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

RECEIVED FOR FILING JAN 1 1 2016 TOWN CLERK'S OFFICE EAST HAVEN, CONN.

Stary gravino, CCTC

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COVER PAGE

I. NAME OF COMMITTEE	A second			And the second s				A CONTROL OF THE CONT
SPEEN	P FOR	May	OR				14.1	
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First Jan		М	Last LO	ugal				Suffix
3. TREASURER ADDRESS		The second secon						
Street Address 39 EIM	Street	City	Fast	Haven		State CF	Zip Co	6572
4, ELECTION/REFERENDUM DATE	5. OFFICE SOUGI	HT (Complete only	If Candidate Con	millee)			6. DISTI	RICT NUMBER
(mm/dd/yyyy) //·3·/5	Ma	TYDR					(if applicable)	
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory	y Committee)		Frank Calput at Principle Frank American Service Servi				No. 1. Company of the second o
Michael Michael		$^{\scriptscriptstyle{MI}}\mathcal{P}$	Last S	PEER				Suffix
8. TYPE OF REPORT (Check One Box)								
January 10 filing	O7th day preced	ing primary	7th day	preceding referendum			ibution or	Disbursement
April 10 filing	O30 days follow	ing primary	O 45 days	following referendum	_ `	<i>ACs ONLY)</i> mendment	: to	
O July 10 filing	O7th day precedi	ing election	O Deficit		_	pe of Rep		
October 10 filing	12th day preced		O Termina	ition	_			
O Independent Expenditure Primary Election	O45 days follow not held in Nov	ing election						
9, PERIOD COVERED	The state of the s							
	Beginning Date	e	,	Ending Date				
_	10.26	15	thru	12.31.15				
10. CERTIFICATION						The second section of the sect		The state of the s
I hereby certify and state, under p Disclosure Statement for the per				rmation set forth on th	is Item	nized Can	mpaign I	inance
TREASURER OR DEPUTY TREASURE	al er (signature)	PRIN	Jan Tname of Si	Lougal GNER			/ / / / DATE (r	' <u>2' </u>
PENALTY FOR FALSE STATEMENT I	S PUNISHABLE BY F	INE NOT TO EX	CEED \$1,000, O	R IMPRISONMENT FOR N	OT MOR	E THAN O	NE YEAR,	OR BOTH.

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
SPEER FOR MAYOR	1.10.16	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		-0-
12. Balance on hand at the beginning of Reporting Period	6,844.53	
13. Contributions Received from Individuals (Sections A and B)	\$13,070.00	43,540,00
14. Receipts from Other Committees (Sections C1 and C2)	1,700	6,915.16.
15. Other Monetary Receipts (Sections D through K)	-0-	-0-
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	-0-	-0 -
16b. Per-Public Act-11-48, effective January 1, 2012 Section L2, removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) Municipal and Town Committees ONLY	3-	\$875,00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$14,770.00	(51,330.46
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$21,614.53	51,330.46
19. Expenses Paid by Committee (Section P)	\$21,581.64	51, 297.57
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	932.89	\$32.89
21. In-Kind Donations not Considered Contributions Received (Section L4)	-0-	0-
22. In-Kind Contributions Received (Section M)	-0-	<i>-</i> 0 -
23. Refundable Deposit to Telephone Company (Section N)	-0-	-0-
24. Receipts of Organization Expenditures (Section O) OPTIONAL	-0 -	
25. Beginning Loan Balance	_0-	
25a. + Loans Received (Section D)	-0	-0.
25b. + Interest and Penalties on Loan	,D -	-0-
25c Payments on Loan	-0-	.o.
25d. Total Outstanding Loan Amount	,	
26. Campaign Expenses Paid by Candidate (Section Q)	4/276.20	8/276,20
27. Expenses Incurred on Committee Credit Card (Section R)	0 -	O-
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	-0-	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	-0-	

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Page	3	of N

NAME OF COMMITTEE			TYPE OF REPORT			
SPEER	ZYOR	1.16	7-16			
A. Total Contributions from Sn (See instructions for definition of Small C		ved this Period ONLY SUBTOTAL SECTION A	\$ -0-			
	B. Itemized Co	ntributions from Indivi	duals	The state of the s		
Last Name		First	·		MI	
Residential Street Address		City		State 2	Zip Code	
Principal Occupation		Name of Employer				
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amoun	nt of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #			OLegislative O No			
Method of Contribution:		Date Received	Aggregate Contributions			
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Last Name		First			MI	
Residential Street Address		City		State Z	Cip Code	
Principal Occupation		Name of Employer				
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		SUBTOTAL Section B —	This Page	<u> </u>		
	Т	'OTAL of additional Section	on B Pages			
TOTAL	OF ALL CONTRIBUTIONS	FROM INDIVIDUALS (Sec Enter total on Line 13 of Summar				

Section B. ADDITIONAL PAGE 4 of 45

NAME OF COMMITTEE	TYPE OF REPORT
SPEER FOR Mayor	1:10:16
B. Itemized Contributions from Indiv	iduals
Last Name Pacelli First Louis	. MI
Residential Street Address 107 FOXON ROAD City FAST HE	TVCN State Lip Code 065/3
No. of Constant	of East Haven
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	t with said municipality
1	Legislative ZV
Method of Contribution: Decayle Decay	Aggregate Contributions
Last Name ESposito First Elizar	beth
Residential Street Address // Park Ave East Ha	
Principal Occupation Clinical Team Assistant Name of Employer Part	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	re officer of a municipality, twith said municipality Amount of Contribution
37-1,	Legislative Local Legislative
Method of Contribution: Date Received Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10.30.15	The state of the s
Last Name Camcra First VINICON	
Residential Street Address 43 Forbes Place City East Ha	
	Cash & Carry
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	with said municipality
Is this contribution associated with a fundraising event listed in Section L1? Is contributor a principal of a state contractor or prospective standarding event listed in Section L1? In No If yes, list Event # 10.1015 F	Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received	Aggregate Contributions
SUBTOTAL Section B —	This Page // 0.60

Section B. ADDITIONAL PAGE 5 of 45

NAME OF COMMITTEE			TYPE OF REPORT	
SPEER FO	e Mayok	<i>)</i>	1-10-16	
	B. Itemized Cont	tributions from Indivi	duals	
Last Name (CRIIII)		First Sarah		MI
Residential Street Address / Gerrish	AVC	East Ho	ZVCN	State F Zip Code O6512
Principal Occupation & Cretary		Name of Employer	f East 1	Haven
or dependent child of a lobbyist? Wo does c	tribution is in excess of \$400 to ontributor or business he/she is I at more than \$5,000?	a candidate for a chief executive associated with have a contract Yes - No	e officer of a municipality, with said municipality	Amount of Contribution
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Last Name Mathous		First Br149	et	
Residential Street Address 5 LONOX	Stract Cit	East Ho	2VCN	State / Zip Code / 2
Principal Occupation Refired		Name of Employer		
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Last Name Giulinno	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	First John		MI
Residential Street Address LOON 214	/ <i>S</i>	East Ha	rven	State Zip Code CF 06512
Principal Occupation Porter			CON WO	
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Section B. ADDITIONAL PAGE 6 of 45

NAME OF COMMITTEE			TYPE OF REPORT		
SPEEL FOX	e Mayor	-	1-10-14		
	B. Itemized Contr	ibutions from Indiv	iduals		
Last Name Stacey		First Jack	•		MI
Residential Street Address 2 FOUL	bes Place city	East It		State Zi	p Code 26512
Principal Occupation TEacher		Name of Employer	Haven	30	E
or dependent child of a lobbyist? II No d	Contribution is in excess of \$400 to a cost contributor or business he/she is as alued at more than \$5,000?	candidate for a chief executiv sociated with have a contract \(\sum \) Yes \(\frac{14}{2} \) No	re officer of a municipality	y, Amount	of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 10 3015	Is contributor a principal of a state If yes, indicate which branch of of government the contract is y	or branches	ate contractor? Ye Legislative Aggregate Contributions	2	0.00
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Last Name RICEW		First VINCE	っナ		7-
Residential Street Address 345 Short	Beach Rd City	Fast Have	EN		16512
Principal Occupation		Name of Employer			
or dependent child of a lobbyist? No do	contribution is in excess of \$400 to a c ses contributor or business he/she is ass lued at more than \$5,000?	andidate for a chief executive cociated with have a contract Yes	e officer of a municipality with said municipality	Amount	of Contribution
Is this contribution associated with a Yes fundraising event listed in Section L1? No If yes, list Event # 1030151	Is contributor a principal of a state If yes, indicate which branch of of government the contract is w	r branches	te contractor?		0.00
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Residential Street Address	City			State Zip	Code
Principal Occupation		Name of Employer			
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Section B. ADDITIONAL PAGE 7 of 45

NAME OF COMMITTEE	TYP	E OF REPORT
SPEER FOR MAYOR	/	-10-16
	ntributions from Individual	S
Last Name PellegriNO	First Mary An	УП
	city East Have	Ph State Zip Code O6512
Principal Occupation Retired	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/sh yalued at more than \$5,000?	to a candidate for a chief executive offic is associated with have a contract with s Yes INO	er of a municipality, Amount of Contribution aid municipality
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 1030165 If yes, indicate which broof government the contra	t is with: Executive Le	egislative gate Contributions
☐ Cash	Order 10.30,16	<i>385,00</i>
Last Name RUOCCO	First Gennare	
Residential Street Address 74 Bennett Road	City East Haven) State / Zip Code / 065/3
Principal Occupation Retired	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	o a candidate for a chief executive office is associated with have a contract with sa	id municipality
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Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	100 200 100	ate Contributions 350
Last Name Paulson	First Patrick	MI
919 North High St	city Last/fave	7 State Zip Code O6512
	Name of Employer	
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Section B. ADDITIONAL PAGE 8 of 45

NAME OF COMMITTEE		TYPE OF REPORT		
SPEER FOR MAYOR		1-10-16		
B. Itemized Contrib	outions from Indivi	duals		
Last Name FSposito	irst Joann	,		MI
Residential Street Address 85 Frances St EXT City	Fast Ho	Wen	State Zip C	ode 06572
Principal Occupation Retired	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a ca does contributor or business he/she is asso yalued at more than \$5,000?	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of	Contribution
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Last Name Di Palma	Richar	d		МП
Residential Street Address 10 Seaview Ave City	East Ita	VON	State Zip C	0de 6072
Principal Occupation	Name of Employer			
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Residential Street Address 53 Laurel St Principal Occupation Retired		aven "	State Zip Co	55/2
Principal Occupation Retired	Name of Employer			
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Section B. ADDITIONAL PAGE 9 of 45

NAME OF COMMITTEE			TYPE OF REPORT		
	SPEER FOR MAYOR 1-10.16			•	
		itions from Individ	duals		
Last Name Alc35androNi	Fir				MI
Residential Street Address 45 Flm St	City A	ast Ha	(Cl)	State	Zip Code 06572
Principal Occupation Refired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	lidate for a chief executive inted with have a contract value Yes 14 No	e officer of a municipality with said municipality		at of Contribution
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Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	10.30.15	100,00		
Last Name /fargravas	Firs	LINd	Z	Consider Consider of Constant Constant	MI
Residential Street Address 521 Hompson Au	City	āst Itav	<i>と</i> わ		2ip Code 065/2
Principal Occupation Rehred		Name of Employer			ALL CARREST COMM.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	o a cand is associ	idate for a chief executive ated with have a contract v	officer of a municipality, with said municipality		t of Contribution
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87 Dodge Ave		ast Ha	NCD	11/1	tip Code 06512
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse,	o a cand s associa	idate for a chief executive ated with have a contract w	officer of a municipality, with said municipality		t of Contribution
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Section B. ADDITIONAL PAGE 10 of 45

NAME OF COMMITTEE			TYPE OF REPORT				
SPEER FOR M	SPEER FOR MAYOR			b			
B. Itemized Contributions from Individuals							
Last Name Maisano		First Chr15t1	we			MII	
Residential Street Address 28 Renshaw De	City	East Ha	ven	State	Zip (STD	
Principal Occupation		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in exceed does contributor or busin valued at more than \$5,0	ness he/she is as	candidate for a chief executive ssociated with have a contract Pres Deno	re officer of a municipalit t with said municipality	y, Am	ount of	Contribution	
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Last Name		First			Anni Anni Anni Anni Anni Anni Anni Anni	MI	
Residential Street Address	City			State	Zip C	ode	
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Section B. ADDITIONAL PAGE // of 45

NAME OF COMMITTEE	TYPE OF REPORT									
SPEER FOR MAYOR	1-10.16									
B. Itemized Contributions from Individuals										
Last Name MORales First Let12	MI									
Residential Street Address 125 Thompson Ave City Fast Ha	vcn State Zip Code 06572									
Principal Occupation Name of Employer	e of Ct									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	t-with said municipality									
ID ID ID	tate contractor? Yes No 150.									
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 10.30.15	160.									
Last Name Paguin Betty	МП									
Residential Street Address 24 NORWOOD ROOD City New Have	en State Zip Code Ct 06513									
Principal Occupation Name of Employer MARCU	us Law Firm									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ve officer of a municipality, t with said municipality Amount of Contribution									
Is this contribution associated with a fundraising event listed in Section L1? Is contributor a principal of a state contractor or prospective state fundraising event listed in Section L1? No If yes, indicate which branch or branches of government the contract is with:	Legislative									
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Residential Street Address 100 Stoney Crock Road City Branfor	State Zip Code Ct 06 405									
Principal Occupation AlloRIVEY Name of Employer C.	1P									
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SUBTOTAL Section B —	This Page 1650									

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NAME OF COMMITTEE	TYPE OF REPORT
SPEER FOR MAYOR	1-10-16
B. Itemized Contributions from Indiv	duals
Last Name First Edwi	NI MI
Residential Street Address 354 Pearl Street City Bridge,	port State Zip Code CF 06608
Principal Occupation / Name of Employer Marcu	's Law FIRM
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	with said municipality
Is this contribution associated with a	Legislative Aggregate Contributions
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Marcus Vusan	
Residential Street Address 175 S. ENd Road City East Ho	2100 Start 2ip Code 06512
Principal Occupation Massenger Marcu	S Law FIRM
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	with said municipality
Is this contribution associated with a fundraising event listed in Section L1? Is contributor a principal of a state contractor or prospective state fundraising event listed in Section L1? No If yes, indicate which branch or branches of government the contract is with:	Legislative
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Date Received 10.30.15	Aggregate Contributions
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Residential Street Address 15 Leighton City North	Haven State Ct Ob 473
Principal Occupation Name of Employer Marcu	IS Law FIRM
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality
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Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	Aggregate Contributions
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Section B. ADDITIONAL PAGE 13 of 45

NAME OF COMMITTEE	TYPE OF REPORT								
SPEER FOR MAYOR	1-10-16								
B. Itemized Contributions from Individuals									
Last Name Marcus Pirst Nicola	M								
Residential Street Address 20 Country Club Rd City Scymout	State Zip Code C+ 06483								
Principal Occupation Name of Employer /Rad Heacher New	Haven BOF								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract yakted at more than \$5,000? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract yakted at more than \$5,000? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract yakted at more than \$5,000?	e officer of a municipality, with said municipality								
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Last Name First	MI								
Residential Street Address JI Mill Hill Circle City Fast Ha	States Zin Code								
Principal Occupation Name of Employer	·								
1) yes, that Lyche # [D. 1517] Z	with said municipality								
Last Name Short First Matthe	W								
Residential Street Address 481 George Street City New Ho	LUCN State Zip Code UF 06511.								
Principal Occupation Real Estate Name of Employer Chelsa	Company								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	with said municipality								
1) yes, list Evolut # / C / C / C Of government are contract to white	e contractor? Yes DD. 00								
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Section B. ADDITIONAL PAGE 14 of 45

NAME OF COMMITTEE	TYPE OF REPORT								
SPEER FOR MAYOR	1-1016								
B. Itemized Contributions from Individuals									
Last Name Sparaco First Magda	nki P								
Residential Street Address Last H	Faven State Zip Code Ct 06513								
Principal Occupation Retired Name of Employer									
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Last Name Scott	MI								
Residential Street Address 25 Queach Rd City Brunt	Fred State Zip Gode CT UGGOS								
Principal Occupation Name of Employer	te q. CT								
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Last Name First / /									
Residential Street Address City	State Zip Code								
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Section B. ADDITIONAL PAGE 15 of 45

NAME OF COMMITTEE	TYPE OF REPORT
SPEER FOR MAYOR	1-10.16
B. Itemized Contributions from	Individuals
Last Name First VICTO	2/2 M
Residential Street Address (a Fellsmere Farm Rd Brank)	State Zip Code CF 06405
Principal Occupation Name of Employe	τ
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief does contributor or business he/she is associated with have a valued at more than \$5,000?	contract with said municipality
Method of Contribution: Date Received	ecutive Legislative Aggregate Contributions
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Last Name TOSEPH First Acla	M
Residential Street Address Park Place New 1	turn State Zip Code CT 065/2
Principal Occupation Name of Employer Sta	le of CT
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	executive officer of a municipality, contract with said municipality No
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Method of Contribution: Is contributor a principal of a state contractor or prospe If yes, indicate which branch or branches of government the contract is with: Date Received.	ective state contractor?
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 10/11/10	15 9100
V = (1) 1 1	anna
Residential Street Address Pavler Pluce City Principal Occupation Name of Employer	Have I DE-11
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Section B. ADDITIONAL PAGE //e_ of 45

NAME OF COMMITTEE			TYPE OF REPORT	
SPEER F	of Mayor		1-10/16	
		ibutions from Indivi	duals	
Last Name Lougal		First Jan	•	МП
Residential Street Address	City	Fast Hau		State Zip Code 1 06512
Principal Occupation		Name of Employer	1 manual	11/-,001
Director		,	JOF BA.	Amount of Contribution
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a does contributor or business he/she is as valued at more than \$5,000?	ssociated with have a contract Yes No	with said municipality	Amount of Courtisation
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Last Name Lougal	and the state of t	First Tab/14A	en mineral and a continuous participants of the statement of the continuous page of the continu	All
Residential Street Address	City	East Ha	wen s	tate Zip Code Olos 7
Principal Occupation Teacher		Name of Employer	Haven	
or dependent child of a lobbyist? No	If contribution is in excess of \$400 to a c does contributor or business he/she is ass valued at more than \$5,000?	candidate for a chief executive sociated with have a contract to	officer of a municipality, with said municipality	Amount of Contribution
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Residential Street Address 33 E/M S7	City	Cast Ha	wen s	tate Zip Code UGSTO
Principal Occupation		Name of Employer		
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a c does contributor or business he/she is ass valued at more than \$5,000?	candidate for a chief executive sociated with have a contract to Yes No	officer of a municipality, with said municipality	Amount of Contribution
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NAME OF COMMITTEE			TYPE OF REPORT		
SPEER FOR	Mayor		110116		
	B. Itemized Contri	ibutions from Indivi	duals		
Last Name SPEEK		First Stan	124		МП
Residential Street Address 33 Elm S+	City	Fast Hav	~??)	State	Zip Code 0657 ユ
Principal Occupation	:	Name of Employer Prad &	Whilney		
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Residential Street Address	City			State	Zip Code
Principal Occupation		Name of Employer		•	
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Residential Street Address	City			State	Zip Code
Principal Occupation		Name of Employer			
or dependent child of a lobbyist?	n is in excess of \$400 to a ca tor or business he/she is ass e than \$5,000?	andidate for a chief executive ociated with have a contract to Yes \(\Bar\) No	officer of a municipality with said municipality	, Ашош	at of Contribution
fundraising event listed in Section L1? \(\square\$ No \) \(If y \)	ibutor a principal of a state es, indicate which branch or overnment the contract is w	ith: Executive	☐ No ☐ Legislative		
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NAME OF COMMITTEE				TYPE OF REPORT			
SPEER FOR MAYOR 1.10.14							
	B. Itemized Co	ntrib	utions from Indiv	iduals			
Last Name Stanard		Fi	rst Tami	ny			MI
Residential Street Address 57) B Cos	ey Beach Aux	City	ast Hav	en	State	Zip Co	6572
Principal Occupation		.1	Name of Employer		1		
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sho valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract Yes \(\sime\) No	e officer of a municipality with said municipality	y, Am	ount of (Contribution
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Last Name V191/ante	орожина по постания по пос Постания по постания по по	Fir	thristop	oher		7	NΠ
Residential Street Address 118 1/11/151d	e Ave	City	MIS ford	,	State	Zip Coo	de 460
Principal Occupation			Name of Employer				
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive intended with have a contract Yes No	e officer of a municipality with said municipality	, Amo	ount of C	Centribution
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NAME OF COMMITTEE	TYPE OF REPORT								
SPEER FOR MOYOR	1.10.16								
B. Itemized Contributions from Individuals									
Last Name COX First Robert	М								
Residential Street Address 2015 Chapel Street Wew Ho									
Principal Occupation Name of Employer / Lath	Halloran + Sag-c								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contravalued at more than \$5,000?	ive officer of a municipality, ct with said municipality Amount of Contribution								
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Last Name First Brian	MI								
Residential Street Address HI Cardinal Rd City East Lyin	ne State Zip Code 2F 06333								
Principal Occupation Allorn ey /talbran	Sage LL P								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contract valued at more than \$5,000?	et with said municipality								
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Last Name MCGrath First WILLIAM									
Residential Street Address City	State Zip Code								
Principal Occupation Name of Employer HTTTTN ey H 2110 ra.	n & Sage LLP								
Is contributor a lobbyist, spouse,	ve officer of a municipality, Amount of Contribution twith said municipality								
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Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	Aggregate Contributions 250.								
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NAME OF COMMITTEE			TYPE OF REPORT	
SPEER	1.10.10	5		
	B. Itemized Con	tributions from Indivi	duals	
Last Name Mahee	A STATE OF THE PARTY OF THE PAR	First James	t to the second	MI
Residential Street Address 200 Glen	PKWY	Hamden		State Zip Code CI 06577
Principal Occupation Allorn Cel		Name of Employer If allora	'n e' Sag	7-6
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	contribution is in excess of \$400 to ses contributor or business he/she i alued at more than \$5,000?	o a candidate for a chief executive	e officer of a municipality	
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract	is with:	☐ Legislative	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order Date Received	Aggregate Contributions くろつ・	
Last Name GIAMO		First Gerald		MI
Residential Street Address 124 Eageh	Il Poad	New Had	ven	State Zip Code CF 065-11
Principal Occupation Allorney			n é Sage	
or dependent child of a lobbyist?	contribution is in excess of \$400 to les contributor or business he/she is flued at more than \$5,000?	a candidate for a chief executive associated with have a contract Yes 440	officer of a municipality, with said municipality	Amount of Contribution
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Last Name TUNG		Pirst NICOLE		MI
	and Circle	Cheshire		State Zip Code 06 410
Principal Occupation Allor Net			i é Sagr	
or dependent child of a lobbyist?	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?	a candidate for a chief executive associated with have a contract v	officer of a municipality, with said municipality	Amount of Contribution
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Name of Lender	J. Loans	Receiv	Source of Loan: OBank O Candi	idate 🔿 Individu	al Other Committee	Date of Receipt
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Name of Cosigner/Guarantor (if applicable)	•				•	Amount Received
Street Address	City		umanni.	State	Zip Code	
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Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: Bank Candi	date OIndividu	al Other Committee	Date of Receipt
Street Address	City	140.		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
			TOTA	AL SECTION	D	
E. Receipts from Entities other than	n Individ	luals or	Other Commit	tees (Referend	um Committees	ONLY)
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contri	outions	
Name of Entity		J				
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contril	outions	
Name of Entity						
Street Address				Date Received		Amount Received
City	,	State	Zip Code	Aggregate Contri	putions	
			TO	TAL SECTIO	NE	-0-

I. MONETARY RECEIPTS (Sections A—K)

Page				
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1.79.75.00		71		

NAME OF COMMITTEE				TYPE OF REPORT	
	SPEER	FOR MEYOR	2	/-/	0.16
F. 2	Amount Transferred from	n Affiliated Business T	reasury (Busine	ss Entity Committe	es ONLY)
Date of Receipt	Is this transaction associated value fundraising event listed in Sec		Event #		Amount
Date of Receipt	Is this transaction associated v fundraising event listed in Sec		Event #		Amount
Date of Receipt	Is this transaction associated v fundraising event listed in Sec		Event #		Amount
Date of Receipt	Is this transaction associated v fundraising event listed in Sec		Event #		Amount
			TOTAL SI	ECTION F	
Policy and the amount of the same but					
G. Amount Tra	nsferred from Affiliated l	Labor Union or Other	Organization [freasury <i>(Organi</i>	zation Committees ONLY)
Date of Receipt	Date of	of Receipt		Date of Receipt	
Ame	punt	Amount	APLISO MERCIA.		Amount
			TOTALSE	CTION G	·
Date of Receipt	. Personal Funds of the	andidate Received in	s reriou (Cana	idate Committees C	Amount
Date of Receipt	Method of payment: Cash	Personal Check	Credit/Debi	t Card	Amount
Date of Receipt	Method of payment: Cash	Personal Check	Credit/Debi	t Card	Amount
Date of Receipt	Method of payment:				Amount
	Cash	Personal Check	O Credit/Debi	t Card	
Date of Receipt	Method of payment:	Personal Check	Credit/Debi	t Card	Amount
			TOTAL SE	CTION H	-0-
		I. Anonymous Contri	outions		
	er Public Act 11-48, And int. If a committee rece				

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.

SE	EC	FORM	20

Page 7	of 1	7-	
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NAME OF COMMITTEE		ТҮР	OF REPORT	
	oe Mayor	one on the second secon	1-10-1	<u> </u>
J. Inte	rest from Deposits in Authorize			
Name of Institution		Date F	Received	Amount
Street Address	City .	State	Zip Code	-
Name of Institution	<u> </u>	Date F	Received	Amount
			Im a i	
Street Address	City	State	Zip Code	
		TOTAL SECT	IONST	
	is Monetary Receipts not Cons	near the fact and the second second second	Outions Date of Transaction	
Name			Date of Halisaction	Amount Received
Street Address	City	State	e Zip Code	
Description				
Name		I	Date of Transaction	Amount Received
	Tat	State	e Zip Code	
Street Address	City	Diane) Zip Cody	
Description				
			Date of Transaction	
Name			Jace of Hansaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Description				
Name		I	Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Street Address	City		•	
Description		<u> </u>		
		Andrew Commence and Andrew Services Andrew Services and S		
		TOTAL SECTI	ONK	-0-
SUMMARY OF OT	HER MONETARY RECEIPT	S (Sections D t	hrough 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 U	· · · · · · · · · · · · · · · · · · ·	(Section G)	+	
Total Amount of Personal Funds of the Candidate I	**************************************		+	<u> </u>
	·		+	
Total Amount of Interest from Deposits in Authoriz				
Total Miscellaneous Monetary Receipts not Considerate	ered Contributions (Section K)		+	
Total of Other Monetary Receipts (Add Se	ections D through K) (Enter total on L	ine 15 of Summary Pa	ige Totals)	

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Page	8 of	17
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NAME OF COMMITTEE		en grafia en sector		TYPE OF REPORT		
31/	DEER FOR		YOL	1-10-	<u> </u>	en a waga waga ka a jeo jeo ka ka
		. Fundraiser	Event Information			A Secretary of the Control of the Assessment of
Fundraising Event # Date of Fundraiser Letter	Description					
Location: Street Address			City		State	Zip Code
Subpart 1: (All Commit	tees)					
Was this fundraising eve	nt hosted at a personal residence?	·	OYes (If yes, go to Section L4 and complete required i beverage and invitations ONo	nformation for purchases ma		
	ie items donated by a business ent an individual of up to \$100?	ity of up to	Yes (If yes, go to Section L4 and complete required i		nsidered (Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donandividual of up to \$100?	ated items	OYes (If yes, enter Total Recei	ipts here.)		
Subpart 2: (Town Comm Were there purchases of sign associated with this	nittees and Municipal Candidate advertising space in a program be fundraiser?	Committees ON. ook or on a	Yes (If yes, go to Section L3	Purchases of Advertising lete required information.)	Space in a	ı Program Book
	mittees ONLY) food or beverage at a fair or simile state with this fundraiser?	ar mass	O Yes (If yes, enter Total Rec	eipts here.)		
gamering new within the	, state with this fundraiser:		O No			
Fundraising Event #	Description				10.500.00000000000000000000000000000000	
Date of Fundraiser Letter	- Contraction				·	
Location: Street Address			City		State	Zip Code
Subpart 1: (All Committe	ees)					
Was this fundraising ever	nt hosted at a personal residence?		O Yes (If yes, go to Section L4) and complete required in beverage and invitations ONo	nformation for purchases ma		
Did this fundraiser includ \$100 or items donated by	e items donated by a business enti an individual of up to \$100?	ty of up to	OYes (If yes, go to Section L4 I and complete required in		isidered C	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of dona dividual of up to \$100?		OYes (If yes, enter Total Receip	pts here.)		
Subpart 2: (Town Comm	nittees and Municipal Candidate					
	advertising space in a program boo		Yes (If yes, go to Section L3	Purchases of Advertising Sete required information.)	Space in a	Program Book
	food or beverage at a fair or simila	ır mass	O Yes (If yes, enter Total Rece	ipts here.)		
Ramering new within the	state with this fundraiser?		O No			
SUBTOTAL Sect	ion L1—Subpart I (<i>All Committees</i>) Total Receipts	from Sale of Donated Items -	This Page	0 –	
SUBTOTAL Section	L1—Subpart 3 (Town Committees	ONLY) Total Ro	eccipts from Food Purchases -	- This Page		
			TOTAL of additional Secti	on Lt Pages		
TOTAL OF ALL RE	CEIPTS FROM SMALL PU	JRCHASES Œ	inter total on Line 16a of Summary	y Page Totals)		

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Page	90	117	
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Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

	ridual putchases from a c	ommuce tag sate	, auotion, or a	saic of donate		. 112, Temove	
NAME OF COMMIT		1-010	445.4		TYPE OF REPORT	/A //	
	SPEER				1	10-16	
	rchases of Advertising i	n a Program Boo	ok or on a Sig	n (Municipal Ca		· · · · · · · · · · · · · · · · · · ·	LY)
Name of Purchaser		•				rchase Made By: Business Entity	OIndividual
					-	Sole Proprietors	_
Street Address			City			State	Zip Code
	T	la consta	C AND TO LOCATE			1 1 50	<u> </u>
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Pr	ogram Ad Purchase	Amount of S	ign Purchase
Name of Purchaser	· · · · · · · · · · · · · · · · · · ·					chase Made By:	· · · · · · · · · · · · · · · · · · ·
						Business Entity	O Individual
					O	Sole Proprietors	
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purchase	Amount of Si	gn Purchase
Name of Purchaser					Par	chase Made By:	
rianio or i menaser					_	Business Entity	OIndividual
					1 1	Sole Proprietorsh	_
Street Address			City		1,9	State	Zip Code
			;				
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purchase	Amount of Si	an Purchase
2010 110001100	Divine"	Tippregute i atenuse	31011111 274110	Amount of 110	gram Ad Turcanse	Millount Of Oi	gn i urcunsc
Name of Purchaser						chase Made By:	
					1 7	Business Entity	OIndividual .
Street Address			City			Sole Proprietorsh	Zip Code
siteet Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchase	Amount of Sig	gn Purchase
Name of Purchaser					Purc	hase Made By:	
					O	Business Entity	O Individual
					O:	Sole Proprietorsh	
treet Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchase	Amount of Sig	ı yn Purchase
			magnitum ne utinika ekste siinu tibe	- Light and the graph of the Light and the L			
	SUBTO	FAL Section L3 (Mut Total Purchases	nicipal Candidates of Advertising			-0-	
		SUI	STOTAL Section	ı L3 (<i>Town Comi</i>	nittees ONLY)		
		Total P	urchases of Adv TOTAL	ertising on a Sig of additional Se	Andrew Control of the		
					una marandoni pandena prake		
	TOTAL OF ALL PURCHA		ING IN A PRO Inter total on Lin				
		(E	mer waa on Lin	e 10c ol minnilai	y i nge i omis) i		

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

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NAME OF COMMITTE			- Q4			TYPE OF REPOR			
	SPEER	FOR	M	ZYOR		/-/	0.1	6	
	L4. Iu	i-Kind Donatio	ns N	ot Consider	red Contribi	utions			
Name of Donor									
Street Address		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		City				State	Zip Code
Donation Given By: OBusiness Entity	Description of Donation	 					Fair N	Market Val	ue of Donation
OIndividual OSole Proprietorship	Date Received	Event#			Aggregate Value fo	or this Event	-		
Name of Donor							.1		
Street Address				City				State	Zip Code
Donation Given By: Business Entity Olndividual	Description of Donation						Fair N	Iarket Val	ue of Donation
OSole Proprietorship	Date Received	Event #			Aggregate Value fo	r this Event			
Name of Donor									
Street Address				City			,	State	Zip Code
Donation Given By: OBusiness Entity	Description of Donation						Fair M	Iarket Valu	ie of Donation
OIndividual OSole Proprietorship	Date Received	Event #			Aggregate Value fo	r this Event			
Name of Donor				· · · · · · · · · · · · · · · · · · ·	**************************************		1 .		-
Street Address				City				State	Zip Code
Donation Given By: Business Entity	Description of Donation		· · · · · ·			:	Fair M	larket Valu	e of Donation
OIndividual OSole Proprietorship	Date Received	Event#			Aggregate value for	this Event			·
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			то	TAL of additi	onal Section L	Pages			
	TOTAL OF ALL IN-KIN				D CONTRIBU Summary Page				

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III. NONMONETARY RECEIPTS (Sections M_O)

SEEC FORM 20	II. NO	OMNC	NETAI	RY REC	CE	EIPTS (Secti	ions M	[—O])		Page 11 of T7
NAME OF COMMITTEE					246		TYP	E OF RE	2PORT	rapic vice Electric	
	'EE	<u> </u>	FOR			ZYOR		/-	- 10.	-16	
			M. In-	Kind Con	ıtri	butions					
Name											
Street Address	<u></u>				City	у				State	Zip Code
Type of contributor: Committee	Date Rece	eived	Aggregate Co	ontributions	<u> </u>	Description of In-Kin	nd Contribu	ition			
OIndividual / Sole Proprietorship Other	r										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does c	tribution is in contributor or d at more that	r business he/	400 to a cand /she is associa	ated	e for a chief executive with have a contract Yes No	e officer with said	of a mui I munici	nicipality, ipality	1	Market Value is Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	O Yes No	If yes,	indicate which	al of a state co ch branch or l contract is with	brane	actor or prospective sches Executive			OYes ONo	;	
Name		1					_			<u>i</u>	
Street Address					City					State	Zip Code
- ^ " Ooiu	I D-ta Basa	·d	Ta Co	4.2 ostiona	Ц,	- CL Vi-	10 43				
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther			Aggregate Co			Description of In-Kind					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/s		ated y	for a chief executive with have a contract Yes No				I.	Market Value s Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	8 Yes No	If yes, i	indicate which	al of a state co th branch or b ontract is with	branc	actor or prospective s ches Executive	_		OYes No		
Name										<u>. </u>	
										.	·
Street Address				[City					State	Zip Code
Type of contributor: Committee	Date Recei	ived	Aggregate Cor	ntributions	\neg	Description of In-Kind	l Contributi	ion			<u> </u>
Olndividual / Sole Proprietorship Other											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co	ribution is in ontributor or l at more than	business he/sl	00 to a candid he is associat	ted w	for a chief executive	officer o	f a muni municip	icipality, pality	ľ.	Market Value Contribution
Is this contribution associated with a	Valued a			1 of a state co		Yes No ctor or prospective st	tate contri	ector?	OYes		
fundraising event listed in Section L1? If yes, list Event #	8 No	<i>If yes</i> , in	indicate which	h branch or br intract is with:	rancl		_		Ŏ _{No}		
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	N.	Refund	able Dep	1	lep	hone Compan	ıy				
ast Name of Individual			į	First					MI	Date Deposit	Made
esidential Street Address			City				State	Zip C	ode		mount of Deposit
ame of Telephone Company											
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treet Address	N		City				State	Zip Co	ode		
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III. NONMONETARY RECEIPTS (Sections M—O)

Page	-12-of	P17
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NAME OF COMMITTEE					, Maidzi	TYPE OF REPORT	
	SPEER	FOR	Ma	YOR		1-10-19	ro en
	O. Non-Mo	netary Receipts	of Organ	ization Expo	enditu es — <u>C</u>	ires Made By <u>PTIONAL</u> See Public A	ct 11-48
Name of Committee (Legislative Leg	adership, Legislative Caucu	s, and Party Committees	ONLY)	Name of Treasu	rer		
Street Address			<u>.</u>			Date Notice Received	Fair Market Value of Donation
City			State	Zip Code		Aggregate Donations	
Description of Donation						se of Expenditure (see instructions) BOCODOE	
Name of Committee (Legislative Lea	adership, Legislative Caucu	s, and Party Committees	ONLY)	Name of Treasu	rer		
Street Address						Date Notice Received	Fair Market Value of Donation
City			State	Zip Code		Aggregate Donations	
Description of Donation					1 -	se of Expenditure (see instructions) B OC OD OE	
Name of Committee (Legislative Lea	dership, Legislative Caucus	s, and Party Committees	ONLY)	Name of Treasur	rer		
Street Address						Date Notice Received	Fair Market Value of Donation
City			State	Zip Code		Aggregate Donations	
Description of Donation					1 -	oe of Expenditure (see instructions)	
Name of Committee (Legislative Lea	dership, Legislative Caucus	, and Party Committees	ONLY)	Name of Treasur	er		
Street Address						Date Notice Received	Fair Market Value of Donation
City			State	Zip Code		Aggregate Donations	
Description of Donation		·			_	e of Expenditure (see Instructions) B OC OD DE	
Name of Committee (I.egislative I.ea	dership, Legislative Caucus,	and Party Committees	ONLY)	Name of Treasure	er		
Street Address						Date Notice Received	Fair Market Value of Donation
City			State	Zip Code		Aggregate Donations	
Description of Donation				,	_	of Expenditure (see instructions) B OC OD OE	
			SUB	TOTAL Sectio	n O	This Page —	
			TOTAI	of additional	Section	1 O Pages	
	TOTAL REC	EIPTS OF ALL		ZATION EX on Line 24 of Sun			

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

SEEC FORM 20

Revised January 205

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Page 13-01-17

Revised January 2015	I VI EZEL ET (ET C	(31111111111111111111111111111111111111	^)	
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
	SPEER FOR MOYO,	R	1-10:16	
141101111111111111111111111111111111111		id by Committee		
Name of Payee			Date of Payment	Method of Payment:
Name of tayee	Melvia Lacey		10.25.15	# Check # 10/8
	racey		1012010	☐ Debit Card ☐ EFT
Street Address	Ci			State Zip Code
	38 Dudley St	Hamden		CF 06517
			ent#	
Purpose of Expenditure (by,code)	Description	leve	THE #	Amount
CNSLT				11 00
Expenditure #	Type of Expenditure (Hemization in Addendum P Required unless	s "None of the below" is chec	rked)	45:00
(if applicable)	□ None of the below		,	
	☐ Coordinated with reimbursement sought (joint expenditure)	☐ Independent		
	☐ Coordinated without reimbursement sought (in-kind contribution)	ion) 🔲 Organization:	OA OB OC OD	
Name of Payee	1 th		Date of Payment	Method of Payment:
N_{ℓ}	latt Smith		10.25-16	Debit Card DEFT
Start I Harry	Cir	ty ,		State Zip Code
	437 Edwards St	Von Have	り	CF 06511
	1012000			
Purpose of Expenditure	Description /	Eve	nt#	Amount
(by code) UMF 5	Description Campaign Man	ager		l oa
Frenditure #	103/C		trad)	2500.00
(if applicable)	Type of Expenditure (Hemization in Addendum P Required unless	"Ivone of the below" is check	кеа)	4000
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure)	☐ Independent		
	Coordinated without reimbursement sought (in-kind contribution	·	OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment:
Bri	age Communication	K5	10.29.15	A Check # 1020
	<u> </u>			Debit Card EFT State Zip Code
Street Address	Cit	A i i	A 1006	. C.
(50)	Morren Corcle	New mgt	w CT	CT (6111)
Purpose of Expenditure	Description	Ever	nt #	Amount
(by code) A - DM	Mailings			
				4500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless	s "None of the below" is che	cked)	4000
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	Coordinated with reinfoursement sought (in-kind contribut		OA OB OC OD	
Name of Payee		· D Organización	Date of Payment	Method of Payment:
111/11/11	a la to 1 D.	A	Inlant.	Check #
<u>/11/01/01/65</u> .	ex thea learn for 1011	MONTOW	112/24/1015	☐ Debit Card ☐ EFT
Street Address	Cit	y / / or	/ '	State Zip Code
62	Ponre Street	Int Horthow	(d)	G 1/201101
Purpose of Expenditure	Description	Ever	nt#	Amount
(by code)		D - 1		THIOUIGE
MISC	Bank (web Transaction Enor-	- Reinhuse		00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless	"None of the below" is chec	ked)	\$250
to abbureasie)	☐ None of the below			W ~~~
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)	Independent		
Manager and the control of the contr	Coolanguated Antiont Lemmonsettierte 2018 in Fung community	U Organization:	OA OB OC OD	
	SUB	TOTAL Section P — Th	is Page 144	15-60 7 295
Marian				V. 1000
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	TOTAL OF ALL EXPENS			
	(Enter total on Line 19,	Column A of Summary Page	2 1 01a(s)	

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Section P ADDITIONAL PAGE 32 of 40

NAME OF COMMI	TTBE (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:
R	Valca Can macua ca Trains		☐ Check #
Street Address	idge Communications		☐ Debit Card ☐ EFT
Sueet Address	Progress Circle 1A Newington		State Zip Code
30 P	rog resi (Irc) e 1 H (10ewing Ton)		CF 06111
Purpose of Expenditure	Description . Event	#	Amount
(by code) ADM	MAIlINGS		72
	/ /		- d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ed)	2,000.
	None of the below		
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization O	1 0 B 0 C 0 B	
Name of Payee	January, V	A O B O C O D Date of Payment	Method of Payment:
()	hnathen Truelson		☐ Check #
			☐ Debit Card ☐ EFT
Street Address	City	Branchine Milder	State Zip Code
	East huses	2. O	CI 16512
Purpose of Expenditure	Description Event	#	Amount
(by code)	Media		, Amount
CNSLI			500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checke	d)	000.
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		A OB OC OD	
Name of Payee		Date of Payment	Method of Payment:
7) in	itera Intractive	H. M. a.	☐ Check #
Street Address	· · · · · · · · · · · · · · · · · · ·	1106 65	☐ Debit Card ☐ EFT
Succe Address	City City	0.4	State Zip Code
99	Piffh Ave Offowa ON,	CMAnde.	ON KISTAZ
Purpose of Expenditure	Description Event)	Amount
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(if opplicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	ed)	O_{δ} .
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		,
		AOBOCOD	
Name of Payee		Date of Payment	Method of Payment:
Prid.	20 Communications	Oglosh c	☐ Check #
Street Address	1 City	01/03/1013	☐ Debit Card ☐ EFT State Zip Code
/			State Zip Code
00	Kucilos (Nole New inc for		e1 (Coll)
Purpose of Expenditure	Description Event #		Amount
(by code)	Ω_0 / I		
Expenditure #			1- non 00
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	"	(9,000°
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		~/
		A OB OC OD	
	Cigamenton V		- y
	SUBTOTAL Section P — This]	Page 7.5	58.
The second secon	MARIE A 120 LO 4 NO	Contract of the second of the	No.
	TOTAL of additional Section P Pa	iges	
·	TOTAL OF ALL EXPENSES PAID BY COMMIT	CP P	en 1992 en 1991 kanning militar de els els els els els espergens militar en antara de militar els els els els e
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Section P ADDITIONAL PAGE 33 of 45

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
SP L	TER FOR MAYOR	1.1014	i O	
	P. Expenses Paid by Committee	;		
Name of Payee	guare Inc.	Date of Payment	Method of Payment:	
Street Address	// City		☐ Debit Card ☐ EFT State Zip Code	
			Side P - F - F - F - F - F - F - F - F - F -	
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	•	42.86	
Name of Payee	•	Date of Payment	Method of Payment:	
(S0) 1	Vation	1012.9.15	Check #	
Street Address			Debit Card DEFT State Zip Code	
1250	old Gale Lane City Milford		Ct 06460	
Purpose of Expenditure (by code)	Description Palm. DOOR HANGERS GARDS	Event#	Amount	
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(27	le Romeo LLC	11.3 15	Check#	
Street Address	City		☐ Debit Card ☐ EFT State Zip Code	
3	4 Orange Street New Had	PM .	Ct 06511	
Purpose of Expenditure (by code)	Description Food.	Event#	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is	checked)	718,00	
	□ None of the below □ Coordinated with reimbursement sought (joint expenditure) □ Coordinated without reimbursement sought (in-kind contribution) □ Organize	dent ntion: OAOBOCOD	, ,	
Name of Payee	La Vigania	Date of Payment	Method of Payment;	
C'apo	otorto's Apizza Cénter	11/3/1/5	☐ Check #	
Street Address	City		Debit Card DEFT State Zip Code	
<i>&O</i> & &	FOLON RODD FAST HO		UT 06512	
Purpose of Expenditure (by code)	Description FOO L	Event #	Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is	checked)	300.00	
(if applicable)	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organizat	lent		
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SEEC FORM 20 Section PADDITIONAL PAGE 34 of 43 NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT FOR P. Expenses Paid by Committee Name of Pavee Date of Payment Method of Payment: Walmast Check # Debit Card □ EFT Commercial PKWy Branford Street Address Zip Code Purpose of Expenditure Amount (by code) 190,50 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if opplicable) ☐ None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: OA OB OC OD Name of Payce Method of Payment: Date of Payment ☐ Check # 1031.15 ☐ Debit Card ☐ EFT 85 North Main St Branford Street Address Zip Code 126403 Purpose of Expenditure Amount (by code) 12,75 Expenditure # (if applicable) Typo of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☐ None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D Name of Payce Date of Payment Method of Payment: ☐ Check # Debit Card DEFT Street Address Gunnell LN Alexandria Zip Code Purpose of Expenditure Amount (by code) Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (If applicable) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D Name of Payee Date of Payment Method of Payment: 10-26-10 Check # ☐ Debit Card ☐ EFT Street Address Zip Code Purpose of Expenditure Description Event# Amount (by code) Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) ☐ None of the below Coordinated with reimbursement sought (joint expenditure) ☐ Independent Coordinated without reimbursement sought (in-kind contribution) Organization: o A SUBTOTAL Section P - This Page TOTAL of additional Section P Pages

TOTAL OF ALL EXPENSES PAID BY COMMITTEE

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Section P ADDITIONAL PAGE 35 of 45

NAME OF COMMI	TEE (Provide Complete Name as Registered with Filing Reposito		TYPE OF REPORT	
· ·	PEER FOR Mayo	1 R	1-10	1/6
	P. Expense	es Paid by Committee		
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300 B	asten Post Poal	Cexes+ Hove	2/1	State Zip Code Obst 4
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	Coordinated with reimbursement sought (joint expendite			
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,	cary 1/1 collo		1/13/15	☐ Debit Card ☐ EFT
Street Address	Robert Berry Rd	City . ANSONIA		State Zip Code CH 06401
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(by code)				Anount
Expenditure #				Company Security
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	Coordinated without reimbursement sought (in-kind cor	· - ·	n:oA oB oC oD	
Name of Payee	ė ,		Date of Payment	Method of Payment:
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Purpose of Expenditure (by code)	Description	Eve	eat#	Amount
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	Coordinated without reimbursement sought (in kind cont	ribution)	OA OB OC OD	
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SEEC FORM 20 Section PADDITIONAL PAGE NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT P. Expenses Paid by Committee Name of Payee Date of Payment Method of Payment: ☐ Check # 10131-15 ☐ Debit Card Street Address Zip Code Purpose of Expenditure Event# Amount Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: OA OB OC OD Method of Payment: ☐ Check # Debit Card Street Address Zip Code Purpose of Expenditure Amount (by code) Expenditure # Typo of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D Name of Payee Date of Payment Method of Payment: ☐ Check #_ ☐ Debit Card ☐ EFT Street Address Zip Code Purpose of Expenditure Description Amount (by code) Expenditure #
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TOTAL OF ALL EXPENSES PAID BY COMMITTEE

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SEEC FORM 20 Section PADDITIONAL PAGE NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT P. Expenses Paid by Committee Name of Payee Date of Payment Method of Payment: ☐ Check # Debit Card □ EFT Street Address Purpose of Expenditure Event # Amount (by code) Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ○ A ○ B ○ C ○ D Name of Payee Method of Payment: ☐ Check #_ ☐ Debit Card □ EFT Street Address Purpose of Expenditure Description Amount (by code) Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) ☐ None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D Name of Payee Method of Payment: ☐ Check # Dobit Card Street Address Purpose of Expenditure Description Event# Amount Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D Name of Payce Method of Payment: ☐ Check # Debit Card □ EFT Street Address Purpose of Expenditure Description Amount (by code) Expenditure #
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Section P ADDITIONAL PAGE 38 of 4.5

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NAME OF COMM	ITTEE. (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	SPEER FOR Mayor	/-	10-16
	P. Expenses Paid by Committee		
Name of Payee	1. Expenses Fatu by Continues		
Ma	roan Parda	Date of Payment	Method of Payment:
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Street Address	City		☐ Debit Card ☐ EFT State Zip Code
300	Boston Host Road Cerst Haw	77	CF 0651
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/<	515 State Streat New Have	20	State Zip Code Olc S 1
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Nama of Payas	Coordinated without reimbursement sought (in-kind contribution)	DA OB OC OD	
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19	5 Thompson Ave Cast Have	97	Ct 265/2
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	Coordinated without reimbursement sought (in-kind contribution) Organization: o	AOBOCOD	
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SEEC FORM 20 Section PADDITIONAL PAGE NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT P. Expenses Paid by Committee Name of Payee Date of Payment Method of Payment: ☐ Check # Debit Card ☐ EFT Street Address Purpose of Expenditure Event # Amount (by code) Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: OA OB OC OD Name of Payee Date of Payment Method of Payment: ☐ Check #_ ☐ Debit Card □ EFT Street Address Zip Code Purpose of Expenditure Description Amount (by code) Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) ☐ None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ○ A ○ B ○ C ○ D Name of Payee Date of Payment Method of Payment: ☐ Check #_ 11.3113 Debit Card Street Address Zip Code Purpose of Expenditure Amount (by code) Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) Independent ☐ Coordinated without reimbursement sought (in-kind contribution) Organization: o A Name of Payee Date of Payment Method of Payment: Check # Debit Card □ EFT Street Address Purpose of Expenditure Amount (by çode) CHIST Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) □ Independent Coordinated without reimbursement sought (in-kind contribution) Organization: OA OB OC OB SUBTOTAL Section P -- This Page 210.

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Section P ADDITIONAL PAGE \sqrt{D} of $\sqrt{40}$

NAME OF COMMIT	TEE (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	sa Wonble	Date of Payment	Method of Payment:
Street Address	City		Debit Card DEFT State Zip Code
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	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: □	A OB OC OD	
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Name of Payee		A OBOCOD Date of Payment	
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SEEC FORM 20 Robel Fassey 1915 Section P ADDITIONAL PAGE 41 of 40

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposttory)	TYPE OF REPORT		
7	SPEEL FOR Mayor	1-10:16		
	P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:	
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(if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below	,	80.	
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Street Address	City		State Zip Code	
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ne	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A			
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	TOTAL of additional Section P Pag	ges		
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		Page 14 of 17
NAME OF COMMITTEE SPEER FOR MOYOR	FILING DUE DATE	
	a contra trada de servicio de la contra especia de la contra especia de la contra de la contra de la contra de	
Q. Campaign Expenses Paid by Cand Name of Payce (Name of Vendor who candidate paid directly) Date of Pay		Amount
Street Address City State Zip Code 12/2	Afroil Oyes	
15 Lale he. Themhal CT 1061	© No	-\$ 0.00 -
(by code) CNSUT PR/Media	Event #	1376.20
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Street Address City State Zip Code	C Yes C No	\$0.00
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Street Address City State Zip Code CT	() Yes () No	\$0.00
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Street Address City State Zip Code	Ģ Yes ○ No	\$0.00
Purpose of Expenditure Description (by code)	Event #	
	SUBTOTAL Section Q-This Page	\$0.00
TO	TAL of additional Section Q Pages	\$0.00
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Ente	er total on Line 26 of Summary Page)	\$0.00

IV. EXPENDITURES (Sections P—T)

43 4 45 Page 15/01-17

NAME OF COMM	TTEE SPEEK	Foe	м ач	OR		TYPE OF RE	PORT /-/0-14	
		v 10-2 10-2-11-2-11-11-11-11-11-11-11-11-11-11-11			'ommittee	Credit Card		
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Expenditure # (if applicable)	Type of Expenditure (if apple Coordinated without it			-		 nated with reimburseme	-	
Name of Vendor				٠				Fransaction
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Purpose of Expenditure by code)	Description					Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if appli			-	-	ated with reimbursemen	- 1	
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