

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2012



RECEIVED FOR FILING

JAN 11 2016

TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

Stacy Gwinn, CTC

Do Not Mark in This Space TOWN CLERK

Page 1 of 17

COVER PAGE

1. NAME OF COMMITTEE			
SPEER FOR MAYOR			
2. TREASURER NAME			
First Jan	MI A	Last Lougai	Suffix
3. TREASURER ADDRESS			
Street Address 39 Elm Street	City East Haven	State CT	Zip Code 06512
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11.3.15	5. OFFICE SOUGHT (Complete only if Candidate Committee) MAYOR		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First Michael	MI P	Last SPEER	Suffix
8. TYPE OF REPORT (Check One Box)			
<input checked="" type="radio"/> January 10 filing <input type="radio"/> April 10 filing <input type="radio"/> July 10 filing <input type="radio"/> October 10 filing <input type="radio"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election			
<input type="radio"/> 7th day preceding primary <input type="radio"/> 30 days following primary <input type="radio"/> 7th day preceding election <input type="radio"/> 12th day preceding election (State Central Committees Only) <input type="radio"/> 45 days following election not held in November			
<input type="radio"/> 7th day preceding referendum <input type="radio"/> 45 days following referendum <input type="radio"/> Deficit <input type="radio"/> Termination			
<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) <input type="radio"/> Amendment to Type of Report: _____			
9. PERIOD COVERED			
Beginning Date Ending Date 10.26.15 thru 12.31.15			
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
<i>Jan Lougai</i> TREASURER OR DEPUTY TREASURER (SIGNATURE)		JAN LOUGAI PRINT NAME OF SIGNER	1.10.16 DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised January 2012

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SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
<i>SPEER FOR MAYOR</i>	<i>1-10-16</i>	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		<i>-0-</i>
12. Balance on hand at the beginning of Reporting Period	<i>6,844.53</i>	
13. Contributions Received from Individuals (Sections A and B)	<i>\$13,070.00</i>	<i>43,540.00</i>
14. Receipts from Other Committees (Sections C1 and C2)	<i>1,700</i>	<i>6,915.16</i>
15. Other Monetary Receipts (Sections D through K)	<i>-0-</i>	<i>-0-</i>
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	<i>-0-</i>	<i>-0-</i>
16b. Per Public Act 11-48, effective January 1, 2012 Section L2 removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) <i>Municipal and Town Committees ONLY</i>	<i>-0-</i>	<i>\$875.00</i>
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	<i>\$14,770.00</i>	<i>51,330.46</i>
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	<i>\$21,614.53</i>	<i>51,330.46</i>
19. Expenses Paid by Committee (Section P)	<i>\$21,581.64</i>	<i>51,297.57</i>
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	<i>\$32.89</i>	<i>\$32.89</i>
21. In-Kind Donations not Considered Contributions Received (Section L4)	<i>-0-</i>	<i>-0-</i>
22. In-Kind Contributions Received (Section M)	<i>-0-</i>	<i>-0-</i>
23. Refundable Deposit to Telephone Company (Section N)	<i>-0-</i>	<i>-0-</i>
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>	<i>-0-</i>	<i>-0-</i>
25. Beginning Loan Balance	<i>-0-</i>	
25a. + Loans Received (Section D)	<i>-0-</i>	<i>-0-</i>
25b. + Interest and Penalties on Loan	<i>-0-</i>	<i>-0-</i>
25c. - Payments on Loan	<i>-0-</i>	<i>-0-</i>
25d. Total Outstanding Loan Amount	<i>-0-</i>	
26. Campaign Expenses Paid by Candidate (Section Q)	<i>\$1276.20</i>	<i>\$1276.20</i>
27. Expenses Incurred on Committee Credit Card (Section R)	<i>-0-</i>	<i>-0-</i>
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<i>-0-</i>	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	<i>-0-</i>	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE SPEER FOR MAYOR		TYPE OF REPORT 1-10-16	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ - 0 -	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
SUBTOTAL Section B — This Page			- 0 -
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			

Section B. ADDITIONAL PAGE 4 of 45

NAME OF COMMITTEE SPEER FOR MAYOR				TYPE OF REPORT 11/10/16	
B. Itemized Contributions from Individuals					
Last Name Pacelli		First Louis		MI	
Residential Street Address 107 Foxon Road		City East Haven		State Ct	Zip Code 06513
Principal Occupation Labor		Name of Employer Town of East Haven			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 103015 E		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		20.00	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10.30.15		Aggregate Contributions 175.	
Last Name Esposito		First Elizabeth		MI	
Residential Street Address 11 Park Ave		City East Haven		State Ct	Zip Code 06512
Principal Occupation Clinical Team Assistant		Name of Employer Patient Care			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 103015 E		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		50.00	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10.30.15		Aggregate Contributions 225.00	
Last Name Camera		First Vincent		MI A	
Residential Street Address 43 Forbes Place		City East Haven		State Ct	Zip Code 06512
Principal Occupation Worker		Name of Employer L C Cash & Carry			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 103015 E		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		40.00	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions 60.00	
SUBTOTAL Section B — This Page					110.00

Section B. ADDITIONAL PAGE 5 of 45

NAME OF COMMITTEE <i>SPEER FOR MAYOR</i>				TYPE OF REPORT <i>1-10-16</i>		
B. Itemized Contributions from Individuals						
Last Name <i>Cerilli</i>		First <i>Sarah</i>		MI		
Residential Street Address <i>14 Gerrish Ave</i>		City <i>East Haven</i>		State <i>CT</i>	Zip Code <i>06512</i>	
Principal Occupation <i>Secretary</i>		Name of Employer <i>Town of East Haven</i>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution <i>20.00</i>	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # 103015E</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>10.30.15</i>		Aggregate Contributions <i>220.00</i>		
Last Name <i>Mathews</i>		First <i>Bridget</i>		MI		
Residential Street Address <i>5 LENOX Street</i>		City <i>East Haven</i>		State <i>CT</i>	Zip Code <i>06512</i>	
Principal Occupation <i>Retired</i>		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution <i>10.00</i>	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # 103015E</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>10.30.15</i>		Aggregate Contributions <i>260.00</i>		
Last Name <i>Giulinno</i>		First <i>John</i>		MI <i>M</i>		
Residential Street Address <i>11 Leonard St</i>		City <i>East Haven</i>		State <i>CT</i>	Zip Code <i>06512</i>	
Principal Occupation <i>Porter</i>		Name of Employer <i>Evergreen woods</i>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution <i>40.00</i>	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # 103015E</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>10.30.15</i>		Aggregate Contributions <i>40.</i>		
Last Name		First		MI		
SUBTOTAL Section B — This Page					<i>70.00</i>	

Section B. ADDITIONAL PAGE 6 of 45

NAME OF COMMITTEE <u>SPEER FOR MAYOR</u>	TYPE OF REPORT <u>1-10-14</u>
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B. Itemized Contributions from Individuals

Last Name <u>Stacey</u>		First <u>Jack</u>		MI	
Residential Street Address <u>82 Forbes Place</u>		City <u>East Haven</u>		State <u>CT</u>	Zip Code <u>06512</u>
Principal Occupation <u>Teacher</u>		Name of Employer <u>New Haven BOE</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution <u>20.00</u>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>1030155</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>10.30.15</u>		Aggregate Contributions <u>20.00</u>	

Last Name <u>Rice</u>		First <u>Vincent</u>		MI <u>A</u>	
Residential Street Address <u>345 Short Beach Rd</u>		City <u>East Haven</u>		State <u>CT</u>	Zip Code <u>06512</u>
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution <u>20.00</u>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>1030155</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions <u>20.00</u>	

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

SUBTOTAL Section B — This Page	<u>40.00</u>
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NAME OF COMMITTEE <i>SPEER FOR MAYOR</i>				TYPE OF REPORT <i>1-10-16</i>	
B. Itemized Contributions from Individuals					
Last Name <i>Pellegrino</i>			First <i>Mary Ann</i>		MI
Residential Street Address <i>90 Gerrish Ave</i>			City <i>East Haven</i>		State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # 103015E</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		100.00	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <i>10.30.16</i>		Aggregate Contributions <i>385.00</i>
Last Name <i>Ruocco</i>			First <i>Gennaro</i>		MI
Residential Street Address <i>74 Bennett Road</i>			City <i>East Haven</i>		State <i>CT</i> Zip Code <i>06513</i>
Principal Occupation <i>Retired</i>			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # 103015E</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		50.00	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <i>10.30.15</i>		Aggregate Contributions <i>350</i>
Last Name <i>Paulson</i>			First <i>Patrick</i>		MI
Residential Street Address <i>919 North High St</i>			City <i>East Haven</i>		State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		25.00	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <i>10.30.15</i>		Aggregate Contributions <i>25.00</i>
SUBTOTAL Section B — This Page					<i>175.00</i>

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NAME OF COMMITTEE <i>SPEER FOR MAYOR</i>				TYPE OF REPORT <i>1-10-16</i>	
B. Itemized Contributions from Individuals					
Last Name <i>Esposito</i>			First <i>Joann</i>		MI
Residential Street Address <i>85 Frances St Ext</i>			City <i>East Haven</i>		State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <i>103015E</i>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		50.00	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <i>10.30.15</i>		Aggregate Contributions <i>180.00</i>
Last Name <i>Di Palma</i>			First <i>Richard</i>		MI
Residential Street Address <i>10 Seaview Ave</i>			City <i>East Haven</i>		State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <i>103015E</i>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		50.00	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received		Aggregate Contributions <i>175</i>
Last Name <i>Abbott</i>			First <i>Linda</i>		MI <i>A</i>
Residential Street Address <i>53 Laurel St</i>			City <i>East Haven</i>		State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <i>103015E</i>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		25.00	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <i>10.30.15</i>		Aggregate Contributions <i>180.00</i>
SUBTOTAL Section B — This Page					<i>125.00</i>

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NAME OF COMMITTEE		TYPE OF REPORT	
SPEER FOR MAYOR		1-10-16	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Alessandroni		Stephen	
Residential Street Address		City	State Zip Code
45 Elm St		East Haven	CT 06512
Principal Occupation		Name of Employer	
Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		100.00	
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes If yes, list Event # 103010-E		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10-30-15	100.00
Last Name		First	MI
Hargraves		Linda	
Residential Street Address		City	State Zip Code
521 Thompson Ave		East Haven	CT 06512
Principal Occupation		Name of Employer	
Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		50.00	
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes If yes, list Event # 103015-E		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10-30-15	50.00
Last Name		First	MI
Luniga		Heerman	
Residential Street Address		City	State Zip Code
87 Dodge Ave		East Haven	CT 06512
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		100.00	
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes If yes, list Event # 103015-E		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10-30-15	100.00
SUBTOTAL Section B — This Page			250.00

Section B. ADDITIONAL PAGE 10 of 45

NAME OF COMMITTEE <i>SPEER FOR MAYOR</i>		TYPE OF REPORT <i>1-10-16</i>	
B. Itemized Contributions from Individuals			
Last Name <i>Maisano</i>		First <i>Christine</i>	
Residential Street Address <i>28 Renshaw Dr.</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 103010E</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>10.30.15</i>	Aggregate Contributions <i>250.00</i>
Last Name		First	
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
Last Name		First	
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
Last Name		First	
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
SUBTOTAL Section B — This Page			<i>250.00</i>

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NAME OF COMMITTEE <u>SPEER FOR MAYOR</u>				TYPE OF REPORT <u>1-10-16</u>	
B. Itemized Contributions from Individuals					
Last Name <u>MORALES</u>		First <u>Letizia</u>		MI	
Residential Street Address <u>125 Thompson Ave</u>		City <u>East Haven</u>		State <u>CT</u>	Zip Code <u>06512</u>
Principal Occupation <u>—</u>		Name of Employer <u>State of CT</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>103015E</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		100.00	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>10.30.15</u>	Aggregate Contributions <u>100.00</u>		
Last Name <u>Paglin</u>		First <u>Betty</u>		MI	
Residential Street Address <u>24 Norwood Road</u>		City <u>New Haven</u>		State <u>CT</u>	Zip Code <u>06513</u>
Principal Occupation <u>—</u>		Name of Employer <u>MARCUS Law Firm</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>103015E</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		500.00	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>10.30.15</u>	Aggregate Contributions <u>500.00</u>		
Last Name <u>MARCUS</u>		First <u>Edward</u>		MI	
Residential Street Address <u>100 Stony Creek Road</u>		City <u>Branford</u>		State <u>CT</u>	Zip Code <u>06405</u>
Principal Occupation <u>Attorney</u>		Name of Employer <u>Self</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>103015E</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		1000.00	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>10.30.15</u>	Aggregate Contributions <u>1,000.00</u>		
SUBTOTAL Section B — This Page					<u>1650.00</u>

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NAME OF COMMITTEE <i>SPEER FOR Mayor</i>				TYPE OF REPORT <i>1-1016</i>		
B. Itemized Contributions from Individuals						
Last Name <i>FARROW</i>		First <i>Edwin</i>		MI		
Residential Street Address <i>357 Pearl Street</i>		City <i>Bridgeport</i>		State <i>CT</i>	Zip Code <i>06608</i>	
Principal Occupation <i>ATTORNEY</i>		Name of Employer <i>MARCUS LAW FIRM</i>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>700.00</i>		
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>103015E</i>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>10.30.15</i>				Aggregate Contributions <i>1000.00</i>
Last Name <i>MARCUS</i>		First <i>Susan</i>				MI
Residential Street Address <i>175 S. END Road</i>		City <i>East Haven</i>		State <i>CT</i>	Zip Code <i>06512</i>	
Principal Occupation <i>Messenger</i>		Name of Employer <i>MARCUS LAW FIRM</i>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>1000.00</i>		
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>103015E</i>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>10.30.15</i>				Aggregate Contributions <i>1000.00</i>
Last Name <i>Spader</i>		First <i>Walter</i>				MI
Residential Street Address <i>15 Leighton</i>		City <i>North Haven</i>		State <i>CT</i>	Zip Code <i>06473</i>	
Principal Occupation <i>ATTORNEY</i>		Name of Employer <i>MARCUS LAW FIRM</i>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>1000.00</i>		
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>103015E</i>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>10.30.15</i>				Aggregate Contributions <i>1000.00</i>
<div style="text-align: right; font-weight: bold;">SUBTOTAL Section B — This Page</div> <div style="text-align: right; font-size: 1.2em; margin-top: 10px;"><i>2700.00</i></div>						

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NAME OF COMMITTEE <i>SPEER FOR MAYOR</i>				TYPE OF REPORT <i>1-10-16</i>	
B. Itemized Contributions from Individuals					
Last Name <i>Marcus</i>		First <i>Nicole</i>		MI	
Residential Street Address <i>20 Country Club Rd</i>		City <i>Seymour</i>		State <i>CT</i>	Zip Code <i>06483</i>
Principal Occupation <i>Head teacher</i>		Name of Employer <i>New Haven BOE</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>1000. -</i>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <i>103015F</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>10.30.15</i>	Aggregate Contributions <i>1000. -</i>		
Last Name <i>Thompson</i>		First <i>Thomas</i>		MI	
Residential Street Address <i>21 Mill Hill Circle</i>		City <i>East Haven</i>		State <i>CT</i>	Zip Code <i>06513</i>
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>100.00</i>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <i>103015F</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>10.30.15</i>	Aggregate Contributions <i>120.00</i>		
Last Name <i>Short</i>		First <i>Matthew</i>		MI	
Residential Street Address <i>481 George Street</i>		City <i>New Haven</i>		State <i>CT</i>	Zip Code <i>06511</i>
Principal Occupation <i>Real Estate</i>		Name of Employer <i>Chelsa Company</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>100.00</i>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <i>103015F</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>10.30.15</i>	Aggregate Contributions <i>100. -</i>		
SUBTOTAL Section B — This Page					<i>1200. -</i>

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NAME OF COMMITTEE <i>SPEER FOR MAYOR</i>				TYPE OF REPORT <i>1-10-16</i>	
B. Itemized Contributions from Individuals					
Last Name <i>Sparaco</i>		First <i>Magdalen</i>		MI <i>P</i>	
Residential Street Address <i>215 Ebbon Street</i>		City <i>East Haven</i>		State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # 10 3010 E</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		50.00	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>10.30.15</i>	Aggregate Contributions <i>350.-</i>		
Last Name <i>Lougal</i>		First <i>Scott</i>		MI	
Residential Street Address <i>25 Queach Rd</i>		City <i>Branford</i>		State <i>CT</i>	Zip Code <i>06405</i>
Principal Occupation <i>Probation Chief</i>		Name of Employer <i>State of CT</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No		450.00	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>10/29/2016</i>	Aggregate Contributions <i>510.00</i>		
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions		
SUBTOTAL Section B — This Page				<i>500.00</i>	

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NAME OF COMMITTEE <div style="font-size: 1.2em; font-family: cursive;">SPEER FOR MAYOR</div>				TYPE OF REPORT <div style="font-size: 1.2em; font-family: cursive;">1-10-16</div>	
B. Itemized Contributions from Individuals					
Last Name <div style="font-size: 1.2em; font-family: cursive;">Welch</div>			First <div style="font-size: 1.2em; font-family: cursive;">Victoria</div>		MI
Residential Street Address <div style="font-size: 1.2em; font-family: cursive;">6 Fellsmere Farm Rd</div>			City <div style="font-size: 1.2em; font-family: cursive;">Branford</div>		State <div style="font-size: 1.2em; font-family: cursive;">CT</div>
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		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? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Amount of Contribution <div style="font-size: 1.2em; font-family: cursive;">500.00</div>	
Is this contribution associated with a fundraising event listed in Section L1? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____ </div>		Is contributor a principal of a state contractor or prospective state contractor? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <div style="display: inline-block; width: 40px;"> <input type="checkbox"/> Executive </div> <div style="display: inline-block; width: 40px;"> <input type="checkbox"/> Legislative </div> </div>			
Method of Contribution: <div style="font-size: 0.8em;"> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order </div>		Date Received <div style="font-size: 1.2em; font-family: cursive;">9-28-15</div>			
		Aggregate Contributions <div style="font-size: 1.2em; font-family: cursive;">500.00</div>			
Last Name <div style="font-size: 1.2em; font-family: cursive;">Joseph</div>			First <div style="font-size: 1.2em; font-family: cursive;">Adam</div>		MI
Residential Street Address <div style="font-size: 1.2em; font-family: cursive;">25 Parker Place</div>			City <div style="font-size: 1.2em; font-family: cursive;">New Haven</div>		State <div style="font-size: 1.2em; font-family: cursive;">CT</div>
Principal Occupation <div style="font-size: 1.2em; font-family: cursive;">Communications</div>			Name of Employer <div style="font-size: 1.2em; font-family: cursive;">State of CT</div>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		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? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Amount of Contribution <div style="font-size: 1.2em; font-family: cursive;">100.00</div>	
Is this contribution associated with a fundraising event listed in Section L1? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____ </div>		Is contributor a principal of a state contractor or prospective state contractor? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <div style="display: inline-block; width: 40px;"> <input type="checkbox"/> Executive </div> <div style="display: inline-block; width: 40px;"> <input type="checkbox"/> Legislative </div> </div>			
Method of Contribution: <div style="font-size: 0.8em;"> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order </div>		Date Received <div style="font-size: 1.2em; font-family: cursive;">10/29/2015</div>			
		Aggregate Contributions <div style="font-size: 1.2em; font-family: cursive;">\$100</div>			
Last Name <div style="font-size: 1.2em; font-family: cursive;">Joseph</div>			First <div style="font-size: 1.2em; font-family: cursive;">Adrianna</div>		MI
Residential Street Address <div style="font-size: 1.2em; font-family: cursive;">25 Parker Place</div>			City <div style="font-size: 1.2em; font-family: cursive;">New Haven</div>		State <div style="font-size: 1.2em; font-family: cursive;">CT</div>
Principal Occupation <div style="font-size: 1.2em; font-family: cursive;">Education</div>			Name of Employer <div style="font-size: 1.2em; font-family: cursive;">City of New Haven</div>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		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? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Amount of Contribution <div style="font-size: 1.2em; font-family: cursive;">100.00</div>	
Is this contribution associated with a fundraising event listed in Section L1? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____ </div>		Is contributor a principal of a state contractor or prospective state contractor? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <div style="display: inline-block; width: 40px;"> <input type="checkbox"/> Executive </div> <div style="display: inline-block; width: 40px;"> <input type="checkbox"/> Legislative </div> </div>			
Method of Contribution: <div style="font-size: 0.8em;"> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order </div>		Date Received <div style="font-size: 1.2em; font-family: cursive;">10/29/2015</div>			
		Aggregate Contributions <div style="font-size: 1.2em; font-family: cursive;">100.00</div>			
SUBTOTAL Section B — This Page					700.00

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NAME OF COMMITTEE <div style="font-size: 1.2em; font-family: cursive;">SPEER FOR MAYOR</div>				TYPE OF REPORT <div style="font-size: 1.2em; font-family: cursive;">1-10-16</div>	
B. Itemized Contributions from Individuals					
Last Name <div style="font-size: 1.2em; font-family: cursive;">Lougol</div>			First <div style="font-size: 1.2em; font-family: cursive;">Jan</div>		MI
Residential Street Address <div style="font-size: 1.2em; font-family: cursive;">39 Elm St</div>			City <div style="font-size: 1.2em; font-family: cursive;">East Haven</div>		State <div style="font-size: 1.2em; font-family: cursive;">CT</div>
Principal Occupation <div style="font-size: 1.2em; font-family: cursive;">Director</div>			Name of Employer <div style="font-size: 1.2em; font-family: cursive;">Town of East Haven</div>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		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? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____ </div>		Is contributor a principal of a state contractor or prospective state contractor? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative </div> </div>		500. -	
Method of Contribution: <div style="font-size: 0.8em;"> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order </div>			Date Received <div style="font-size: 1.2em; font-family: cursive;">10.31.15</div>		Aggregate Contributions <div style="font-size: 1.2em; font-family: cursive;">939.00</div>
Last Name <div style="font-size: 1.2em; font-family: cursive;">Lougol</div>			First <div style="font-size: 1.2em; font-family: cursive;">Tabitha</div>		MI
Residential Street Address <div style="font-size: 1.2em; font-family: cursive;">33 Elm St</div>			City <div style="font-size: 1.2em; font-family: cursive;">East Haven</div>		State <div style="font-size: 1.2em; font-family: cursive;">CT</div>
Principal Occupation <div style="font-size: 1.2em; font-family: cursive;">Teacher</div>			Name of Employer <div style="font-size: 1.2em; font-family: cursive;">Ben Haven</div>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		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? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____ </div>		Is contributor a principal of a state contractor or prospective state contractor? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative </div> </div>		900.00	
Method of Contribution: <div style="font-size: 0.8em;"> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order </div>			Date Received <div style="font-size: 1.2em; font-family: cursive;">10.31.15</div>		Aggregate Contributions <div style="font-size: 1.2em; font-family: cursive;">1,900. -</div>
Last Name <div style="font-size: 1.2em; font-family: cursive;">Speer</div>			First <div style="font-size: 1.2em; font-family: cursive;">Tamera</div>		MI
Residential Street Address <div style="font-size: 1.2em; font-family: cursive;">33 Elm St</div>			City <div style="font-size: 1.2em; font-family: cursive;">East Haven</div>		State <div style="font-size: 1.2em; font-family: cursive;">CT</div>
Principal Occupation <div style="font-size: 1.2em; font-family: cursive;"></div>			Name of Employer <div style="font-size: 1.2em; font-family: cursive;"></div>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		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? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____ </div>		Is contributor a principal of a state contractor or prospective state contractor? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative </div> </div>		800.00	
Method of Contribution: <div style="font-size: 0.8em;"> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order </div>			Date Received <div style="font-size: 1.2em; font-family: cursive;">10.31.15</div>		Aggregate Contributions <div style="font-size: 1.2em; font-family: cursive;">900. -</div>
SUBTOTAL Section B — This Page					2,200

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NAME OF COMMITTEE <div style="font-size: 1.2em; font-family: cursive;">SPEER FOR MAYOR</div>				TYPE OF REPORT <div style="font-size: 1.2em; font-family: cursive;">H0116</div>	
B. Itemized Contributions from Individuals					
Last Name <div style="font-size: 1.2em; font-family: cursive;">SPEER</div>		First <div style="font-size: 1.2em; font-family: cursive;">STANLEY</div>		MI	
Residential Street Address <div style="font-size: 1.2em; font-family: cursive;">33 Elm St</div>		City <div style="font-size: 1.2em; font-family: cursive;">East Haven</div>		State <div style="font-size: 1.2em; font-family: cursive;">CT</div>	Zip Code <div style="font-size: 1.2em; font-family: cursive;">06512</div>
Principal Occupation		Name of Employer <div style="font-size: 1.2em; font-family: cursive;">Pratt & Whitney</div>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		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? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Amount of Contribution <div style="font-size: 1.2em; font-family: cursive;">800.00</div>	
Is this contribution associated with a fundraising event listed in Section L1? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____ </div>		Is contributor a principal of a state contractor or prospective state contractor? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <div style="display: inline-block; width: 40px;"> <input type="checkbox"/> Executive </div> <div style="display: inline-block; width: 40px;"> <input type="checkbox"/> Legislative </div> </div>		Aggregate Contributions <div style="font-size: 1.2em; font-family: cursive;">\$1,000</div>	
Method of Contribution: <div style="font-size: 0.8em;"> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order </div>		Date Received		Aggregate Contributions	
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		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? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____ </div>		Is contributor a principal of a state contractor or prospective state contractor? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <div style="display: inline-block; width: 40px;"> <input type="checkbox"/> Executive </div> <div style="display: inline-block; width: 40px;"> <input type="checkbox"/> Legislative </div> </div>		Aggregate Contributions	
Method of Contribution: <div style="font-size: 0.8em;"> <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order </div>		Date Received		Aggregate Contributions	
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		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? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____ </div>		Is contributor a principal of a state contractor or prospective state contractor? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <div style="display: inline-block; width: 40px;"> <input type="checkbox"/> Executive </div> <div style="display: inline-block; width: 40px;"> <input type="checkbox"/> Legislative </div> </div>		Aggregate Contributions	
Method of Contribution: <div style="font-size: 0.8em;"> <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order </div>		Date Received		Aggregate Contributions	
SUBTOTAL Section B — This Page					<div style="font-size: 1.5em; font-family: cursive;">800.00</div>

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NAME OF COMMITTEE <div style="font-size: 1.2em; font-family: cursive;">SPEER FOR Mayor</div>				TYPE OF REPORT <div style="font-size: 1.2em; font-family: cursive;">1.10.14</div>	
B. Itemized Contributions from Individuals					
Last Name <div style="font-size: 1.2em; font-family: cursive;">Stanard</div>			First <div style="font-size: 1.2em; font-family: cursive;">Tammy</div>		MI
Residential Street Address <div style="font-size: 1.2em; font-family: cursive;">50 B Cosey Beach Ave</div>			City <div style="font-size: 1.2em; font-family: cursive;">East Haven</div>		State <div style="font-size: 1.2em; font-family: cursive;">CT</div>
Principal Occupation			Name of Employer <div style="font-size: 1.2em; font-family: cursive;">Self</div>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		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? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		Amount of Contribution <div style="font-size: 1.5em; font-family: cursive;">300.</div>	
Is this contribution associated with a fundraising event listed in Section L1? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <div style="font-size: 1.1em; font-family: cursive;">10.30.15</div> </div>		Is contributor a principal of a state contractor or prospective state contractor? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <div style="font-size: 0.8em;"> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative </div> </div>		300.	
Method of Contribution: <div style="font-size: 0.8em;"> <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order </div>		Date Received <div style="font-size: 1.1em; font-family: cursive;">10.30.15</div>			
		Aggregate Contributions <div style="font-size: 1.1em; font-family: cursive;">450. -</div>			
Last Name <div style="font-size: 1.2em; font-family: cursive;">Vigilante</div>			First <div style="font-size: 1.2em; font-family: cursive;">Christopher</div>		MI
Residential Street Address <div style="font-size: 1.2em; font-family: cursive;">118 Hillside Ave</div>			City <div style="font-size: 1.2em; font-family: cursive;">Middford</div>		State <div style="font-size: 1.2em; font-family: cursive;">CT</div>
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		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? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		Amount of Contribution <div style="font-size: 1.5em; font-family: cursive;">500.</div>	
Is this contribution associated with a fundraising event listed in Section L1? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <div style="font-size: 1.1em; font-family: cursive;">10.30.15</div> </div>		Is contributor a principal of a state contractor or prospective state contractor? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <div style="font-size: 0.8em;"> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative </div> </div>		500.	
Method of Contribution: <div style="font-size: 0.8em;"> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order </div>		Date Received			
		Aggregate Contributions <div style="font-size: 1.1em; font-family: cursive;">500. -</div>			
Last Name			First		MI
Residential Street Address			City		State
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		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? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____ </div>		Is contributor a principal of a state contractor or prospective state contractor? <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <div style="font-size: 0.8em;"> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative </div> </div>			
Method of Contribution: <div style="font-size: 0.8em;"> <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order </div>		Date Received			
		Aggregate Contributions			
SUBTOTAL Section B — This Page					800. -

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NAME OF COMMITTEE <div style="font-size: 1.2em; font-family: cursive;">SPEER FOR MAYOR</div>				TYPE OF REPORT <div style="font-size: 1.2em; font-family: cursive;">1.10.16</div>	
B. Itemized Contributions from Individuals					
Last Name <div style="font-size: 1.2em; font-family: cursive;">Cox</div>		First <div style="font-size: 1.2em; font-family: cursive;">Robert</div>		MI	
Residential Street Address <div style="font-size: 1.2em; font-family: cursive;">2015 Chapel Street</div>		City <div style="font-size: 1.2em; font-family: cursive;">New Haven</div>		State <div style="font-size: 1.2em; font-family: cursive;">CT</div>	Zip Code <div style="font-size: 1.2em; font-family: cursive;">06515</div>
Principal Occupation <div style="font-size: 1.2em; font-family: cursive;">Attorney</div>		Name of Employer <div style="font-size: 1.2em; font-family: cursive;">Halleran & Sage Halleran Sage LLP</div>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		250.	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <div style="font-size: 1.2em; font-family: cursive;">10.28.15</div>		Aggregate Contributions <div style="font-size: 1.2em; font-family: cursive;">250.-</div>	
Last Name <div style="font-size: 1.2em; font-family: cursive;">Enright</div>		First <div style="font-size: 1.2em; font-family: cursive;">Brian</div>		MI	
Residential Street Address <div style="font-size: 1.2em; font-family: cursive;">41 Cardinal Rd</div>		City <div style="font-size: 1.2em; font-family: cursive;">East Lyme</div>		State <div style="font-size: 1.2em; font-family: cursive;">CT</div>	Zip Code <div style="font-size: 1.2em; font-family: cursive;">06333</div>
Principal Occupation <div style="font-size: 1.2em; font-family: cursive;">Attorney</div>		Name of Employer <div style="font-size: 1.2em; font-family: cursive;">Halleran Sage LLP</div>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		250.-	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <div style="font-size: 1.2em; font-family: cursive;">10.28.15</div>		Aggregate Contributions <div style="font-size: 1.2em; font-family: cursive;">250.</div>	
Last Name <div style="font-size: 1.2em; font-family: cursive;">McGrath</div>		First <div style="font-size: 1.2em; font-family: cursive;">William</div>		MI <div style="font-size: 1.2em; font-family: cursive;">J</div>	
Residential Street Address <div style="font-size: 1.2em; font-family: cursive;">15 Grace Lane</div>		City		State	Zip Code
Principal Occupation <div style="font-size: 1.2em; font-family: cursive;">Attorney</div>		Name of Employer <div style="font-size: 1.2em; font-family: cursive;">Halleran & Sage LLP</div>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		250.-	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <div style="font-size: 1.2em; font-family: cursive;">10.28.15</div>		Aggregate Contributions <div style="font-size: 1.2em; font-family: cursive;">250.</div>	
SUBTOTAL Section B — This Page					\$750.00

Section B. ADDITIONAL PAGE 20 of 45

NAME OF COMMITTEE SPEER FOR MAYOR				TYPE OF REPORT 1.10.15	
B. Itemized Contributions from Individuals					
Last Name Maheer		First James		MI	
Residential Street Address 200 Glen Pkwy		City Hamden		State CT	Zip Code 06517
Principal Occupation Attorney		Name of Employer Halloran & Sage			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10.28.15	Aggregate Contributions 250.		
Last Name Gianno		First Berzide		MI	
Residential Street Address 124 Edgehill Road		City New Haven		State CT	Zip Code 06511
Principal Occupation Attorney		Name of Employer Halloran & Sage			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10.28.15	Aggregate Contributions 250.		
Last Name TUNG		First Nicole		MI	
Residential Street Address 560 Portland Circle		City Cheshire		State CT	Zip Code 06410
Principal Occupation Attorney		Name of Employer Halloran & Sage			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10.31.15	Aggregate Contributions 250.		
SUBTOTAL Section B — This Page					
750.00					

I. MONETARY RECEIPTS (Sections A—K)

21-40

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
SPEER FOR MAYOR						1-10-16	
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
UNITE HERE TIP State & Local Fund				TIM BARNS			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
275 Seventh Ave			If yes, list Event #			1,000	
City	State	Zip Code	Date Received	Aggregate Contributions			
New York	NY	10001	10-28-15	1,000.00			
Name of Committee				Name of Treasurer			
Propel Pac				Diana Palmer			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
104 Shunpike Rd			If yes, list Event #			250.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
Cromwell	CT	06416	10-23-15	250.00			
Name of Committee				Name of Treasurer			
Ritter Pac				Sebastian Lombardi			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
169 North Beacon St			If yes, list Event #			200.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
Hartford	CT	06105	10-26-15	200.00			
C2. Reimbursements or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Address				City		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type			Amount of Receipt		
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
Name of Committee				Name of Treasurer			
Address				City		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type			Amount of Receipt		
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
SUBTOTAL Section C — This Page						1450.00	
TOTAL of additional Section C Pages							
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)							

I. MONETARY RECEIPTS (Sections A—K)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>SPEER FOR MAYOR</i>						TYPE OF REPORT <i>1-10-16</i>	
C1. Contributions from Other Committees							
Name of Committee <i>Middle Sex Area Team for Tomorrow</i>					Name of Treasurer <i>Math Macenas</i>		
Address <i>62 Grove St.</i>				Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #</i>		Amount of Contribution <i>250.00</i>	
City <i>W. Hartford CT</i>	State <i>CT</i>	Zip Code <i>06110</i>	Date Received <i>11/05/2015</i>	Aggregate Contributions <i>500.00</i>			
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #</i>		Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #</i>		Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			
C2. Reimbursements or Surplus Distributions from other Committees							
Name of Committee					Name of Treasurer		
Address				City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				Amount of Receipt	
Description							
Name of Committee					Name of Treasurer		
Address				City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				Amount of Receipt	
Description							
SUBTOTAL Section C — This Page						<i>\$250.00</i>	
TOTAL of additional Section C Pages							
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>							

I. MONETARY RECEIPTS (Sections A—K)

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NAME OF COMMITTEE				TYPE OF REPORT	
SPEER FOR MAYOR				1-10-10	
D. Loans Received this Period					
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
TOTAL SECTION D					
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)					
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions		
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions		
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions		
TOTAL SECTION E					

I. MONETARY RECEIPTS (Sections A—K)

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NAME OF COMMITTEE SPEER FOR MAYOR		TYPE OF REPORT 1-10-16
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)		
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #	Amount
TOTAL SECTION F		
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)		
Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
TOTAL SECTION G		
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)		
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
TOTAL SECTION H		-0-
I. Anonymous Contributions		
Per Public Act 11-48, Anonymous Contributions may no longer be deposited in any amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.		

I. MONETARY RECEIPTS (Sections A—K)

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NAME OF COMMITTEE				TYPE OF REPORT	
SPEER FOR Mayor				1-10-16	
J. Interest from Deposits in Authorized Accounts					
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
TOTAL SECTION J					
K. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					Amount Received
Name			Date of Transaction		
Street Address		City	State	Zip Code	Amount Received
Description					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					Amount Received
Name			Date of Transaction		
Street Address		City	State	Zip Code	Amount Received
Description					
TOTAL SECTION K					-0-
SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)					
Total Loans Received this Period (Section D)					
Total Receipts from Entities other than Individuals or Other Committees (Section E)					+
Total Amount Transferred from Affiliated Business Treasury (Section F)					+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)					+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)					+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)					+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)					+
Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15 of Summary Page Totals)					

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

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NAME OF COMMITTEE		TYPE OF REPORT	
SPEER FOR MAYOR		1-10-16	
L1. Fundraiser Event Information			
Fundraising Event # Date of Fundraiser Letter		Description	
Location: Street Address		City	State Zip Code
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input type="text" value="\$"/> <input type="radio"/> No	
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input type="text" value="\$"/> <input type="radio"/> No	
Fundraising Event # Date of Fundraiser Letter		Description	
Location: Street Address		City	State Zip Code
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input type="text" value="\$"/> <input type="radio"/> No	
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input type="text" value="\$"/> <input type="radio"/> No	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page		0	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			
TOTAL of additional Section L1 Pages			
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)			

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

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

NAME OF COMMITTEE <i>SPEER FOR MAYOR</i>					TYPE OF REPORT <i>1-10-16</i>	
L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)						
Name of Purchaser					Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY) Total Purchases of Advertising in Program Book — This Page					<i>— 0 —</i>	
SUBTOTAL Section L3 (Town Committees ONLY) Total Purchases of Advertising on a Sign — This Page						
TOTAL of additional Section L3 Pages						
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c of Summary Page Totals)						

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

28945

NAME OF COMMITTEE				TYPE OF REPORT	
SPEER FOR MAYOR				1-10-16	
L4. In-Kind Donations Not Considered Contributions					
Name of Donor					
Street Address			City		State Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity					
<input type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event		
<input type="radio"/> Sole Proprietorship					
Name of Donor					
Street Address			City		State Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity					
<input type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event		
<input type="radio"/> Sole Proprietorship					
Name of Donor					
Street Address			City		State Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity					
<input type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event		
<input type="radio"/> Sole Proprietorship					
Name of Donor					
Street Address			City		State Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity					
<input type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event		
<input type="radio"/> Sole Proprietorship					
Name of Donor					
Street Address			City		State Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity					
<input type="radio"/> Individual	Date Received	Event #	Aggregate value for this Event		
<input type="radio"/> Sole Proprietorship					
SUBTOTAL Section L4— This Page				- 0 -	
TOTAL of additional Section L4 Pages					
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page Totals)					

III. NONMONETARY RECEIPTS (Sections M—O)

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NAME OF COMMITTEE SPEER FOR Mayor	TYPE OF REPORT 1-10-16
---	----------------------------------

M. In-Kind Contributions

Name				
Street Address		City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Fair Market Value of this Contribution
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Name				
Street Address		City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Fair Market Value of this Contribution
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Name				
Street Address		City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Fair Market Value of this Contribution
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			

SUBTOTAL Section M — This Page

TOTAL of additional Section M Pages

TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page Totals)

N. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State	Zip Code
Name of Telephone Company				
Street Address		City	State	Zip Code

TOTAL SECTION N (Enter total on Line 23 of Summary Page Totals)

- 0 -

III. NONMONETARY RECEIPTS (Sections M—O)

30 of 40

NAME OF COMMITTEE SPEER FOR MAYOR				TYPE OF REPORT 1-10-14	
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — <u>OPTIONAL</u> See Public Act 11-48					
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section O — This Page					— 0 —
TOTAL of additional Section O Pages					
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES (Enter total on Line 24 of Summary Page Totals)					

SEEC FORM 20
Revised January 2015

IV. EXPENDITURES (Sections P—T)

31:45
Page 13 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
SPEER FOR MAYOR		1-10-16	
P. Expenses Paid by Committee			
Name of Payee Melvia Lacey		Date of Payment 10.25.15	Method of Payment: <input checked="" type="checkbox"/> Check # 1018 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 38 Dudley St		City Hamden	State CT Zip Code 06517
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount 45.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Matt Smith		Date of Payment 10.25.15	Method of Payment: <input checked="" type="checkbox"/> Check # 1019 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1437 Edwards St		City New Haven	State CT Zip Code 06511
Purpose of Expenditure (by code) WAGE A-OTHER	Description CNSLT Campaign Manager	Event #	Amount 2500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Bridge Communications		Date of Payment 10.29.15	Method of Payment: <input checked="" type="checkbox"/> Check # 1020 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 50 Rogers Circle		City Newington CT	State CT Zip Code 06111
Purpose of Expenditure (by code) A-DM	Description Mailings	Event #	Amount 4500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Middlesex Area Team for Tomorrow		Date of Payment 12/29/2015	Method of Payment: <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 62 Grove Street		City West Hartford CT	State CT Zip Code 06110
Purpose of Expenditure (by code) MISC	Description Bank/web Transaction Error - Reimburse	Event #	Amount 8250.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page		7045.00 7,295	
TOTAL of additional Section P Pages			
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			

Section P ADDITIONAL PAGE 32 of 40

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
SPEER FOR MAYOR				1-10-16	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Bridge Communications					<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
50 Progress Circle 7A		Newington		CT	06111
Purpose of Expenditure (by code)	Description		Event #	Amount	
ADM	MAILINGS			2,000.-	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Johnathon Truelson					<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
		East Haven, CT		CT	06512
Purpose of Expenditure (by code)	Description		Event #	Amount	
CNSLT	Media			500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Digitera Interactive			11-02-05		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
99 Fifth Ave		Ottawa, ON, Canada		ON	K1S 2A2
Purpose of Expenditure (by code)	Description		Event #	Amount	
A-ATM	Robo Calls			58.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Bridge Communications			09/03/2015		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
50 Progress Circle		Newington		CT	06111
Purpose of Expenditure (by code)	Description		Event #	Amount	
ROLLS	Roll			15,000.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				7,558.00	
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE					
(Enter total on Line 19, Column A of Summary Page Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
<u>SPEER FOR MAYOR</u>				<u>1-10-16</u>	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
<u>SQUARE INC.</u>					<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
<u>web services</u>					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<u>42.86</u>
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
<u>Go Nation</u>			<u>10/27/15</u>		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
<u>125 Old Gate Lane</u>		<u>Milford</u>		<u>CT</u>	<u>06460</u>
Purpose of Expenditure (by code)	Description		Event #		Amount
<u>PRNT</u>	<u>Door Hangers - Palm cards</u>				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<u>1025.00</u>
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
<u>Cafe Romeo LLC</u>			<u>11/3/15</u>		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
<u>534 Orange Street</u>		<u>New Haven</u>		<u>CT</u>	<u>06511</u>
Purpose of Expenditure (by code)	Description		Event #		Amount
<u>Food</u>	<u>Food</u>				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<u>718.55</u>
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
<u>Capotorto's Apizza Center</u>			<u>11/3/15</u>		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
<u>688 Foxon Road</u>		<u>East Haven</u>		<u>CT</u>	<u>06512</u>
Purpose of Expenditure (by code)	Description		Event #		Amount
<u>Food</u>	<u>Food</u>				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<u>300.00</u>
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page					<u>2,136.41</u>
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)					

Section P ADDITIONAL PAGE 34 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
SPEER FOR MAYOR				1-10-16	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Walmart			11.1.15		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
120 Commercial Pkwy		Branford		CT	06405
Purpose of Expenditure (by code)	Description	Event #		Amount	
office	office Supplies			190.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Staples			10.31.15		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
85 North Main St		Branford		CT	06405
Purpose of Expenditure (by code)	Description	Event #		Amount	
office	office Supplies			12.75	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Evolution Strategies					<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
5620 James Gunnell Ln		Alexandria		VA	
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSIT				2,390.	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Melvin Lacey			10.26.15		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
38 Dudley St.		Hamden		CT	06517
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSIT				45.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
SUBTOTAL Section P — This Page				2,1038.25	
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE					
(Enter total on Line 19, Column A of Summary Page Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
SPEER FOR MAYOR				1-10-16	
P. Expenses Paid by Committee					
Name of Payee Hayley Kurbs			Date of Payment 11.3.15		Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 300 Boston Post Road		City West Haven		State CT	Zip Code 06516
Purpose of Expenditure (by code) CNSIT	Description		Event #		Amount 80.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Jake Delguidice			Date of Payment 11.3.15		Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 35 Dodge Ave		City East Haven		State CT	Zip Code 06512
Purpose of Expenditure (by code) CNSIT	Description		Event #		Amount 30.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Zachary Ardito			Date of Payment 11.3.15		Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 24 Robert Berry Rd		City Ansonia		State CT	Zip Code 06401
Purpose of Expenditure (by code) CNSIT	Description		Event #		Amount 80.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Julia Delguidice			Date of Payment 11.3.15		Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 35 Dodge Ave		City East Haven		State CT	Zip Code 06512
Purpose of Expenditure (by code) CNSIT	Description		Event #		Amount 30.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
SUBTOTAL Section P — This Page				180.220.00	
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)					

Section P ADDITIONAL PAGE 36 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
SPEER FOR MAYOR				1-10-16	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
EMMA O'Dell			10/31/15		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
300 Boston Post Rd		West Haven		CT	06516
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSIT				80.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Samantha Reposa			10/31/15		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
300 Boston Post Rd		West Haven		CT	06516
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSIT				80.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Jocelyn Barina			10/29/15		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
138 Buren St		West Haven		CT	06516
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSIT				30.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Freddy Montz			11/03/15		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
104 Feather Lane		North Branford		CT	06471
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSIT				80.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
SUBTOTAL Section P — This Page				290.	
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE					
(Enter total on Line 19, Column A of Summary Page Totals)					

Section P ADDITIONAL PAGE 37 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
SPEER FOR MAYOR				1-10-16	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Lindsey Shumways			11.3.15		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
15 Fisco Drive		East Haven		CT	06513
Purpose of Expenditure (by code)	Description		Event #		Amount
CNSIT					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				60.00
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee			Date of Payment		Method of Payment:
Melvin Lacey			11.3.15		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
38 Dudley Street		Hamden		CT	06517
Purpose of Expenditure (by code)	Description		Event #		Amount
CNSIT					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				115.00
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee			Date of Payment		Method of Payment:
Isiah Oliver			11.2.15		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
88 Bristol Street		West Haven		CT	06516
Purpose of Expenditure (by code)	Description		Event #		Amount
CNSIT					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				80.00
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee			Date of Payment		Method of Payment:
Alessia Bicknese			11.3.15		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
300 Boston Post Road		West Haven		CT	06516
Purpose of Expenditure (by code)	Description		Event #		Amount
CNSIT					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				50.00
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
SUBTOTAL Section P — This Page				305.00	
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)					

Section P ADDITIONAL PAGE 38 of 40

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
SPEER FOR MAYOR				1-10-14	
P. Expenses Paid by Committee					
Name of Payee Megan Cauda			Date of Payment 11.3.15		Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 300 Boston Post Road		City West Haven		State CT	Zip Code 06514
Purpose of Expenditure (by code) CNSIT	Description		Event #		Amount 50.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee Thomas Della Morte			Date of Payment 11.3.15		Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1515 State Street		City New Haven		State CT	Zip Code 06511
Purpose of Expenditure (by code) CNSIT	Description		Event #		Amount 50.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee Aaron Bailey			Date of Payment		Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 125 Thompson Ave		City East Haven		State CT	Zip Code 06512
Purpose of Expenditure (by code) 11.3.15	Description		Event #		Amount 50.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page					180. -
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)					

Section P ADDITIONAL PAGE 39 of 40

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
SPEER FOR MAYOR			1-10-16	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Amenco Mendes		11.3.15	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
19 Pepper mill Drive		West Haven	CT	06516
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSIT			80.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee		Date of Payment	Method of Payment:	
Nicholas McDermott		11.3.15	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
300 Boston Post Road		West Haven	CT	98042
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSIT			70.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee		Date of Payment	Method of Payment:	
Caitlin Duncan		11.3.15	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
300 Boston Post Road		West Haven	CT	06516
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSIT			70.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee		Date of Payment	Method of Payment:	
Elena Lettieri		11.3.15	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
111 Ferry Road		Old Saybrook	CT	06475
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSIT			50.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
SUBTOTAL Section P — This Page			270.00	
TOTAL of additional Section P Pages				
TOTAL OF ALL EXPENSES PAID BY COMMITTEE				
(Enter total on Line 19, Column A of Summary Page Totals)				

Section P ADDITIONAL PAGE 40 of 40

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
SPEER FOR MAYOR				1-10-16	
P. Expenses Paid by Committee					
Name of Payee Lisa Wonble			Date of Payment 11.3.15		Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 42 Gene Street		City East Haven		State CT	Zip Code 06512
Purpose of Expenditure (by code) CNSIT	Description		Event #		Amount 80.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee Isiah Oliver			Date of Payment 11.3.15		Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 88 Bristol Street		City West Haven		State CT	Zip Code 06516
Purpose of Expenditure (by code) CNSIT	Description		Event #		Amount 80.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee Kristina R. Albiach			Date of Payment 11.3.15		Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 163 Woodberry Hill Dr		City Southington		State CT	Zip Code 06489
Purpose of Expenditure (by code) CNSIT	Description		Event #		Amount 80.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee Taylor Edgcomb			Date of Payment 11.3.15		Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 300 Boston Post Rd		City West Haven		State CT	Zip Code 06516
Purpose of Expenditure (by code) CNSIT	Description		Event #		Amount 80.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page					320.
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
SPEER FOR Mayor				1-10-16	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Nicole Pierce			11-3-15		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
300 Boston Post Rd		West Haven		CT	06516
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSIT				80.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Samantha Repress			11-3-15		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
300 Boston Post Rd		West Haven		CT	06516
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSIT				80.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
ERIN O'Connell			11-3-15		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
300 Boston Post Road		West Haven		CT	06516
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSIT				80.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Citizen's Bank			12/31/16		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
Hemingway Avenue		East Haven, CT		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
BNK	Fees			148.98	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
BAIT	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				240.00 - 388.98	
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE					
(Enter total on Line 19, Column A of Summary Page Totals)					

IV. EXPENDITURES

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NAME OF COMMITTEE

FILING DUE DATE

SPEER FOR MAYOR

1.10.15

Q. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor who candidate paid directly)

Date of Payment

Is Reimbursement Claimed?

Amount

Michael J. Landon & Associates

12/29/2016

☐ Yes
☒ No

\$0.00

Street Address

City

State

Zip Code

15 Lake Ave.

Tremont

CT

06611

Purpose of Expenditure
(by code)

CNSUT

Description

PR/Media

Event #

1776.20

Name of Payee (Name of Vendor who candidate paid directly)

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

Purpose of Expenditure
(by code)

Description

Event #

☐ Yes
☐ No

\$0.00

Name of Payee (Name of Vendor who candidate paid directly)

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

Purpose of Expenditure
(by code)

Description

Event #

☐ Yes
☐ No

\$0.00

Name of Payee (Name of Vendor who candidate paid directly)

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

Purpose of Expenditure
(by code)

Description

Event #

☐ Yes
☐ No

\$0.00

Name of Payee (Name of Vendor who candidate paid directly)

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

Purpose of Expenditure
(by code)

Description

Event #

☐ Yes
☐ No

\$0.00

Name of Payee (Name of Vendor who candidate paid directly)

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

Purpose of Expenditure
(by code)

Description

Event #

☐ Yes
☐ No

\$0.00

Name of Payee (Name of Vendor who candidate paid directly)

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

Purpose of Expenditure
(by code)

Description

Event #

☐ Yes
☐ No

\$0.00

Name of Payee (Name of Vendor who candidate paid directly)

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

Purpose of Expenditure
(by code)

Description

Event #

☐ Yes
☐ No

\$0.00

Name of Payee (Name of Vendor who candidate paid directly)

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

Purpose of Expenditure
(by code)

Description

Event #

☐ Yes
☐ No

\$0.00

SUBTOTAL Section Q-This Page

\$0.00

TOTAL of additional Section Q Pages

\$0.00

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

\$0.00

[illegible]

IV. EXPENDITURES (Sections P—T)

44/7/45
Page 46 of 47

NAME OF COMMITTEE			TYPE OF REPORT	
SPEER FOR MAYOR			1-10-16	
S. Expenses Incurred by Committee but Not Paid During this Period				
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
SUBTOTAL Section S-This Page			-8-	
TOTAL of additional Section S Pages				
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28 of Summary Page Totals)				
Previously reported Expenses Unpaid and still Outstanding				
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a of Summary Page Totals)				

IV. EXPENDITURES (Sections P—T)

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Page 17 of 17

NAME OF COMMITTEE				TYPE OF REPORT	
SPEER FOR MAYOR				1-10-16	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # <input type="radio"/> Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # <input type="radio"/> Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # <input type="radio"/> Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section T — This Page					
TOTAL of additional Section T Pages					
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS					