order 1	0/30/2019	20.00			
SUBT	TOTAL S	Section B — This	Page 60.00			
TOTAL	of addit	tional Section B P	ages 6,965.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line I		DUALS (Sections A A of Summary Page 1				

Section B ADDITIONAL PAGE 31 of 17

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-Receign (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$			
		s (1)				
B. Itemized C	ontrib	outions from Indivi	duals			
Last Name	F	irst				MI
Smith	1	Bobbi-Jo				
Residential Street Address	City			State	Zip	Code
64 Edward Street	Eas	t Haven		CT	06	512
Principal Occupation	······································	Name of Employer		.		
School Bus Driver		M&J				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?				ity, Amount of Cont		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a section L1? If yes, indicate which be of government the contributor as principal of a section L1?	anch or	ontractor or prospective state branches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	_		
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMong	ey Order	10/30/2019	20.00			
Last Name	··	rst				МІ
Inzitari		_eonard				1,11
Residential Street Address	City			State	Zip (Code
175 South End Road	Eas	t Haven		СТ	1 '	512
Principal Occupation	1	Name of Employer		i		
Law Clerk		Action Law				
	dependent child of a lobbyist? • No does contributor or business he/she is associated with have a contract with said municipality					Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes No If yes, indicate which be of government the contributor of government the contributor apprincipal of the section L1?	anch or	branches	e contractor? Yes No Legislative			
Method of Contribution:		1	Aggregate Contributions			
OPersonal Check	y Order	10/30/2019	70.00			
Last Name	Fi	rst				MI
Scarpellino	L	_uann				
Residential Street Address	City			State	Zip (
2 Mansfield Grove Road	Eas	t Haven		СТ	06	512
Principal Occupation		Name of Employer				
Owner		Scarpellino's Deli				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contributor or business he/sh valued at more than \$5,000?				, Amo		Contribution
event reported in Section L1?	ontribution associated with an order of the second of the					
Method of Contribution: Date Received Aggregate Contributions						
Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney Order 10/30/2019 20.00						
SUBTOTAL Section B — This Page 60.00						
TOTAL of additional Section B Pages 6,905.00						
TOTAL OF ALL CONTRIBUTIONS FRO		IVIDUALS (Sections A				

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Section B ADDITIONAL PAGE 3m

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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-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$			
B. Itemized Con	ntributions from Indivi	duals			
Last Name	First		MI		
DiAdamo	Nick				
Residential Street Address 103 Wooster Street	^{City} New Haven		State Zip Code CT 06511		
Principal Occupation	Name of Employer		01 00011		
Pilot	Clay Lacy				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?		with said municipality	Amount of Contribution 80.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019 Section L1? No Ves No If yes, indicate which bran of government the contract		e contractor? Yes OLegislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 10/30/2019	130.00			
Last Name	First		MI		
Karbowski	Paul	-			
	^{City} East Haven		State Zip Code CT 06512		
171 Angela Drive Principal Occupation	Name of Employer		00312		
Retired	wante of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a section L1? If yes, list Event # 10302019A		e contractor? Yes No Legislative			
Method of Contribution:		Aggregate Contributions			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		70.00			
Last Name	First		MI		
Kolb Residential Street Address	Kory		State Zip Code		
8 Erico Drive	East Haven		CT 06512		
Principal Occupation	Name of Employer		<u> </u>		
Office Manager	Kolb & Associates	5			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
		e contractor? O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 10/30/2019	20.00			
SUBT	OTAL Section B — This	Page 120.00			
TOTAL	of additional Section B P	eages 6,785.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections A 3, Column A of Summary Page 2				

Section B ADDITIONAL PAGE 3n

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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 (See instructions for definition of Small Contributor)	ed this Period SUBTOTAL SEC		\$			
B. Itemized Con	itributions fr	om Individ	uals			
Last Name	First					МІ
Otto	Kathi					
	City			State	Zip (
19 Gerald Street	East Haven			СТ	06	512
Principal Occupation Retired	Name of En	ployer				
	1:1. 6	11.0	Con Co. Fr.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?		ave a contract w		/, Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A One is the contributor a principal of a section L1? If yes, list Event # 10302019A	ch or branches	_	contractor? Yes No Legislative			
Method of Contribution;	Date Receiv		Aggregate Contributions	-		
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 10/30/2	2019	20.00			
Last Name	First					МІ
Enders	Michael					
Residential Street Address	City			State	Zip C	Code
23 Oregon Avenue	East Haven			CT	06	512
Principal Occupation	Name of Em	ployer			<u> </u>	
Adjunct Instructor	Housate	onic Commi	unity College			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she in valued at more than \$5,000?		ive a contract w		, Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes No If yes, indicate which bran of government the contraction of government the contraction.	ch or branches	ospective state	⊙ No			
Method of Contribution:	Date Receive	~	ggregate Contributions	1		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 10/30/2	2019	20.00			
Last Name	First			<u></u>		MI
Anania	Richard					
	City		·	State	Zip C	i
50 David Drive	East Haven			CT	06	512
Principal Occupation	Name of Em	ployer				
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she i valued at more than \$5,000?		ive a contract w		Amo 20.0		Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Security Output				-		
Method of Contribution:	Date Receive	I	ggregate Contributions	1		
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 10/30/2	019 2	20.00		<u></u>	
SUBT	OTAL Section	B — This P	age 60.00			
TOTAL	of additional S	Section B Pa	ges 6,725.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1:						

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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-Receive (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$			
B. Itemized Con	ntribu	tions from Indivi	duals			
Last Name	Firs	t				MI
Richardson	Da	ave	•			
Residential Street Address	City			State	Zip (Code
23 Brookfied Road	East	Haven		CT	06	512
Principal Occupation		Name of Employer				
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Viscontributor or business he/she valued at more than \$5,000?				-	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes No Is contributor a principal of a solution of government the contraction of government the contraction.	nch or br	anches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
●Cash	Order	10/30/2019	20.00			
.ast Name	First					МІ
Wynne	M	aureen				
Residential Street Address	City			State	Zip (L Code
203F Thompson Street	East	Haven		CT	06	513
Principal Occupation		Name of Employer			<u> </u>	
N/A						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				Amo 20.0		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Section L1? Yes Is contributor a principal of a section L1? If yes, list Event # 10302019A	nch or bi	ranches	e contractor? Yes O Legislative			
Method of Contribution:	- 1	Date Received	Aggregate Contributions			
OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	10/30/2019	20.00			
Last Name	First					МІ
Keefe	H	ugh			,	
	City	l lavas		State	Zip (
52 Trumbull Street	New	Haven		СТ	00	510
Principal Occupation Attorney		Name of Employer Self				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?					unt of 00.00	f Contribution
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, list Event # 10302019A Is contributor a principal of a state contractor or prospective state contractor? One of government the contract is with: Executive O Legislative						
Method of Contribution:	- 1	Date Received	Aggregate Contributions			
Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney	Order	10/30/2019	1,000.00			
SUBT	OTAL	Section B — This	Page 1,040.00			
TOTAL	of ado	ditional Section B P	ages 5,685.00	-		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line I		VIDUALS (Sections A nn A of Summary Page T				

SEEC FORAL 20 Revised January 2015

Section B ADDITIONAL PAGE 3p of 17

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-Rece (See instructions for definition of Small Contributor)			is Period ONLY DTAL SECTION A	\$				· · · · · · · · · · · · · · · · · · ·
	•							
B. Itemized C	Contr	ribu	utions from Indivi	duals				
Last Name		Firs	st				•	MI
Zullo		Α	lfred					
Residential Street Address	City	y				State	Zip	Code
357 Horse Pond Road	M	ladi	ison			СТ	06	8443
Principal Occupation			Name of Employer					
Attorney			Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/s valued at more than \$5,000?							ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of If yes, indicate which be of government the contributor.	oranch	or b	ranches	_	gislative Yes			
Method of Contribution:			Date Received		ate Contributions			
OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMor	ney Or	der	10/30/2019	750	.00			
Last Name		Firs	st	I		<u> </u>		MI
Zullo		Jo	oseph					
Residential Street Address	City	, ,				State	Zip	L Code
2 Lisa Lane	E	ast	Haven			CT	06	512
Principal Occupation			Name of Employer	*			<u> </u>	
Attorney			Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$44 does contributor or business he/sl valued at more than \$5,000?							unt o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of If yes, indicate which be of government the contributor.	branch	or b	ranches	_	⊙ No			:
Method of Contribution:			<u>~</u>		ate Contributions	-		
Ocash Personal Check Ocredit/Debit Card OPayroll Deduction OMon	ney Oro	der	10/30/2019	1,00	00.00			
Last Name		Firs	ši					MI
Parente		R	obert					
Residential Street Address	City					State	Zip	Code
7 Farm River Road	E	ast	Haven			CT	06	512
Principal Occupation			Name of Employer					
Superintendent of Public Services			Town of East Hav	en				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sl valued at more than \$5,000?						Amo 250		f Contribution
event reported in Section L1? No If yes, indicate which be	Yes Is contributor a principal of a state contractor or prospective state contractor?							
Method of Contribution:			Date Received	+	te Contributions	1		
Cash Personal Check Credit/Debit Card Payroll Deduction Mon	iey Ord	ter	10/30/2019	250.	00			
SUI	втот	ΓAΙ	L Section B — This	Page	1,750.00			
TOTA	AL of	ado	ditional Section B P	ages	3,935.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 5,685.00								

Section B ADDITIONAL PAGE 3q of 17

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-Receiv (See instructions for definition of Small Contributor)		Period ONLY FAL SECTION A	\$			

B. Itemized Co.	ntribu	tions from Indivi	duals			
Last Name	First					MI
DiAdamo	Ari	thur				
Residential Street Address	City	,		State	Zip C	
138 Townsend Avenue	New I	Haven		СТ	065	512
Principal Occupation	į.	Name of Employer				
Bonds		DiAdamo & Trace	ey .			
ts contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a second reported in Section L1? If yes, list Event # 10302019A	nch or bra	anches	e contractor? Yes OLegislative			
Method of Contribution:	1	Date Received	Aggregate Contributions	7		
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/30/2019	600.00			
Last Name	First					MI
DiAdamo	Lo	rraine			ĺ	
Residential Street Address	City			State	Zip Co	ode
138 Townsend Avenue	New H	Haven		CT	065	512
Principal Occupation	1	Name of Employer	t			
Counselor		Weight Watchers				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				, Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a section L1? If yes, list Event # 10302019A	nch or br	anches	e contractor? Yes No Legislative			
Method of Contribution:	I	Date Received	Aggregate Contributions			
OCash	Order	10/30/2019	500.00			
Last Name	First	•				MI
Hennessey	Th	omas			İ	
	City			State	Zip Co	
34 Columbus Avenue	East F	Haven		CT	065	512
Principal Occupation Owner		Name of Employer AF Forbes Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				Amo 500		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes No Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or bra	nches	contractor? O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	Order	10/30/2019	750.00	<u> </u>	· · · · · · · ·	
SUBT	FOTAL	Section B — This	Page 1,500.00			
TOTAL	of add	itional Section B P	ages 2,435.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		IDUALS (Sections A on A of Summary Page T				

SEEC FOR VI 20 Bested January 2015

Section B ADDITIONAL PAGE 3r of 17

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-Receiv	ed this Period ONLY		3		
	SUBTOTAL SECTION A	\$			
•					
B. Itemized Co.	ntributions from Indiv	riduals			
Last Name	First		MI		
Hennessey	Linda				
Residential Street Address	City		State Zip Code		
34 Columbus Avenue	East Haven		CT 06512		
Principal Occupation Homemaker	Name of Employer				
		0.00	T		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes does contributor or business he/she valued at more than \$5,000?		ct with said municipality	Amount of Contribution 500.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Section L1? No Is contributor a principal of a section L1? If yes, list Event # 10302019A		No			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 10/30/2019	750.00			
Last Name	First		MI		
Jackowicz	Edward				
	^{City} East Haven		State Zip Code CT 06512		
535 Thompson Avenue Principal Occupation	Name of Employer		C1 00512		
Retired	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 250.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Section L1? If yes, list Event # 10302019A		ate contractor? Yes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions]		
Cash Personal Check Credit/Debit Card Payroll Deduction Money		250.00			
Last Name	First Salvatore		MI		
Brancati Residential Street Address			State Tie Code		
58 Vista Terrace	^{City} New Haven		State Zip Code CT 06515		
Principal Occupation	Name of Employer	ļ	0, 000,0		
Director of Administrative Services	Town of East Ha	ven			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					
	state contractor or prospective state or branches	ÕNo	200.00		
Method of Contribution:	Date Received	Aggregate Contributions]		
Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney	Order 10/30/2019	200.00			
SUBT	OTAL Section B — This	s Page 950.00			
TOTAL	of additional Section B	Pages 1,485.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections 3, Column A of Summary Page				

SEEC FORM 20 Besterd January 2015

Section B ADDITIONAL PAGE 3s of 17

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-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$			
		•••			
B. Itemized Co	ntributions from Indiv	iduals			
Last Name	First		MI		
Consiglio	Andrew				
Residential Street Address	City		State Zip Code		
11 Carolyn Court	North Haven		CT 06473		
Principal Occupation Retired	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 200.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.		● No	1		
Method of Contribution:	Date Received	Aggregate Contributions	~		
○Cash	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? Yes of the contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra		tte contractor? Yes No			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash Personal Check Ocredit/Debit Card Payroll Deduction Money	Order 10/30/2019	150.00			
Last Name	First		MI		
Anastasio	Louis				
	City	1	State Zip Code		
108 Prospect Place Ext.	East Haven		CT 06512		
Principal Occupation Retired	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution		
Is this contribution associated with 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, list Event # 10302019A Is contributor a principal of a state contractor or prospective state contractor? One of government the contract is with: Executive Legislative					
Method of Contribution: Date Received Aggregate Contributions					
Cash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 10/30/2019	100.00			
SUB1	OTAL Section B — This	Page 400.00			
	of additional Section B I	(24년) (24년) 			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections 1 13, Column A of Summary Page				

Section B ADDITIONAL PAGE 3t of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT			
Big Steve Tracey for Mayor	January 10th Filin	January 10th Filing			
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)	NLY \$				
B. Itemized Con	tributions from	Individuals			
Last Name	First		MI		
Longobardi	Aniello				
Residential Street Address	City	WH. 60774	State Zip Code		
70 Centerbrook Road Hamden CT 06518					
Principal Occupation	Name of Employe	r			
State Marshal	Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Ves does contributor is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	o a candidate for a chief is associated with have a OYes	executive officer of a municipality contract with said municipality No	Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes No Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or branches	ective state contractor? Yes No Recutive O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	7		
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 10/30/2019	100.00			
Last Name	First		MI		
Carr	Marylou				
	City		State Zip Code		
1832 Dean Street	New Haven		CT 06512		
Principal Occupation	Name of Employe	r			
Waitress	I-Hop	The support of the su			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of the contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	is associated with have a	executive officer of a municipality contract with said municipality No	Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a significant which brain of government the contract	nch or branches	ctive state contractor? No Yes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 10/30/2019	50.00			
Last Name	First		MI		
Temkin	Alan				
	City Tamin atam		State Zip Code CT 06790		
178 Ledge Lane	Torrington		C1 00790		
Principal Occupation	Name of Employe ATA Realty				
Real Estate			Amount of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes One West of the contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is associated w <u>i</u> th have a		100.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes It contributor a principal of a s If yes, indicate which brar of government the contract	ich or branches	Recutive C Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 10/30/2019	100.00			
SUBT	OTAL Section B -	This Page 250.00			
TOTAL	of additional Sect	ion B Pages 835.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Se 3, Column A of Summa				

Section B ADDITIONAL PAGE 3u of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT			
Big Steve Tracey for Mayor	January 10th Fili	January 10th Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S	LY \$,			
B. Itemized Con	tributions from I	ndividuals			
Last Name	First			MI	
Gravino	Mark				
	City		State	Zip Code	
75 Salerno Avenue	East Haven		СТ	06512	
Principal Occupation	Name of Employer				
Entertainment Promoter	Self	er-red-minus			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	s associated with have a		y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Or Yes No Is contributor a principal of a st If yes, indicate which bran of government the contract	ch or branches	tive state contractor? Yes cutive O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
Ocash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 10/30/2019	150.00			
Last Name	First		<u></u>	MI	
Della Camera	Frank				
Residential Street Address	City		State	Zip Code	
117 Short Beach Road	East Haven		CT	06512	
Principal Occupation	Name of Employer			•	
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes One He Contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	s associated with have a g		y, A mo	uut of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or branches	tive state contractor? Yes ecutive \(\) Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	1		
Ocash OPersonal Check Oredit/Debit Card OPayroll Deduction Money of	Order 10/30/2019	50.00			
Last Name	First			МІ	
DePino	Chris				
i i i i i i i i i i i i i i i i i i i	City		State	Zip Code	
58 Cosey Beach Avenue	East Haven		СТ	06512	
Principal Occupation Lobbyist	Name of Employer Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	s associated with have a		y, Amo	unt of Contribution	
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: Executive O Legislative					
Method of Contribution:	Date Received	Aggregate Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 10/30/2019	300.00	<u> </u>		
	OTAL Section B —				
And the state of t	of additional Section				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sec 3, <i>Column A of Summar</i>				

Section B ADDITIONAL PAGE 3v of 17

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-Receive (See instructions for definition of Small Contributor)		Period ONLY AL SECTION A	\$			
			•			
B. Itemized Con	ntributi	ons from Individ	luals			
Last Name	First				Mi	
Katz	Pau	ılina				
	City	al	•	State	Zip Code	
26 Glendale Place	Branfor			СТ	06405	
Principal Occupation Owner	- 1	ame of Employer Popo's Club Car				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a second by the s	nch or brai	iches	contractor? Yes No Legislative			
Method of Contribution:	D:	ate Received	Aggregate Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/30/2019	150.00			
Last Name	First				MI	
DiLungo	Jen	nifer				
	City	-		State	Zip Code	
299 Barberry Road	East Ha			CT	06512	
Principal Occupation		ame of Employer				
Physician Assistant		OOCS Medical Gr				
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidis is associate	ate for a chief executive ed with have a contract O Yes O No	officer of a municipality with said municipality	40.0	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a section L1? If yes, list Event # 10302019A	nch or brai	nches	e contractor? Yes No Legislative			
Method of Contribution:			Aggregate Contributions			
OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	10/30/2019	40.00			
Last Name	First	_			MI	
Chase	Edv	vard		<u> </u>		
	City			State	Zip Code	
5 Pondview Terrace	East H			СТ	06512	
Principal Occupation Cashier	1	_{ame of Employer} Forbes Premium I	Fuel			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution	
ls this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Section L1? Yes No If yes, indicate which bran of government the contract	ich or brar	iches _	○ Legislative			
Method of Contribution: Cash Personal Check Oredit/Debit Card Payroll Deduction Omoney	- 1	ate Received 10/30/2019	Aggregate Contributions 20.00			
SUBT	OTALS	Section B — This	Page 110.00			
TOTAL	of addi	tional Section B P	ages 525.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line I		DUALS (Sections A A of Summary Page T				

Section B ADDITIONAL PAGE 3w of 17

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Λt.	ı	1

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-Receivable (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
B. Itemized C	ontribu	ıtions from Indivi	duals			
Last Name	Firs					MI
DePalma		ary				
Residential Street Address 16 Center Avenue	City	Haven		State CT	Zip Co	
Principal Occupation	Easi		· · · · · · · · · · · · · · · · · · ·	CI	1000) 2
Retired		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?				40.		Contribution
Is this contribution associated with an event reported in Section L1? Western Handler Section L1 S	ranch or b	ranches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMon	ey Order	10/30/2019	40.00			
Last Name	First	-				MI
Simoni	Li	nda				
Residential Street Address	City	1.		State	Zip Co	
25 Charnes Drive	East	Haven		CT	065	i13
Principal Occupation		Name of Employer				
Investigator		State of Connection				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				, Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes No If yes, indicate which be of government the contributor of government the contributor a principal of the section L1?	a state contractor or prospective state contractor? Anch or branches Yes No					
Method of Contribution:		Date Received	Aggregate Contributions			
OCash Personal Check Ocredit/Debit Card Payroll Deduction OMone	ey Order	10/30/2019	20.00			
Last Name	First					MI
Parlato	Sa	amantha				
Residential Street Address	City			State	Zip Co	
470 Thompson Avenue	_ ⊨ast	Haven		СТ	065	12
Principal Occupation		Name of Employer				
Teacher			Early Learning Ce			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				Amo 20.0		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a figure, indicate which br of government the contributor.	anch or br	ranches	e contractor? O Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone		Date Received 10/30/2019	Aggregate Contributions 70.00			
SUB	STOTAL	Section B — This	Page 80.00	'		
ТОТА	L of ado	ditional Section B P	ages 445.00			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		VIDUALS (Sections A			<u>, , , , , , , , , , , , , , , , , , , </u>	

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			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY DTAL SECTION A	\$			
		utions from Indivi	duals			
Last Name Carr	Fir	_{st} Diane			MI	
		Marie		Curt	7:- 6- 4-	
42 Gordon Street	City Fast	Haven		State	Zip Code 06512	
Principal Occupation		Name of Employer		Ι	100012	
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a can	didate for a chief executive stated with have a contract Yes No	e officer of a municipality with said municipality	y, A mo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? We yes, list Event # 10302019A Yes Is contributor a principal of a sequence of government the contraction of government the government of government the government of government the government of government the government of government the government of government the government of government the government of government the government of government the government of government the government of government of government the government of go	nch or b	ranches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/30/2019	40.00			
Last Name	Fire				MI	
Constantinople	A	nthony				
	City			State	Zip Code	
95 Honey Pot Road	vves	t Haven		СТ	06516	
Principal Occupation Letter Carrier		Name of Employer USPS				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 t	0 8 690		a officer of a municipality			
or dependent child of a lobbyist? No does contributor or business he/she i valued at more than \$5,000?				25.	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or t	oranches	e contractor? Yes No	1		
Method of Contribution:		Date Received	Aggregate Contributions	7		
Ocash Personal Check Ocredit/Debit Card Opayroll Deduction Omoney	Order	10/30/2019	25.00			
Last Name	Firs	st		- ' 	MI	
Mastrangelo	G	ierald				
	City			State	Zip Code	
269 Shore Drive	Bran	***		СТ	06405	
Principal Occupation Retired		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she in valued at more than \$5,000?				, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a standard reported in Section L1? If yes, indicate which bran of government the contract	ch or b	ranches	O Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	Order	Date Received 10/30/2019	Aggregate Contributions 50.00			
SUBT	OTAI	L Section B — This	Page 115.00			
TOTAL	of ad	ditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.		VIDUALS (Sections A				

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		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$		
B. Itemized Co	ntributions from Indiv	iduals		
Last Name	First		MI	
DiAdamo Residential Street Address	Harry			
45 Glen Ridge Road	City Hamdent		State Zip Code CT 06518	
Principal Occupation	Name of Employer			
Insurance Sales	Elm City Insuran	ce		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution	
***************************************	state contractor or prospective stanch or branches	● No		
Method of Contribution:	Date Received	Aggregate Contributions	1	
Cash Personal Check Oredit/Debit Card Payroll Deduction Money	Order 10/30/2019	80.00		
Last Name	First		MI	
Illingworth Residential Street Address	William			
175 South End Road	City East Haven		State Zip Code CT 06512	
Principal Occupation	Name of Employer		01 00312	
State Marshal	Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No local lobbyist? If contribution is in excess of \$400 loos contributor or business he/she valued at more than \$5,000?			Amount of Contribution	
s this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Yes Is contributor a principal of a If yes, indicate which brain of government the contract	ct is with: Executive	O Legislative		
Method of Contribution:		Aggregate Contributions		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Last Name	Order 10/30/2019	250.00		
Sittnick	Judith		MI	
	City		State Zip Code	
41 Chidsey Avenue	East Haven		CT 06512	
Principal Occupation	Name of Employer			
Owner	AmerClean inc			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executiv is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution 50.00	
s this contribution associated with an event reported in Section L1? If yes, list Event # 10302019A Section L1? Yes Is contributor a principal of a section L1? If yes, indicate which brant of government the contract		e contractor? O Legislative		
Method of Contribution:	Date Received	Aggregate Contributions]	
Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney	Order 10/30/2019	100.00		
SUBT	OTAL Section B — This	Page 330.00		
TOTAL	of additional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections A 3, Column A of Summary Page 1			

I. MONETARY RECEIPTS (Sections A—K)

	MITTEE (Provide Complete	e Name as Registered v	vith Filing Repos	itory)		TYPE OF REPORT		
Big Steve Tra	cey for Mayor					January 10th Fil		
L		C1. C	Contributio	ons from (amittees		
Name of Committee					Name of Ti	reasurer		
Address				Is this con event repo	rted in Section	iated with an Yes ONo 1.11? s, list Event #	Amount of Contribution	
City	*	State	Zip Code Date Received Aggregate Contributions					
Name of Committee					Name of Ti	easurer		
Address				Is this con event repo	rted in Section	iated with an Yes No L1? s, list Event #	Amount of	Contribution
City		State	Zip Code	Date Re	ceived	Aggregate Contributions		
Name of Committee		I			Name of Tr	easurer		
Address	ess			s this contribution associated with an Yes No event reported in Section L1? If yes, list Event #		Amount of Contribution		
City		State	Zip Code	Date Re		Aggregate Contributions		
	C2. R	eimbursemen	ts or Surp	lus Distrik	outions fro	om other Committees		
Name of Committee					Name of Tr			
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimbursem	ent for shared	expense C	Surplus Distri	bution	Amount	of Receipt
Description	**************************************							
Name of Committee					Name of Tr	easurer		
Address	,		**************************************	City		11. A 11000 h	State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimburse	ement for share	d expense (Surplus Dis	tribution	Amount	of Receipt
Description				, , , , , ,				
			SUBTO	TAL Secti	on C — Ti	nis Page		
			175, 4, 4, 7		al Section	Magaza Record	······································	
		ALL COMMIT C1 + C2) (Enter t						
		and the second s						

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Provide Complete Name as Registered with Fi	ling Reposite	ory)		TYPE	OF REPORT	
Big Steve Tracey for Mayor				Janu	ary 10th Filing	
D.	Loans	Receiv	ed this Period			
Name of Lender	,	·	Source of Loan: Bank Candid	ate 🔘 Indiv	dual Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				•		Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: Bank Candida	ate 🔵 Indiv	dual Other	Date of Receipt
street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	·			•	<u> </u>	Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: OBank Candida	ate 🔘 Indivi	dual Other	Date of Receipt
street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	***************************************					Amount Received
Street Address	City			State	Zip Code	
			TOTAL SECTIO	ND		
E. Receipts from Entities other than	n Indivi	iduals c	or Other Commi	ttees (Refe	rendum Committe	ees ONLY)
lame of Entity						
treet Address				Date Received		Amount Received
ity .		State	Zip Code	Aggregate Co	ntributions	
ame of Entity						
reet Address		·		Date Received		Amount Received
ity		State	Zip Code	Aggregate Co	ntributions	
ame of Entity						<u> </u>
treet Address		and determined the second		Date Received	***************************************	Amount Received
ity		State	Zip Code	Aggregate Co	ntributions	
			LI TOTAL SECTIO	NE		

NAME OF COMMITTEE (Pr	rovide Complete Name as Regisi	tered with Filing Repo	ository)		TYPE OF REPOR	RT
Big Steve Tracey for N	······································				January 10th	·
F. A I	mount Transferred	from Affiliat	ted Busines:	s Treasury (Busine	ss Entity Commit	ttees ONLY)
Date of Receipt	Is this transaction associevent reported in Section		Yes If yes, No	, list Event #		Amount
Date of Receipt	Is this transaction associ	-	OYes If yes, No	list Event#		Amount
Date of Receipt	Is this transaction associ event reported in Section	-	Yes If yes, No	list Event#		Amount
Date of Receipt	Is this transaction associ event reported in Section	•	Yes If yes, No	list Event #		Amount
			7	FOTAL SECTION	F	
C. Aon-t Tuons	Caral Communication Affilia	· ir chauffy	· · · · · · · · · · · · · · · · · · ·			
G. Amount Trans	ferred from Aliiia	ted Labor Ur	iion or Utn	er Organization	Treasury (Organ Date of Receipt	inization Committees ONLY)
Date of Receipt		Date of Receipt			Date of Receipt	
Amou	nt	Amount				Amount
		<u> </u>	TC	OTAL SECTION G	ı 	
					·	
Н.	Personal Funds of	the Candida	te Received	this Period (Cana	idate Committees	ONLY)
Date of Receipt	Method of payment:		<u> </u>		<u> </u>	Amount
	OCash	O Pers	onal Check	O Credit/Debit Ca	ard	
Date of Receipt	Method of payment:			· · · · · · · · · · · · · · · · · · ·		Amount
	OCash	O Pers	onal Check	Credit/Debit Ca	ırd	
Date of Receipt	Method of payment:			<u></u>		Amount
· · · · · · · · · · · · · · · · · · ·	OCash	Pers	onal Check	O Credit/Debit Ca	ard	
Date of Receipt	Method of payment:					Amount
	OCash	O Perso	onal Check	O Credit/Debit Ca	rd	
				TOTAL SECTIO	NH	
		1 Anon	ymous Con	tributions		
		I. Chilus	ymous com	Ulbullono		

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.

SELC LORM 30 I. MONETARY RECEIPTS (Sections A—K)

Page 7 of 17

Revised Junuary 2015	IEIANI RECEII				
NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Repository)			F REPORT	
Big Steve Tracey for Mayor			Janua	ry 10th Filing	
J. Interes	est from Deposits in Aut	orized Account	S		
Name of Institution			Date Rec	eived	Amount
Street Address	City	1	ate	Zip Code	
Street Address	City	36	ate	Zip Code	
Name of Institution			Date Rec	eived	Amount
				. 1	
Street Address	City	Sta	ate	Zip Code	
and the second s					
		OTAL SECTION	J		
K Miscellaneous	s Monetary Receipts not	Considered Cor	tribu	tions	
Name	, indicate it is a second and			te of Transaction	Amount Received
AF Forbes Inc			1	2/31/2019	
Street Address	City		State	Zip Code	175.00
119 Commerce Street	East Haven	•	СТ	06512	
Description Purchase of Computer used during Campaign	า				
Name			Da	te of Transaction	Amount Received

Street Address	City		State	Zip Code	
Description					
·					
Name			Da	te of Transaction	Amount Received
	Cin		State	Zip Code	_
Street Address	City				
Description			J	 1	
			Da	te of Transaction	
Name			Da	te of Transaction	Amount Received
Street Address	City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
Description					
			1		
	TOTA	L SECTION K	<u> </u>		
SUMMARY OF OTI	HER MONETARY REC	EIPTS (Section	s D th	rough K)	
Total Loans Received this Period (Section D)					
Total Receipts from Entities other than Individuals of	or Other Committees (Section	E)	+		
Total Amount Transferred from Affiliated Business	Treasury (Section F)		+		
Total Amount Transferred from Affiliated Labor Un	nion or Other Organization T	easury (Section G)	+		
Total Amount of Personal Funds of the Candidate R			+		
Total Amount of Interest from Deposits in Authorize	<u> </u>	e att epitore	+		
Total Miscellaneous Monetary Receipts not Consider			+		
Total Miscenancous Monetary Receipts not Consider	A CONTRACTOR OF THE STATE OF TH			nte	
(Add Sections D thr	1 Otal Of Uough K) (Enter total on Line 15, 0	ther Monetary 1			

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COM	MITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Big Steve Tra				January 10th Fi	ling			
		L1. Even	t Information					
Event # Date of Event 10/30/20 49	Letter A	Description Candidate Meet and Greet			Was this a fo	indraising event?		
Location: Street Ad	ldress		City		State	Zip Code		
656 Silver Sa	ınds Ro	ad	East Haven CT 06512					
Subpart 1: (All Was this event h		ees) a personal residence?	Yes (If yes, go to Section L. Associated with a Hot purchases made by hos	ise Party and complete	e required info	rmation for any		
		e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		not Considered	Contributions		
		sale, auction, or other sale of donated items idividual of up to \$100?	OYes (If yes, enter Total Rec	eipts here.)	\$			
Were there purch sign associated v	hases of a with this		nittees other than Exploratory Yes (If yes, go to Section Later or on a Sign and comp	3 Purchases of Advert		a Program Book		
	ittee sell i	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	cipts here.)	\$			
Event # Date of Event	l.etter	Description			Was this a fu	indraising event? ONo		
Location: Street Add	dress		City		State	Zip Code		
Subpart 1: (All Was this event h		ecs) a personal residence?	Yes (If yes, go to Section LS Associated with a Hou purchases made by host No	ise Party and complete	e required info	rmation for any		
		e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		not Considered	Contributions		
		sale, auction, or other sale of donated items idividual of up to \$100?	Yes (If yes, enter Total Rec	eipts here.)	\$			
Subpart 2: (Part Were there purch sign associated v	hases of a	ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a fundraiser?	nittees other than Exploratory Yes (If yes, go to Section Lagor on a Sign and comp	3 Purchases of Adverti		a Program Book		
	ttee sell f	nittees ONLY) ood or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, onter Total Reco	eipts here.)	\$			
SUBTOTA	L Sectio	n L1-Subpart 1 (All Committees) Total Receipts from	om Sale of Donated Items —	This Page				
		SUBTOTAL Secti	ion L1—Subpart 3 (Town Commit ipts from Food Purchases —	tees ONLY)				
			TOTAL of additional Section	L1 Pages				
		TOTAL OF ALL RECE	IPTS FROM SMALL PUF Line 16a, Column A of Summary	RCHASES 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

Michael Katz City Branford City Branford City Branford City Branford City Branford City City City City City City City Cit	NAME OF COMMITTEE	(Provide Complete Name as Register	ed with Filing Reposito	(עו		TYPE OF REPO	·		
Comparison Com	Big Steve Tracey for	Mayor				January 10th	n Filing	9	
Michael Katz City Stranford City Stranford City		L3. Purchase	s of Advertisin	ig in a Progra	am Book or	on a Sign			
Michael KdZ Level Address	Name of Purchaser								_
Branford Branford Branford Branford Ageogate Parchases for All Forests Amount of Program Ad Purchase Amount of Sign Purchase Robert Ranfone Branford CT 08405 Branford CDy Brassiness Fartily Other Individual/Sule Programs Add Purchase Branford Amount of Program Ad Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase CT 06405 Amount of Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase CT 06405 Amount of Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase CT 06405 Amount of Purchase Amount of Sign Purchase CT 06405 Amount of Purchase Amount of Sign Purchase Other Individual/Sole Progriedorship Branford CT 06405 Amount of Purchase Amount of Sign Purchase Other Individual/Sole Progriedorship Amount of Sign Purchase Sign Amount of Sign Purchase Other Individual/Sole Progriedorship Amount of Sign Purchase Sign Amount of Sign	Michael Katz						_		_
Amount of Prochase Note Received 10/30/2019 10302019A 200.00 Prochase Made By: Other Obstac	Street Address			City		,		State	Zip Code
10/30/2019 10/30/2019A 200.00 200.00	26 Glendale Drive			Branford	•			СТ	06405
Robert Ranfone City East Haven City Code City East Haven City Code City Co	Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise .	Amount of Sig	gn Purchase
Robert Ranfone Caty	10/30/2019	10302019A	200.00		200.00	•			
Robert Ranfone Cay East Haven Cay East Haven Cay East Haven Cay East Haven Cay Cay Cay Cay Cay Cay Cay Cay Cay Ca	Name of Purchaser	·					_	•	0.04
East Haven East Haven CT 06512	Robert Ranfone							· ·	_
Amount of Program Ad Purchase 10/30/2019 10302019A 250.00 250.00 Purchase Made By: Other Colvy Branford CT Of405 CT Of40	Street Address			City				State	Zip Code
10/30/2019 10302019A 250.00 250.00	44 Iver Avenue			East Haven				СТ	06512
Amount of Prochaser William lovanne Treet Address City Branford CT 06405 Ageregate Purchases for All Events Ageregate Purchases for All Events City Branford Amount of Program Ad Purchase Purchaser William lovanne Cty Branford Amount of Program Ad Purchase Purchaser William lovanne Cty Branford CT 06405 Amount of Sign Purchase Purchaser William lovanne Total Ageregate Purchases for All Events Branford Cty Branford Cty Branford CT 06405 Amount of Sign Purchase Purchaser Purchaser Purchaser Amount of Program Ad Purchase State Zip Code CT 06405 Amount of Sign Purchase Total Address City Branford CT 06405 Amount of Program Ad Purchase Amount of Sign Purchase Purchaser Villiam lovanne Cty Branford CT 06405 Amount of Program Ad Purchase Purchaser Villiam lovanne Total Address G1 Pasture Lane State City Branford CT 06405 Amount of Program Ad Purchase Amount of Program Ad Purchase Amount of Sign Purchases City Branford CT 06405 State Zip Code CT 06405 CT 06405 State Zip Code CT 06405 State Zip Code CT 06405 State Zip Code CT 06405 State Zip Code CT 06405 State Zip Code CT 06405 State Zip Code CT 06405 State Zip Code CT 06405 State Zip Code CT 06405 State Zip Code CT 06405 Total Purchases of Advertising in Program Book — This Page TOTAL of additional Section L3 Pages TOTAL of additional Section L3 Pages TOTAL of additional Section L3 Pages 1,250.00	Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise a	Amount of Sig	gn Purchase
William lovanne City	10/30/2019	10302019A	250.00		250.00				
City State Zip Code	Name of Purchaser							-	O - 4
State Zip Code CT O6405	William Iovanne								_
Date Received Event # Aggregate Purchases for All Events 250.00 250.00	Street Address	-		City					
10/30/2019 10302019A 250.00 250.00	61 Pasture Lane			Branford				СТ	06405
William lovanne Purchase Made By:	Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purch:	ase	Amount of Si	gn Purchase
William lovanne City	10/30/2019	10302019A	250.00		250.00				
William lovanne City State Zip Code	Name of Purchaser						l	•	~ • •
Branford Oate Received 10/30/2019 10302019A Date Received 10/30/2019 D	William lovanne						. –		_
Date Received Date Received Event # Aggregate Purchases for All Events 250.00 250.00	Street Address			City	0.1.404.0			State	Zip Code
10/30/2019 10302019A 250.00 250.00 Purchaser Purchaser	61 Pasture Lane			Branford				СТ	06405
Name of Purchaser William lovanne William lovanne City Business Entity Other Individual/Sole Proprietorship State CT O6405 Date Received Date Received 10/30/2019 10302019A 250.00 SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN 2 450.00	Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purch:	nse .	Amount of Si	gn Purchase
William lovanne City State Zip Code CT 06405 Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase 10/30/2019 10302019A 250.00 250.00 SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — 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	10/30/2019	10302019A	250.00		250.00				
William lovanne City Branford Amount of Program Ad Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Total 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	Name of Purchaser							•	
61 Pasture Lane Branford CT 06405 Date Received 10/30/2019 Branford Event # Aggregate Purchases for All Events Amount of Program Ad Purchase 250.00 SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page 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	William lovanne						•	•	_
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	Street Address		**************************************	'					-
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 1,250.00 TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN 2,450.00	61 Pasture Lane			Branford				СТ	06405
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	Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pi	ogram Ad Purch	ase	Amount of Si	gn Purchase
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	10/30/2019	10302019A	250.00		250.00				
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		SUBTOTAL Section L3 T	otal Purchases of	Advertising in	Program Book	— This Page 1	,200.6	00	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN 2 450 00		SUBTOTAL Secti	on L3 Total Pure	chases of Advert	ising on a Sign	— This Page			
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN 2,450.00				TOTAL of	additional Sect	ion L3 Pages 1	,250.0	00	
	TOTA	L OF ALL PURCHASES O	F ADVERTISIN	IG IN A PROGI	RAM BOOK or	ON A SIGN 2	2,450.0	00	

Section L3. ADDITIONAL PAGE 9a of 17

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 Register	ed with Filing Reposito	(מיני)	TYPE OF REPO	RT		
Big Steve Tracey for	Mayor			January 10t	h Filin	9	
	L3. Purchase	s of Advertisin	ig in a Progra	m Book or on a Sign			
Name of Purchaser					l _	Made By:	7 04
Alfred Zullo						siness Entity ividual/Sole P	Other
Street Address			City	;	<u> </u>	State	Zip Code
357 Horse Pond Roa	nd		Madison			СТ	06443
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ase Z	Amount of Sig	n Purchase
10/30/2019	10302019A	250.00		250.00			
Name of Purchaser	. 1				_	Made By:	_
Joseph Zullo						siness Entity ividual/Sole P	Other roprietorship
itreet Address			City			State	Zip Code
2 Lisa Lane			East Haven			СТ	06512
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise /	Amount of Sig	n Purchase
10/30/2019	10302019A	250.00		250.00			
Name of Purchaser					l .	e Made By:	Oos
Linda Hennessey						siness Entity ividual/Sole P	Other
Street Address			City			State	Zip Code
34 Columbus Avenue	9		East Haven			СТ	06512
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise A	Amount of Sig	n Purchase
10/30/2019	10302019A .	250.00		250.00			
Name of Purchaser						Made By:	D out
Michael Dolan					_	siness Entity ividual/Sole P	Other roprietorship
Street Address			City			State	Zip Code
100 Aella Drive			Hamden			CT	06514
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise /	Amount of Sig	n Purchase
10/30/2019	10302019A	250.00		250.00			
Name of Purchaser		•			_	Made By:	~
Hugh Keefe					_	iness Entity ividual/Sole Pi	Other
Street Address	A CONTRACTOR OF THE CONTRACTOR		City			State	Zip Code
52 Trumbull Street			New Haven			CT	06510
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise A	Amount of Sig	n Purchase
10/30/2019	10302019A	250.00		250.00			
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pi	rogram Book — This Page 1	,250.0	0	
	SUBTOTAL Section	on L3 Total Purc	hases of Advertis	ing on a Sign — This Page			
			TOTAL of a	dditional Section L3 Pages			
TOTA	L OF ALL PURCHASES O			AM BOOK or ON A SIGN A of Summary Page Totals)			:
		vince war on	unc ioc, commi	zoj summuy ruge rous)			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	E (Provide Complete Name a	s Registered with Filing Repo	ository)	TY	PE OF REPORT		
Big Steve Tracey f	or Mayor			Ja	nuary 10th Fil	ling	
	L4	. In-Kind Donatio	ns Not Cons	idered Contributio	ns		
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation]	Fair Market Va	ilue of Donation
Business Entity Individual							
Sole Proprietorship	Date Received	Event #		Aggregate Value for thi	s Event		
Name of Donor							
Street Address		Account of	City	WARRANT TO THE PARTY OF THE PAR		State	Zip Code
Donation Given By:	Description of Donation					Fair Market V	due of Donation
OBusiness Entity							
OIndividual	Date Received	Event #		Aggregate Value for thi	s Event		
Sole Proprietorship							
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation					Fair Market V	alue of Donation
Business Entity							
OIndividual	Date Received	Event #	<u> </u>	Aggregate Value for thi	s Event		
O Sole Proprietorship							
Name of Donor		1					
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation					Fair Market V	due of Donation
O Business Entity							
O Individual	Date Received	Event #		Aggregate value for this	s Event		
O Sole Proprietorship							
		S	UBTOTAL Sec	tion L4— This Page			
		To	OTAL of addition	onal Section L4 Pages			
TO	TAL OF ALL IN-KIN	D DONATIONS NOT	CONSIDEREI	CONTRIBUTIONS			
		(Enter total on Line 2	1, Column A of S	Summary Page Totals)			

II. EVENT ACTIVITY (Sections L1—L5)

Big Steve Tracey for Mayor	NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing R	(lepository)			TYPE OF RE	PORT	
Street Address City State Zip Code						<u> </u>		
Street Address City State Zip Code	_	L5. In-Kind Donations Not Consid	dered (Contributions Associa	ated with a	House Par	ty	
Description of Donation Event # Aggregate Value of this Event—all hoods Aggregate Value of all Events—this hout/candidate Is this event supporting more than one candidate City State Zip Code	Name of Host				Is this event committee?	supporting m	ore than o	
Event # Aggregate Value of this Event—all hours Aggregate Value of all Events—this hour consider	Street Address			City			State	Zip Code
Name of Host Street Address City State Zip Code	Description of Donation					Fair Ma	 rket Value	of Donation
Committee? Ores No If yes, complete Itemization in Addendum 1.5	Event #	Aggregate Value of this Event—all hosts	Αξ	ggregate Value of all Events—this h	nost/candidate			
Street Address City Fair Market Value of Donation Event # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/candidate State Aggregate Value of this Event—all hosts	Name of Host	<u> </u>			committee?	OYes ON	lo	
Name of Host Street Address City State Zip Code	Street Address			City	If yes, co	ompiete Heimz		
Name of Host Street Address Street Address State Stat	Description of Donation					Fair Mai	rket Value	of Donation
Street Address City State City Fair Market Value of Donation Event # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/condidate Street Address City State Fair Market Value of Donation Street Address City State Fair Market Value of Donation Is this event supporting more than one candidate committee? Oyes ONo If yes, complete Itemization in Add-indum LS Street Address City State Fair Market Value of Donation Event # Aggregate Value of all Events—this host/condidate Fair Market Value of Donation Event # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/condidate	Event #	Aggregate Value of this Event—all hosts	Αę	gregate Value of all Events—this I	nost/candidate			
Street Address City State Zip Code Description of Donation Event # Aggregate Value of this Event—all hosts Name of Host Name of Host City Fair Market Value of Donation Is this event supporting more than one candidate committee? Oyes One If yes, complete Itemization in Addendum L5 Street Address City State Zip Code Fair Market Value of Donation Fair Market Value of Donation Fair Market Value of Donation	Name of Host	·			committee?	OYes ON	lo	
Event # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/candidate Is this event supporting more than one candidate committee? Oyes Ono If yes, complete Itemization in Addendum L5 Street Address City State Zip Code	Street Address			City	1 33 /			
Name of Host Is this event supporting more than one candidal committee? Oyes ONo If yes, complete Itemization in Addendum L5 Street Address City State Zip Code Fair Market Value of Donation Event # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/candidate	Description of Donation		Value of a		· · · · · · · · · · · · · · · · · · ·	Fair Mai	rket Value	of Donation
City Street Address City State Zip Code Fair Market Value of Donation Event # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/candidate	Event #	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events—this h	ost/candidate			
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				committee?	OYes ON	[о	
Event # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/candidate	Street Address	MARKET THE PARTY OF THE PARTY O		City			State	Zip Code
	Description of Donation			J		Fair Mar	rket Value	of Donation
SUBTOTAL Section L5 — This Page	Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate			
			SUB	BTOTAL Section L5 —	This Page			
TOTAL of additional Section L5 Pages			TOTA	AL of additional Section	L5 Pages			
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY (Enter total on Line 22, Column A of Summary Page Totals)								

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

Revised January 2015	a. Nombre	METAKI KEC	TII IS (Secue	ins M—O)		
NAME OF COMMITTEE (Provide Complete	Name as Registered wit	th Filing Repository)		TYPE OF REPORT	na nestige.	ng ng Nigapang Ba
Big Steve Tracey for Mayor				January 10th Filing	ĺ	
		M. In-Kind Con	tributions			
Name						
·						
Street Address			City		State	Zip Code
			,			
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kinc	Contribution		
L_"		Aggregate Contributions	Description of in-Kind	Contribution		
Olndividual / Sole Proprietorship Other						
Is contributor a lobbyist, spouse, Q Yes		n excess of \$400 to a candid r business he/she is associat			Fair I	Market Value
or dependent child of a lobbyist? O No	valued at more that		Yes ONo	vita sata mumorpanty		Contribution
Is this contribution associated with an	Yes Is contrib	butor a principal of a state co	ontractor or prospective s	tate contractor? Yes		
event reported in Section L1?		s, indicate which branch or		O No No		
If yes, list Event #	or go	vernment the contract is wit	n: O Executive	Legislative		,
Name						
		,				
Street Address			City		State	Zip Code
	-					
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		
OIndividual / Sole Proprietorship Oother						
Is contributor a lobbyist, spouse, Yes	If contribution is	in excess of \$400 to a candi	date for a chief executive	officer of a municipality,	Fair l	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does contributor	or business he/she is associa	ted with have a contract		of this	Contribution
	valued at more th		O Yes O No			
Is this contribution associated with an event reported in Section L1?		outor a principal of a state co i, indicate which branch or		tate contractor? OYes No		
If yes, list Event #	O 1 32	ernment the contract is with				
Name						
				*		
Street Address			City		State	Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind	l Contribution		1
Olndividual / Sole Proprietorship Oother						
	If contribution is	in excess of \$400 to a candi	data for a chief executive	officer of a municipality	Foir l	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		or business he/she is associa				Contribution
or dependent cand or a lobbyist: 0 140	valued at more th		O Yes O No			
Is this contribution associated with an		outor a principal of a state co		tate contractor? Yes No		
event reported listed in Section L1? If yes, list Event #		r, indicate which branch or vernment the contract is with		O Legislative		
			Harani, is the page that			
		SUBTOTAL	Section M — This Pa	ige		
		TOTAL of add	itional Section M Pag	ges		
TOTAL OF ALL IN-KIND CON	TRIBUTIONS	Enter total on Line 23, Colu	nın A of Summary Page T	otals)		
	N. Refur	ndable Deposit to T	elephone Compa	nγ		
Last Name of Individual		First	1	MI	Date Deposi	t Made
Last Pane of Individual						
<u> </u>						
Residential Street Address		City		State Zip Code	,	Amount of
						Deposit
Name of Telephone Company						
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
Street Address	· · · · · · · · · · · · · · · · · · ·	City		State Zip Code		
					I	
TOTAL SE	CTION N (Enter	r total on Line 24, Column	A of Summary Page Tot	(als)		

er Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

Tracey for Mayor Survey Sependiture # Trype of Expenditure # Occordinated without reimbursement sought (joint expenditure) Organization Organiza	Revised Jameury 2015	A 4. A22XI A21 (A2X)	enonsol) Carro	1 1/			
P. Expenses Paid by Committee Date of Payment Date of Payment Check # October Date of Payment Date of Payment Description Check # October Debt Card October Octo	NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
P. Expenses Paid by Committee Date of Payment Date of Payment Check # October Date of Payment Date of Payment Description Check # October Debt Card October Octo	Big Steve Trace	v for Mavor		January 10th Fili	ng		
Name of Payree Conquest Communications Group Congress Congres			Paid by Committee	 			
Conquest Communications Group Sircer Address 2812 Emerywood Pky., Ste. 103 Purpose of Expenditure # Office Supplies for fundralser mailer Expenditure # Office Supplies for fundralser maile	N	1. Ехреняся	I ald by Committee		Mathadas	Parament.	
Conditional Office Address 2812 Emerywood Pky., Ste. 103 Richmond Richmon	•				1	•	
Street Address Street Street Address Street Address Street Address Street Address Street Address Street Street Address Street Street Address Street Street Address Street Street Address Street Street Address Street Street Address Street Street Address Street Street Street Address Street Str	Conquest Comm	nunications Group		11/20/2019	1 =		
Purpose of Expenditure # differentiation in Addendum P Required unless "None of the below" is checked) Street Address City Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) City City Coordinated without reimbursement sought (in-kind contribution) City Cit	Street Address	AND THE PARTY OF T	Cíty				
Perpose of Expenditure # diffequitability Description Tracey for Mayor Survey Tracey for Mayor Survey Tracey for Mayor Survey 3,190.00 Expenditure # diffequitability Tracey for Mayor Survey Tracey for Mayor Survey 3,190.00 Expenditure # diffequitability Tracey for Mayor Survey Tracey for Mayor Survey 3,190.00 Expenditure # diffequitability Tracey for Mayor Survey Tracey for Mayor Survey 3,190.00 Expenditure # diffequitability Tracey for Mayor Survey Tracey for May	2012 Emoranos	of Diay Sto 102			1,/,	22204	
Tracey for Mayor Survey 3,190.00 3,190.00 3,190.00	2012 Emerywoo	ou Fky., Sie. 103	Richmond		\ \^	23284	
POLLS Tracey for Mayor Survey 3,190.00		Description	,	Event #		Amount	
Expenditure # (If applicable) Name of Payee Does of the below Coordinated without reimbursement sought (joint expenditure) Independent Organization A	(by code)	Tracey for Mayor Survey			2 400	0.00	
Name of Payee Date of Payment OFFICE Date of Payment OFFICE Date of Payment OFFICE OFF			3,190	1.00			
Name of Payee Date of Payment 10/29/2019 Method of Payment 25 Check # 125 Debit Card Estert Address City East Haven Event # 10302019A 139.85		None of the below Coordinated with reimbursement sought (joint expenditure) Independent					
Debit Card OEB	Name of Payee						
2 Lisa Lane East Haven Event # Amount 139.85	Joseph Zullo 10/29/2019				l	_	
Purpose of Expenditure # Office Supplies for fundraiser mailer Expenditure # Office Supplies for fundraiser mailer Expenditure # Office Supplies for fundraiser mailer Type of Expenditure # Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (ioint expenditure) Coordinated without reimbursement sought (in-kind contribution) Name of Payee Chris Farrell Street Address 7 Erico Drive Description Postage for fundraiser mailer Expenditure # Office of Expenditure # Offic	Street Address		City		State	Zip Code	
OFFICE Office Supplies for fundraiser mailer Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Office Supplies for fundraiser mailer	2 Lisa Lane		East Haven		СТ	06512	
Street Address City Coordinated with reimbursement sought (in-kind contribution) Coordinated with reimbursement sought (in-kind contribution) City Coordinated with reimbursement sought (in-kind contribution) City Coordinated with reimbursement sought (in-kind contribution) City Coordinated without reimbursement sought (in-kind contribution) City Coordinated without reimbursement sought (in-kind contribution) City Coordinated without reimbursement sought (in-kind contribution) City Coordinated without reimbursement sought (in-kind contribution) City Coordinated without reimbursement sought (in-kind contribution) City Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) City Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) City Coordinated without reimbursement sought (in-kind contribution) City Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought		Description		Event #	Amount		
Name of Payee Chris Farrell Name of Payee Chris Farrell Street Address Type of Expenditure # (If applicable) None of the below Coordinated with reimbursement sought (joint expenditure) (by code) POST Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Organization Organiz	OFFICE	FFICE Office Supplies for fundraiser mailer 10302019A			139.85		
Name of Payee Chris Farrell Chris Farrell City East Haven City East Haven Cord Puppose of Expenditure (by code) POST Expenditure # (ff applicable) None of the below Coordinated with reimbursement sought (in-kind contribution) Name of Payee Street Address City East Haven Event # 10302019A Amount 330.00		None of the below Coordinated with reimbursement sought (joint expenditure	e) O Independ	dent			
Chris Farrell Street Address 7 Erico Drive City East Haven City East Haven CT O6512 Amount 330.00 Expenditure # (if applicable) None of the below Coordinated with reimbursement sought (in-kind contribution) Name of Payee Spectrum Marketing Companies City City East Haven CT O6512 Amount 330.00 Amount 330.00 Amount 330.00 Amount 330.00 Amount 330.00 Amount 330.00 Cordinated with reimbursement sought (in-kind contribution) None of the below Coordinated without reimbursement sought (in-kind contribution) Name of Payee Spectrum Marketing Companies City City State City State City State City CT O6512 Amount 330.00	Name of Payee				Method of	Payment:	
Street Address 7 Erico Drive City East Haven CT 06512 Pupose of Expenditure (by code) POST Postage for fundraiser mailer Expenditure # (If applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Name of Payee Spectrum Marketing Companies City State Zip Code CT 06512 Amount 330.00 Amount 330.00 Amount 330.00 Amount 330.00 CT Debit Card Debit C				10/29/2019			
Purpose of Expenditure (by code) POST Postage for fundraiser mailer Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Name of Payee Spectrum Marketing Companies Street Address Description Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Organization A B C D D Method of Payment 10/28/2019 Method of Payment 10/28/2019 Check # O Debit Card © El	Street Address	PARAMETER	City				
POST Postage for fundraiser mailer Expenditure # (if upplicable) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Name of Payee Spectrum Marketing Companies Street Address Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization A O B O C D Method of Payment Ocheck # Ocheck	7 Erico Drive East Haven				СТ	06512	
POST Postage for fundraiser mailer Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Name of Payee Spectrum Marketing Companies Street Address 10/28/2019 330.00 Method of Payment O Check # O Debit Card © El	Purpose of Expenditure	Description		Event #		Amount	
None of the below Coordinated with reimbursement sought (joint expenditure) Organization A B C D Name of Payee Spectrum Marketing Companies Street Address None of the below Coordinated without reimbursement sought (in-kind contribution) Organization A B C D Date of Payment 10/28/2019 Method of Payment: Check # O Debit Card OEI Zip Code	by code) POST	Postage for fundraiser mailer		10302019A	330.00		
Spectrum Marketing Companies 10/28/2019 Check # Debit Card © El Street Address City State Zip Code		None of the below Coordinated with reimbursement sought (joint expenditu	pelow with reimbursement sought (joint expenditure) Independent				
Street Address City State Zip Code	Name of Payee			Date of Payment	l	•	
Street Address City State Zip Code	Spectrum Marke	eting Companies		10/28/2019	1 =		
	Cturat Address		City				
95 Eddy Road, Stille 101 Wallonester 1411 00102		ddy Road, Suite 101 Manchester			NH	03102	
Purpose of Expenditure Description Event # Amount	Purpose of Expenditure	Description	ſ <u>.</u>	Event #		Amount	
(by code) A-DM Tracey for Mayor GOTV Mailer 2,302.08	(by code)	·		Amount			
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D		None of the below Coordinated with reimbursement sought (joint expenditur	re) Indepen	dent	,		
SUBTOTAL Section P — This Page 5,961.93		S	SUBTOTAL Section P -	- This Page 5,961.93			
TOTAL of additional Section P Pages 9,889.46		ro	TAL of additional Secti	on P Pages 9,889.46			
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) 15,851.39							

Section P. ADDITIONAL PAGE 13a of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Big Steve for Ma		·		January 10th Filing			
		Paid by Commit	ttee				
Name of Payee	F. Expenses	1 am by Comme		Date of Payment	Method of	Payment:	
Anedot.com				10/28/2019	O Chec		
Street Address		City			State	Zip Code	
1920 McKinney	Avenue	Dallas			TX	75201	
Purpose of Expenditure	Description	<u> </u>	Event	#		Amount	
(by code) BNK	Fees for online donation				3 30		
Expenditure # (if applicable)				ed)	2.30		
(t) appurancy	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contr	e) 🔘 Indo	ependent anization)A OB OC OD			
Name of Payee				Date of Payment	Method of	•	
AT&T				10/29/2019	Check		
Street Address		City			State	Zip Code	
208 S. Akard Str	reet	Dallas			TX	75202	
Purpose of Expenditure	Description		Event	#		Amount	
(by code) MISC	minutes for phones used at headquarters	minutes for phones used at headquarters				,	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization A B C D					27.17		
Name of Payee Date of Payment				Method of			
Shore Publishing	g			10/30/2019	Check		
Street Address		City			State	Zip Code	
724 Boston Pos	t Road	Madison			СТ	06443	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
A-NEWS	Campaign Advertisement				750.00		
Expenditure # (if applicable)					, , , ,	, o	
Name of Payee	Coordinated without reimbursement sought (in-kind contr	Toution) Org	ganization	DA OB OC OD Date of Payment	Method of	Downort	
Facebook				11/4/2019	Check	«#	
Street Address	City			State	Zip Code		
1Hacker Way		Menio Park			CA	94025	
Purpose of Expenditure (by code)	Description Event#				Amount		
A-WEB	Social Media Advertising				46.10		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	of in Addendum P Required unless "None of the below" is checked) of involve another candidate or committee) sement sought (joint expenditure) Independent					
	S	UBTOTAL Section)	P — This	Page 825.57			

Section P. ADDITIONAL PAGE 13b of 17

Big Steve Trac	ey for Mayor			January 10th Filing			
	P. Expenses	Paid by Committee	e l				
Name of Payee		The Control of the Co	and the second second	Date of Payment	Method of	•	
Facebook				11/4/2019	Check		
Street Address		City	<u></u>		State	Zip Code	
1 Hacker Way		Menlo Park			CA	94025	
Purpose of Expenditure (by code) A-WEB	Description Social Media Campaign Advertising		Event #		125.0	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	or committee) diture) Independent			120.0		
Name of Payee]	Date of Payment	Method of I	•	
Facebook				11/4/2019	Check Debit		
Street Address		City	I			Zip Code	
1 Hacker Way		Menlo Park			94025		
Purpose of Expenditure (by code)	Description	Event #				Amount	
A-WEB	A-WEB Social Media Campaign Advertising				75.00	į	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	mmittee)	ndent_) ЛОВОСОВ	, , , , ,		
Name of Payee				Date of Payment	Method of F	-	
Facebook	ebook 11/5/2019				Check Debit		
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				175.0	ın	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below" i	is checked	d)	1, 5.5	.0	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) O Indepe	endent ization O	а Ов Ос Ор			
Name of Payee				Date of Payment	Method of F	•	
Anedot.com	dot.com 11/5/2019				O Check		
Street Address		City	L		State	Zip Code	
1920 McKinney	Avenue	Dallas			TX	75201	
	Description	L	Event #		Amount		
Purpose of Expenditure	fees associated with online donations				11.80		
Purpose of Expenditure (by code) BNK				cked)			
(by code)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	mmittee) e) O Indeper	·				

Section P. ADDITIONAL PAGE 13c of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Big Steve for Ma	ayor			January 10th Filin	g	
	P. Expenses	Paid by Committee				
Name of Payee	And the state of t			Date of Payment	Method of	-
Minuteman Pres	38			11/8/2019	Check	
Street Address		City	1		O Debit State	Card OEFT Zip Code
330 Main Street		East Haven			СТ	06512
Purpose of Expenditure	Description		Event #	#		Amount
(by code) PRNT	Voter Lists for Election Day	on Day			0774	4
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checke	2d)	277.1	1
(if applicable)	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	mmittee)) <u>a </u>			
Name of Payee				Date of Payment	Method of I	•
Spectrum Marke	eting Companies			11/8/2019	O Check	
Street Address		City			State	Zip Code
95 Eddy Road, S	Suite 101	Manchester			NH	03102
Purpose of Expenditure (by code)	Description	Event#				Amount
A-WEB	Online Digital Campaign Ads	npaign Ads			1,782	75
Expenditure # (if applicable)						
Name of Payee				Date of Payment	Method of I	*
Joseph Coss 11/8/2019			11/8/2019	Check	Card OEFT	
Street Address		City			State	Zip Code
26 Ralphs Lane		East Haven			CT	06512
Purpose of Expenditure	Description		Event #	ų –		Amount
(by code) FOOD	Coffee and Donuts for workers standing ou	utside polls			92.58	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) O None of the below (does not involve another candidate or committee) O Coordinated with reimbursement sought (joint expenditure) O Coordinated without reimbursement sought (in-kind contribution) O Organization OA OB OC D					
Name of Payee Date of Payment				Date of Payment	Method of I Check	-
Karen Noccioletti 11/8/2019				O Debit		
Street Address City			State	Zip Code		
102 Patten Road	d	North Haven			СТ	06473
Purpose of Expenditure (by code) OVHD	Description Rental of Campaign Headquarters	Event #		Amount 1,000.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required um None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	mmittee) e) O Independ	ident _	OA OB OC OD	•	
	S	SUBTOTAL Section P —				
<u> </u>						

Section P. ADDITIONAL PAGE 13d of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Big Steve Trace	ey for Mayor			January 10th Filing		
	P. Expenses	Paid by Committee	е			
Name of Payee				Date of Payment	Method of	•
The United Illun	ninating Company			11/8/2019	Check	
Street Address		City			O Debit State	Card • EFT Zip Code
	(D)	1				
300 Boston Pos	it Road	West Haven			СТ	06516
Purpose of Expenditure	Description		Event #	!		Amount
(by code) OVHD	Electricity for Headquarters					
Expenditure #	nditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				926.3	8
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e or committee) enditure) Independent				
Name of Payee				Date of Payment	Method of	•
James Rocco				11/8/2019	Check	
Street Address		City	L		O Debit State	Card OEFT Zip Code
26 Bollaswood i	Road	Avon			СТ	06001
	Toda	· ·			<u> </u>	100001
Purpose of Expenditure (by code)	Description		Event #			Amount
MISC	Door Knockers on Election Day - GOTV				125.0	00
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (If applicable)]	
ty upprocessory	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	re) 🔘 Indepen		∧ ○ в ○ с ○ р		
Name of Payee				Date of Payment	Method of	•
Steve DelVecchio				11/8/2019	Check	
Street Address		City			State	Zip Code
27 Skylark Drive	e	Northford			СТ	06472
Purpose of Expenditure	Description	• ••••	Event #			Amount
(by code) MISC	Door Knockers on Election Day - GOTV				125 (10
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below" i	is checke	d)	125.00	
(if applicable)	None of the below (does not involve another candidate or concluded to the Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind control to the contr	ire) O Indepen	endent zation.	а Ов Ос Ор		
Name of Payee				Date of Payment	Method of	•
David Richardson 11/8/2019			11/8/2019	O Check		
Street Address	t Address City			O Debit State	Card OEFT Zip Code	
23 Brookfield Re			CT	06512		
Purpose of Expenditure	Description		Event #			Amount
(by code) MISC	Door Knockers on Election Day - GOTV	125.00				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	s checked	0	120.0	~
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	emmittee) re) O Indepen	ndent _	A_OB OC OD		
		SUBTOTAL Section P -	34844 B			

Section P. ADDITIONAL PAGE 13e of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Big Steve Trace			January 10th Filir	January 10th Filing		
	P. Expenses	Paid by Committee				
Name of Payee Jason Velleca		•	Date of Payment 11/8/2019	• Check	Method of Payment: Ocheck #_131 Debit Card OEFT	
Street Address		City		State	Zip Code	
363 Thompson	Avenue	East Haven		СТ	06512	
Purpose of Expenditure (by code)	Description Door Knockers on Election Day - GOTV	Event #			Amount	
Expenditure # ((f applicable)		n in Addendum P Required unless "None of the below" is checked) not involve another candidate or committee) rsement sought (joint expenditure) Independent)	
Name of Payee			Date of Payment	Method of F	•	
Jesalen Inzitari			11/8/2019	Check	_	
Street Address		City		State	Zip Code	
175 South End I	Road	East Haven		СТ	06512	
Purpose of Expenditure (by code) MISC	Description Door Knockers on Election Day - GOTV	·			Amount O	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)				
Name of Payee			Date of Payment	Method of P		
Danielle Musco 11/8/2019		11/8/2019	O Check	Card OEFT		
Street Address 55 Messina Driv	/e	East Haven		State CT	Zip Code 06512	
Purpose of Expenditure (by code) MISC	Description Door Knockers on Election Day - GOTV		Event #	Amount 125.00		
Expenditure # (if applicable)						
			Date of Payment 11/14/2019	Method of F Check Debit	# <u>137</u>	
Street Address City				State	Zip Code	
26 Ralphs Lane	Ralphs Lane East Haven		СТ	06512		
Purpose of Expenditure (by code) WAGE	Description Payment to committee staff member for we		Event #	Amount 700.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC D					
	S	UBTOTAL Section P —	-This Page 1,075,00			

Section P. ADDITIONAL PAGE 13f of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Big Steve for Ma	ayor			January 10th Filir	ng		
	P. Expenses	Paid by Committee					
Name of Payee William Richard	son		·	Date of Payment 11/18/2019	Method of Check	# <u>138</u>	
Street Address		City		I	State	Zip Code	
136 Bennett Ro	ad	East Haven		AND AND ADDRESS OF THE PARTY OF	СТ	06513	
Purpose of Expenditure (by code) MISC	Description Doork Knockers on Election Day - GOTV	Event #			Amount 125.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	committee) ture)					
Name of Payee Facebook	·				Method of I Check Debit	#	
Street Address		City			State	Zip Code	
1 Hacker Way		Menlo Park				94025	
Purpose of Expenditure (by code)	Description		Event	#	An		
A-WEB	Online Digital Ads				5.31		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)	ident _	a) A ○ B ○ C ○ D			
Name of Payee		-		Date of Payment	Method of I	•	
		12/31/2019	Check	Card OEFT			
656 Silver Sands Road East Haven			State CT	Zip Code 06512			
Purpose of Expenditure	Description		Event	#		Amount	
(by code) FDNR	Candidate Meet and Greet		103	02019A	450.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or eo Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re) Indepe	ndent	nt on <mark>Oa OB OC OD</mark>			
Name of Payee				Date of Payment	Method of I	•	
Frank Lyons				11/18/2019	ODebit		
Street Address		City		1,	State	Zip Code	
21 Myrtle Avenu	le	East Haven			СТ	06512	
Purpose of Expenditure (by code) MISC	Description Unofficial Poll Checker		Event	Amount 125.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	mmittee) e) Indepen	ndent	ed) DA OB OC OD			
	S	UBTOTAL Section P -	– This	Page 705.31			

Section P. ADDITIONAL PAGE 13g of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Big Steve Trace	ey for Mayor		January 10th Fili	ng		
	P. Expenses	Paid by Committee)			
Name of Payee			Date of Payment	Method of Check	•	
Brian Deko			11/18/2019	ODebit		
Street Address		City		State	Zip Code	
104 Terrace Str	reet	New Haven		СТ	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 un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e or committee) enditure) Independent			•	
Name of Payee			Date of Payment	Method of		
Brian Wiel			11/18/2019	○ Check # 143 ○ Debit Card ○ EFT		
Street Address	reet Address City				Zip Code	
3 Lynwood Plac	e	East Haven	_	СТ	06512	
Purpose of Expenditure (by code) MISC	Description Unofficial Poll Checker on Election Day		Event #	125.0	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)	·	120.0		
Name of Payee Date of Payment					Payment:	
Haley DePalma			11/18/2019	O Check	Card OEFT	
Street Address 3 Lynwood Place	ce	^{City} East Haven		State	Zip Code 06512	
Purpose of Expenditure (by code) MISC	Description Unofficial Poll Checker on Election Day		Event #		Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	place (Mong of the helow)	e obookad)	125.00		
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ommittee)				
Name of Payee	Date of Payment			Method of Check	•	
Sharon Grasso	Grasso 11/18/2019		O Debit	Card OEFT		
Street Address			State	Zip Code		
65 St. Andrew A	nue East Haven		СТ	06512		
Purpose of Expenditure (by code) MISC	Description Unofficial Poll Checker on Election Day	Event#		405.0	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	nmittee)		125.00 Ов		
	S	UBTOTAL Section P -	This Page 500.00			

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Type of Expenditure # (// applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "	NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Date of Pryment Date of Pr	Big Steve Trace	ey for Mayor		 	January 10th filin	g		
Date of Pryment Date of Pr		P. Expenses	Paid by Committee	9				
Care Continued without reinhursement sought (ox-kind contribution) Congenization Conge	Name of Payee		obliki (Mir Timel ♥ oblinati tro Lyn, omenege eesse.	4.5104.25	Date of Payment	1 -		
State Address Cay East Haven Cay	Lexi Laurello				11/18/2019	1 -		
Purpose of Expenditors (by cook) MISC Propose of Expenditors Type of Expenditure (Itembarton in Addendum P Required unless "Nane of the below" is checked) 125.00 125	Street Address		City					
Type of Expenditure Purpose of Expenditure	26 Jardin Drive		East Haven			СТ	06513	
Expenditures # (Proposition of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (in-kind contribution) Independent Coordinated with reimbursement sought (in-kind contribution) Independent Coordinated with reimbursement sought (in-kind contribution) Independent Coordinated with reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated with reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Indepe		Description	,	Event	#		Amount	
Type of Expenditure (if yrepholoids) Type of Expenditure (in below the heart of the below to the heart of the below to the heart of the hear	MISC	Unofficial Poll Checker on Election Day	Unofficial Poll Checker on Election Day				_	
Name of Payee Candice Mott Street Address 23 Robert Drive Description Unofficial Poll Checker on Election Day Name of Payee Ciara Senberg Street Address Street Address City East Haven Date of Paywert 11/18/2019 Method of Payment (**Ocheck # 152 Ophit Card OFFT Annount 125.00 Method of Payment (**Ocheck # 152 Ophit Card OFFT Annount 125.00 Method of Payment (**Ocheck # 152 Ophit Card OFFT Annount 125.00 Method of Payment (**Ocheck # 152 Ophit Card OFFT Annount 125.00 Misc City East Haven Date of Payment (**Ocheck # 152 Ophit Card OFFT Annount 125.00 Method of Payment (**Ocheck # 152 Ophit Card OFFT Annount 125.00 Method of Payment (**Ocheck # 152 Ophit Card OFFT Annount 125.00 Method of Payment (**Ocheck # 152 Ophit Card OFFT Annount 125.00 Method of Payment (**Ocheck # 152 Ophit Card OFFT Annount 125.00 Method of Payment Ocheck # 153 Ophit Card OFFT Annount 125.00 Method of Payment Ocheck # 153 Ophit Card OFFT Annount 125.00 Method of Payment Ocheck # 153 Ophit Card OFFT Annount 125.00 Method of Payment Ocheck # 153 Ophit Card OFFT Annount 125.00 Method of Payment Ocheck # 153 Ophit Card OFFT Annount 125.00 Method of Payment Ocheck # 153 Ophit Card OFFT Annount 125.00 Method of Payment Ocheck # 154 Ophit Card OFFT Annount 125.00 Method of Payment Ocheck # 154 Ophit Card OFFT Annount 125.00 Method of Payment Ocheck # 154 Ophit Card OFFT Annount 125.00 Method of Payment Ocheck # 154 Ophit Card OFFT Annount 125.00 Method of Payment Ocheck # 154 Ophit Card OFFT Annount 125.00 Method of Payment Ocheck # 154 Ophit Card OFFT Annount 125.00 Method of Payment Ocheck # 154 Ophit Card Official Poll Checker on Election Day Name of Payee Ava Anastasio Name of Reye Annount Ocheck # 154 Ophit Card		Type of Expenditure (Itemization in Addendum P Required ur	iless "None of the below" is	s checke	d)	125.0	0	
Candide Mott Street Address City State Zip Code CT O6512	((f applicable)	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent						
Debit Card Depth	Name of Payee				•	1 _	•	
Sincet Address 23 Robert Drive City	Candice Mott				11/18/2019			
Purpose of Expenditure (thy code) MISC Unofficial Poll Checker on Election Day Expenditure # Unofficial Poll Checker on Election Day Type of Expenditure (temtzation in Addendum P Required unless "None of the below" is checked) Organization A B C D D Name of Payee Ciara Senberg City Street Address Street Address Type of Expenditure (temtzation in Addendum P Required unless "None of the below" is checked) Organization A B C D D Independent Organization A B C D D Independent Organization A B C D D Method of Payment Octobe # 153 Obebit Card OBFT State Zip Code CT 06512 Amount 125.00 Method of Payment Octobe # 153 Obebit Card OBFT Amount 125.00 State I Zip Code CT 06512 Amount 125.00 None of the below (does not involve another candidate or committee) One of the below (does not involve another candidate or committee) One of the below (does not involve another candidate or committee) One of the below (does not involve another candidate or committee) Organization A B C D Method of Payment Octobe # 154 Obebit Card OBFT Amount 125.00 Method of Payment Octobe # 154 Obebit Card OBFT Amount 11/18/2019 None of the below (does not involve another candidate or committee) Organization A B C D Obebit Card OBFT State I Zip Code CT 06512 Amount 11/18/2019 Date of Expenditure October # 154 Obebit Card OBFT State I Zip Code CT 06512 Amount 11/18/2019 Date of Expenditure October # 154 Obebit Card OBFT State I Zip Code CT 06512 Amount 125.00 Independent Occordinated with reimbursement sought (in-kind contribution) Organization A B C D Occordinated with reimbursement sought (in-kind contribution) Occordinated with reimbursement sought (in-kind contribution) Occordinated with reimbursement sought (in-kind contribution) Occordinated with reimbursement sought (in-kind contribution) Occordinated with reimbursement sought (in-kind contribution) Occordinated with reimbursement sought (in-kind contribution) Occordinated with reimbursement sought (in-kind contribution)	Street Address		City	L				
Description Coordinated with reimbursement sought (in-kind contribution) Description Coordinated without reimbursement sought (in-kind contribution) Description Coordinated without reimbursement sought (in-kind contribution) Description Coordinated without reimbursement sought (in-kind contribution) Description Descr	23 Robert Drive	bert Drive East Haven				СТ	06512	
Type of Expenditure # (if applicable) Type of Expenditure (Hemiztation in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Hemiztation in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "	Purpose of Expenditure	Description	<u> </u>	Event #	1		Amount	
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Organization A	(by code) MISC	SC Unofficial Poll Checker on Election Day				405.0		
None of the below (does not involve another candidate or committee) Organization A B C D B						125.0	10	
Date of Payment Otherwise Date of Payment Otherwise Othe	(if applicable)	Coordinated with reimbursement sought (joint expenditure	e) Indepen	_	A O B O C O D			
Street Address 5 Monte Circle City	Name of Payee					I .	•	
Street Address 5 Monte Circle Purpose of Expenditure (by code) MISC Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Ocoordinated with reimbursement sought (in-kind contribution) Name of Payee Ava Anastasio Street Address 81 Salerno Avenue Description Unofficial Poll Checker on Election Day City East Haven City East Haven City East Haven City East Haven City East Haven City East Haven City East Haven City East Haven City East Haven City East Haven City Cordinated without reimbursement Sought (in-kind contribution) Name of Payment 11/18/2019 Check # 154 Opebit Card OEFT State Zip Code CT 06512 Amount 11/18/2019 Amount 125.00	Ciara Senberg	Ciara Senberg 11/18/2019				_		
Purpose of Expenditure (ty code) MISC Description	Street Address		City					
Unofficial Poll Checker on Election Day 125.00 125.	5 Monte Circle		East Haven			СТ	06512	
Expenditure # (f/ applicable) None of the below (does not involve another candidate or committee) Coordinated without reimbursement sought (in-kind contribution) City	Purpose of Expenditure (by code)	Description		Event #			Amount	
Expenditure # (f/applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Name of Payee Ava Anastasio Street Address 81 Salerno Avenue Description Unofficial Poll Checker on Election Day Expenditure # (f/applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) One of the below (does not involve another candidate or committee) Coordinated with out reimbursement sought (joint expenditure) Coordinated without reimbursement sought (joint expenditure) Coordinated wi	MISC	Unofficial Poll Checker on Election Day				125 (ነበ	
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (io-int expenditure) Coordinated without reimbursement sought (in-kind contribution) Name of Payee Ava Anastasio Street Address 81 Salerno Avenue Purpose of Expenditure (by code) MISC Description Unofficial Poll Checker on Election Day Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Coordinated with reimbursement sought (io-kind contribution) Organization A B City Event # Amount 125.00 Amount 125.00	Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	s checke	ed)	120.0	,0	
Ava Anastasio Street Address 81 Salerno Avenue City East Haven City East Haven CT O6512 Amount Unofficial Poll Checker on Election Day Expenditure # ### fig applicable* None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B OC O Check #154 O Debit Card OEFT State Zip Code CT O6512 Amount 125.00	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent							
Street Address 81 Salerno Avenue City State Zip Code	Name of Payee				Date of Payment	_	•	
Street Address 81 Salerno Avenue East Haven City East Haven CT 06512 Purpose of Expenditure (by code) MISC Unofficial Poll Checker on Election Day Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B OC OD	Ava Anastasio	Ava Anastasio 11/18/2019						
Purpose of Expenditure (by code) MISC Unofficial Poll Checker on Election Day Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Event # Amount 125.00	Street Address	City						
Unofficial Poll Checker on Election Day 125.00	81 Salerno Aver	nue	East Haven			СТ	06512	
Unofficial Poll Checker on Election Day Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) 125.00	Purpose of Expenditure	Description		Event #	!	Amount		
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D	(by code) MISC	Unofficial Poll Checker on Election Day						
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD	Expenditure #	Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					,	
	(іf аррысивіе)	Coordinated with reimbursement sought (joint expenditure	or committee) inditure) Independent					
		S				••••		

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Trace	ey for Mayor			January 10th Fili	iling			
	P. Expenses	Paid by Committe	ee					
Name of Payee				Date of Payment	Method of	•		
Erik Dewitt				11/18/2019	O Debi	k #_ <u>155</u> t Card		
Street Address		City			State	Zip Code		
47 Nicholas Dri	ve	East Haven			СТ	06512		
Purpose of Expenditure (by code)	Description		Event #	1		Amount		
MISC	Unofficial Poll Checker on Election Day				405.00			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below"	is checked	d)	125.00			
(if applicable)	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization Organization Organization							
Name of Payee				Date of Payment	Method of	•		
Francine Lucibe	ello			11/18/2019	O Check #_156 O Debit Card OEFT			
Street Address		City			State	Zip Code		
30 Osmond Street East Haven					СТ	06512		
Purpose of Expenditure (by code)	penditure Description Event #				Amount			
MISC	Unofficial Poll Checker on Election Day				125.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un. None of the below (does not involve another candidate or co. Coordinated with reimbursement sought (joint expenditur.) Coordinated without reimbursement sought (in-kind contr.)							
Name of Payee				Date of Payment	Method of			
Olivia Angelo		Lo:		11/18/2019	O Check	Card OEFT		
Street Address 219 Hemingway	y Avenue	East Haven			State	Zip Code 06512		
Purpose of Expenditure	Description		Event #			Атоилт		
(by code) MISC	Unofficial Poll Checker on Election Day				125.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below"	is checke	d)	120.00			
(y appricame)	None of the below (does not involve another candidate or concentrated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contents)	re) O Indepe	endent ization.	A OB OC OD				
Name of Payee				Date of Payment	Method of	•		
Josh Allan			-	11/18/2019	O Check			
Street Address		City	I		O Debit State	Card OEFT Zip Code		
13 Chin Clift Tra	ail	West Haven			ст	06512		
Purpose of Expenditure	Description		Event #			Amount		
(by code) MiSC	Unofficial Poll Checker on Election Day				125.0	n		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required ur	iless "None of the below" i	is checked	0	125.00			
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e) 🔘 Indepe	_	A OB OC OD				
	S	UBTOTAL Section P -						
			and the second s					

Section P. ADDITIONAL PAGE 13j of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Big Steve Trace	ey for Mayor		January 10th Fil	Filing			
	P. Expenses	Paid by Committee					
Name of Payee			Date of Payment	Method of	-		
Linda Parente			11/18/2019	● Checl	_		
Street Address		City		O Debit State	Card OEFT Zip Code		
7 Farm River Ro	oad	East Haven		ст	06512		
Purpose of Expenditure	Description		Event #		Amount		
(by code) MISC	Unofficial Poll Checker on Election Day			405.0	•		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			125.0	U		
	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re) 🔘 Indepen	dent ation OA OB OC OD				
Name of Payee			Date of Payment	Method of	•		
Kory Kolb			11/18/2019	O Check # 160 O Debit Card O EFT			
Street Address		City	10 10 11 11 11	State	Zip Code		
8 Erico Drive		East Haven		СТ	06512		
Purpose of Expenditure	Description .		Event #		Amount		
(by code) MISC	Unofficial Poll Checker on Election Day			125.00			
Expenditure # (if applicable)	None of the below (does not involve another candidate or cos	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D D					
Name of Payee		<u> </u>	Date of Payment	Method of	Payment:		
Kathy Otto			11/18/2019	Check	Card OEFT		
Street Address		City		State	Zip Code		
19 Gerald Stree	t	East Haven		CT	06512		
Purpose of Expenditure	Description		Event #		Amount		
(by code) MiSC	Unofficial Poll Checker on Election Day			125.0	00		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee)	ndent)			
Name of Payee			Date of Payment	Method of	•		
Brianna Brocket	t		11/18/2019	Check	_		
Street Address		City		O Debit State	Card OEFT Zip Code		
74 Bradley Aver	nue .	East Haven		СТ	06512		
Purpose of Expenditure	Description		Event #		Amount		
(by code) MISC	Unofficial Poll Checker on Election Day		125.00				
Expenditure # (if applicable)	Property of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD						
	S	SUBTOTAL Section P —	- This Page 500.00				

Section P. ADDITIONAL PAGE

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Big Steve Trace	ey for Mayor		J	anuary 10th Filin	ing			
	P. Expenses	Paid by Committee						
Name of Payee			Da	ite of Payment	Method of	•		
Sarah Parlato			1	1/18/2019	Check			
Street Address		City			State	Zip Code		
470 Thompson	Avenue	East Haven			ст	06512		
Purpose of Expenditure	Description		Event #			Amount		
(by code) MISC	Unofficial Poll Checker on Election Day				125.0	n		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)		120.00	,		
(if applicable)		None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent						
Name of Payee				te of Payment	Method of I	-		
Karla Sittnick			1	1/18/2019	O Check			
Street Address		City			State	Zip Code		
41 Chidsey Avenue East Haven					СТ	06512		
Purpose of Expenditure	Description		Event #			Amount		
(by code) MISC	Unofficial Poll Checker on Election Day				125.00			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)			_		
(if applicable)	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	a) Independ	_	ОвОсОр				
Name of Payee				te of Payment	Method of I	•		
Will Cote			1	1/18/2019	Check Debit			
Street Address		City			State	Zip Code		
30 Vista Drive		East Haven			СТ	06512		
Purpose of Expenditure	Description		Event #		Amount			
(by code) MISC	Unofficial Poll Checker on Election Day				125.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below" is	s checked)					
,	None of the below (does not involve another candidate or concluded the Coordinated with reimbursement sought (joint expenditute) Coordinated without reimbursement sought (in-kind control of the Coordinated without reimbursement)	re) Indeper		Ов Ос Ор				
Name of Payee				ite of Payment	Method of	•		
Deluxe Corp.			1	1/15/2019	O Check			
Street Address		City	<u></u>		O Debit State	Zip Code		
105 RT 46 Wes	t	Mountain Lakes			NJ	07046		
Purpose of Expenditure	Description		Event #		l	Amount		
(by code) BNK	Check Order Fee				56.74			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checked)		00.7			
(if applicable)	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent OrganizationOA OB OC DD							
	\$	SUBTOTAL Section P —	– This Pa	age 431.74				
	 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			············				

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Big Steve Trace	ey for Mayor		January 10th Fili	ng	
	P. Expenses	Paid by Committee			
Name of Payee AT&T			Date of Payment 11/6/2019	Method of Payment: O Check # O Debit Card OEFT	
Street Address		City		State Zip Code	
208 S. Akard St	reet	Dallas		TX 75202	
Purpose of Expenditure (by code) MISC	Description Minutes for Telephones Used at Headquar	ters	Amount 11.22		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control				
Name of Payee		City	Date of Payment	Method of Payment: Check # Debit Card EFT State Zip Code	
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 un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)	dent		
Name of Payee			Date of Payment	Method of Payment: O Check # Debit Card OEFT	
Street Address		City	1	State Zip Code	
Purpose of Expenditure (by code)	Description		Event#	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) re)			
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card DEFT	
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) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D				
	S	UBTOTAL Section P —	-This Page 11.22		

IV. EXPENDITURES (Sections P—T)

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with F	iling Repository)	TYPE OF REPORT		
Big Steve for Ma	iyor		January 10th	Filing	
	Q. Cam	paign Expenses Paid b	y Candidate		
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)	Date of Payment	Is rein	nbursement claimed?
				0	Yes O No
Street Address	14.4.4.11197-19	City		State	Zip Code
Purpose of Expenditure	Description		Event#		Amount
(by code)					
			Date of Payment	T	nbursement claimed?
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly	')	Date of Fayment		_
				0	
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #		Amount
(by code)	code)				
Name of Paves (Name of	Vendor, Person or Entity who candidate paid directly))	Date of Payment	Is rei	mbursement claimed?
or 1/4) ev (11mme of	,	,	,		Yes No
***************************************		To:		State	Zip Code
Street Address		City		State	Zip code
			and the second s		
Purpose of Expenditure (by code)	Description		Event #		Amount
(ily code)					
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly	·)	Date of Payment	Is rein	mbursement claimed?
				0	Yes No
Street Address		City	<u> </u>	State	Zip Code
			Event #		Amount
Purpose of Expenditure (by code)	Description		ASTOR II		2 8.11.7
:					
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly	')	Date of Payment	Is rein	mbursement claimed?
					Yes O No
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #		Amount
(by code)					
Name of Bones (Name of	 Vendor, Person or Entity who candidate paid directly))	Date of Payment	Is rei	mbursement claimed?
maine or rayee (Maine of	r comment reison of white true continues pain affectly	•		0	
	- Marie - Mari	Lov			Zip Code
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #		Amount
(by code)					
		OVERTION A C			
		SUBTOTAL Se	ction Q — This Page		
		TOTAL of addition	onal Section Q Pages		
		1 O 1711 01 addition			
	TOTAL OI	FALL EXPENSES PAID	BY CANDIDATE		
	(En	ter total on Line 26, Column A c	of Summary Page Totals)		

IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) T					
Big Steve for Ma			January 10th	rilling	
	R. Expenses Incu				
Name of Issuing Insti	tution	Type of Credit (Oor
		O Visa (Master Card Discover OA	merican Expres	Other:
Name of Vendor, Person o	or Entity			Date of	ransaction
		•			
Street Address		City	ANALON CONTROL OF THE STATE OF	State	Zip Code
			•		
Purpose of Expenditure by code)	Description		Event #		Amount
Expenditure # uf applicable)	Type of Expenditure (Itemization in Addendum R Requirement Sought (joint ex Coordinated with reimbursement sought (in-kit)	penditure)	the below" is checked) Independent Organization: A B OC	() D	
Name of Vendor, Person o	or Entity			Date of	Transaction
Street Address	And And And And And And And And And And	City		State	Zip Code
Purpose of Expenditure (by code)	Description	<u>_</u>	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditured Coordinated without reimbursement sought (in-key)	penditure)	the below" is checked) Independent Organization: A B C		
Name of Vendor, Person o	or Entity			Date of	Fransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditured Coordinated without reimbursement sought (in-key)	rpenditure)	The below" is checked) Independent Organization: A OB OC	О В	
		SUBTOTAL Sec	tion R — This Page		
		FOTAL of addition	nal Section R Pages		
ТО	TAL OF ALL EXPENSES INCURRED (Enter total on	ON COMMITTE Line 27, Column A o	E CREDIT CARD f Summary Page Totals)		
			to an extension of the second		

VAME OF COMMIT	TEE (Provide Complete Name as Registered with	h Filing Repository)	TYPE OF REPOR	RT .	
Big Steve for Ma		8.00	January 10th	n Filing	
		red by Committee but Not	Paid During this Period		
Vame of Creditor				Date Incu	теа
Street Address	AMERICAN .	City	Mark Market III	State	Zip Code
³ urpose of Expenditure by code)	Description	1	Event#	1	ount Incurred timate or Actual)
ixpenditure # f applicable)	Type of Expenditure (Itemization in Adden One of the below Coordinated with reimbursement so Coordinated without reimbursement	ought (joint expenditure)	below" is checked) Independent Organization: A B C	Op	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
'urpose of Expenditure by code)	Description		Event #	•	nount Incurred stimate or Actual)
Expenditure # '(f applicable)	Type of Expenditure (Itemization in Adden One of the below Coordinated with reimbursement so Coordinated without reimbursement	ught (joint expenditure)	below" is checked) Independent Organization: A B C	Ор	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure by code)	Description		Event #		nount Incurred stimate or Actual)
Expenditure # of applicable)	Type of Expenditure (Itemization in Adder One of the below Coordinated with reimbursement so Coordinated without reimbursement	ought (joint expenditure)	below" is checked) Independent Organization: A B C	O D	
		SUBTOTAL S	ection S-This Page		
		TOTAL of addition	1al Section S Pages		
TOTAL OF ALL	EXPENSES INCURRED BY COMM	MITTEE DURING THIS PERIO (Enter total on Line 28, Column A of	D BUT NOT PAID Summary Page Totals)		
	Previousl	y reported Expenses Unpaid and	still Outstanding		
	TOTAL OF ALL EXPENSI	ES INCURRED BY COMMITTI Enter total on Line 28a, Column A of	EE BUT NOT PAID Summary Page Totals)		

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposit	ory)		ТҮР	E OF RE	PORT		
Big Steve for Ma				Jar	nuary 1	0th Filin	g	
	T. Itemization of Reim	bursements	and Second	ary Pay	ees			
Last Name of Worker/Con	sultant	First				MI		Payment to Vendor, or Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant					n Section P:	_	e Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code
Purpose of Expenditure (by code)	Description		1	Event #	error			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditured) Coordinated without reimbursement sought (in-kit)	penditure)	O Independ		О В (
Last Name of Worker/Con	sultant	First				МІ		f Payment to Vendor, or Entity
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant	1			reported i	to Reimburse n Section P: ck #	_	e Worker/Consultant as
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 None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kit)	penditure)	e of the below" is Indepen	ndent O	O (+	
Last Name of Worker/Con	nsultant	First				MI		of Payment to Vendor, n or Entity
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant				reported	to Reimburse in Section P: ck #	_	e Worker/Consultant as
Street Address of Vendor,	, Person or Entity Paid by Committee Worker/Consultant	City	2.00	•			State	Zip Code
Purpose of Expenditure (by code)	Description	and the second s		Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requestion of the below Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-ki	penditure)	O Indepen		О (
		SUBTOTA	L Section T	- This Pag	ge .			
		TOTAL of a	dditional Secti	on T Page	es			
TOTAL OF ALI	L REIMBURSEMENT TO COMMITTEE	WORKERS	AND CONST	ULTANI	rs			