

SEEC FORM 20

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



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EAST HAVEN, CONN.

Page 1 of N 20

Stacy Gwinn, CTC
TOWN CLERK

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COVER PAGE

| | | | |
|---|---|--|--|
| 1. NAME OF COMMITTEE | | | |
| SPEER FOR MAYOR | | | |
| 2. TREASURER NAME | | | |
| First Jan | MI A | Last Lougat | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 39 Elm St | 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 type="radio"/> January 10 filing | <input type="radio"/> 7th day preceding primary | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="radio"/> April 10 filing | <input type="radio"/> 30 days following primary | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to |
| <input type="radio"/> July 10 filing | <input checked="" type="radio"/> 7th day preceding election | <input type="radio"/> Deficit | Type of Report: |
| <input type="radio"/> October 10 filing | <input type="radio"/> 12th day preceding election (State Central Committees Only) | <input type="radio"/> Termination | |
| <input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election | <input type="radio"/> 45 days following election not held in November | | |
| 9. PERIOD COVERED | | | |
| Beginning Date 10.1.2015 | | Ending Date 10.25.15 | |
| 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. | | | |
| <u>Jan Lougat</u> TREASURER OR DEPUTY TREASURER (SIGNATURE) | | <u>Jan Lougat</u> PRINT NAME OF SIGNER | <u>10.25.15</u> DATE (mm/dd/yyyy) |
| A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both. | | | |

SEEC FORM 20Page 2 of 19 ~~20~~

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

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT | |
|---|----------------------------|-----------------------|
| SPEER FOR MAYOR | 7th day Preceding election | |
| | 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 | 29,321.46 | |
| 13. Contributions Received from Individuals (Sections A and B) | 2,500 | 31,470. - |
| 14. Receipts from Other Committees (Sections C1 and C2) | -0- | 4,215.46 |
| 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) | -0- | 875.00 |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c) | 2,500 | 36,036.92 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) | 31,821.46 | 36,036.92 |
| 19. Expenses Paid by Committee (Section P) | 24,976.93 | 29,715.93 |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | 6,844.53 | 6,844.53 |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | -0- | -0- |
| 22. In-Kind Donations not Considered Contributions — House Party (Section L5) | -0- | -0- |
| 23. In-Kind Contributions Received (Section M) | -0- | -0- |
| 24. Refundable Deposit to Telephone Company (Section N) | -0- | -0- |
| 25. Loan Balance | -0- | |
| 25a. + Loans Received (Section D) | -0- | -0- |
| 25b. + Interest and Penalties on Loan | -0- | -0- |
| 25c. - Payments on Loan | -0- | -0- |
| 25d. Total Outstanding Loan Amount | -0- | |
| 26. Campaign Expenses Paid by Candidate (Section Q) | -0- | -0- |
| 27. Expenses Incurred on Committee Credit Card (Section R) | -0- | -0- |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | -0- | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | -0- | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|--|--|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| SPEER FOR MAYOR | | | | 7th day preceding | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| Banti | | David | | | |
| Residential Street Address | | City | | State | Zip Code |
| 22 Rolling Hills Drive | | North Haven | | CT | 06471 |
| 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 an event reported 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 | |
| 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 | | 9.28 | | | |
| | | | | Amount of Contribution | |
| | | | | \$250.00 | |
| Last Name | | First | | MI | |
| Sviridoff | | Richard | | | |
| Residential Street Address | | City | | State | Zip Code |
| 33 Hemlock Hollow Rd | | Woodbridge | | CT | 06525 |
| 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 an event reported 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 | |
| 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 | | 10.14.15 | | | |
| | | | | Amount of Contribution | |
| | | | | 100.00 | |
| Last Name | | First | | MI | |
| Alberino | | Dominick | | T | |
| Residential Street Address | | City | | State | Zip Code |
| 72 Highland Ave | | East Haven | | CT | 06513 |
| Principal Occupation | | Name of Employer | | | |
| Service Technician | | Southern CT Gas Co | | | |
| 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 an event reported 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 | |
| Method of Contribution: | | Date Received | | Aggregate Contributions | |
| <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 | | 10.25.15 | | | |
| | | | | Amount of Contribution | |
| | | | | 150.00 | |
| SUBTOTAL Section B — This Page | | | | | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | 500.00 | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|--|--|---|-------------------------|
| NAME OF COMMITTEE | | TYPE OF REPORT | |
| SPEER FOR Mayor | | 7th day preceding election | |
| A. Total Contributions from Small Contributors-Received this Period ONLY <small>(See instructions for definition of Small Contributor)</small> | | SUBTOTAL SECTION A | |
| | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name | | First | |
| Hasson | | Douglas | |
| Residential Street Address | | City | State |
| 95 Ridgeview Crossing | | Newington | CT |
| Principal Occupation | | Zip Code | |
| | | 0611 | |
| Name of Employer | | | |
| | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | 1000 | |
| 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 # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 9.28.15 | |
| Last Name | | First | |
| | | | |
| Residential Street Address | | City | State |
| | | | |
| Principal Occupation | | Zip Code | |
| | | | |
| Name of Employer | | | |
| | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <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 # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions |
| <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 | | | |
| Last Name | | First | |
| | | | |
| Residential Street Address | | City | State |
| | | | |
| Principal Occupation | | Zip Code | |
| | | | |
| Name of Employer | | | |
| | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <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 # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions |
| <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 | | | |
| Last Name | | First | |
| | | | |
| Residential Street Address | | City | State |
| | | | |
| Principal Occupation | | Zip Code | |
| | | | |
| Name of Employer | | | |
| | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <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 # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions |
| <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 | | | |
| SUBTOTAL Section B — This Page | | | |
| TOTAL of additional Section B Pages | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13 of Summary Page Totals)</small> | | 1000 | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | | | |
|---|-------------------------------|---|--|-------------------------|-------|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | | TYPE OF REPORT | |
| SPEER FOR MAYOR | | | | | | 7 th day preceding election | |
| C1. Contributions from Other Committees | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| 99 PAC | | | | Paul W. Summers | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution | |
| 23 Edward St | | | If yes, list Event # _____ | | | \$ 750.00 | |
| City | State | Zip Code | Date Received | Aggregate Contributions | | | |
| East Haven | CT | 06512 | 10.12.15 | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Middlesex Area Team for Tomorrow | | | | Matt Lesser | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution | |
| 62 Grove Street | | | If yes, list Event # _____ | | | \$ 250 | |
| City | State | Zip Code | Date Received | Aggregate Contributions | | | |
| West Hartford | CT | 06110 | 10.25.15 | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| | | | | | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution | |
| | | | If yes, list Event # _____ | | | \$ 250 | |
| 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 # (if applicable) | Payment Type | | | | Amount of Receipt | |
| | | <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> 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="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution | | | | | |
| Description | | | | | | | |
| | | | | | | | |
| SUBTOTAL Section C — This Page | | | | | | | |
| 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) | | | | | | 1000. - | |
| | | | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|--|-------|--|-------------------------|--|-----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| SPEER FOR MAYOR | | | | 7th day preceding election | |
| D. Loans Received this Period | | | | | |
| Name of Lender | | Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee | | Date of Receipt | |
| Street Address | | City | | State | Zip Code |
| | | | | | |
| Name of Cosigner/Guarantor (if applicable) | | | | Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Street Address | | | | Amount Received | |
| City | | | | | |
| State | | | | | |
| Zip Code | | | | | |
| Name of Lender | | Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee | | Date of Receipt | |
| Street Address | | City | | State | Zip Code |
| | | | | | |
| Name of Cosigner/Guarantor (if applicable) | | | | Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Street Address | | | | Amount Received | |
| City | | | | | |
| State | | | | | |
| Zip Code | | | | | |
| Name of Lender | | Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee | | Date of Receipt | |
| Street Address | | City | | State | Zip Code |
| | | | | | |
| Name of Cosigner/Guarantor (if applicable) | | | | Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Street Address | | | | Amount Received | |
| 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 | | | | | |
| -0- | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|--|--|----------|---------------------|-----------------------------------|-----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| <i>SPEER FOR MAYOR</i> | | | | <i>7th day preceding election</i> | |
| 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 | | | | | |
| Street Address | | | City | | Amount Received |
| State | | Zip Code | Description | | |
| Name | | | | | Amount Received |
| Street Address | | | City | | |
| State | | Zip Code | Description | | |
| Name | | | | | Amount Received |
| Street Address | | | City | | |
| State | | Zip Code | Description | | |
| Name | | | | | Amount Received |
| Street Address | | | City | | |
| State | | Zip Code | Description | | |
| TOTAL SECTION K | | | | | |
| SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K) | | | | | |
| Total Loans Received this Period (Section D) | | | | | |
| Total Receipts from Entities other than Individuals or Other Committees (Section E) | | | | + | |
| Total Amount Transferred from Affiliated Business Treasury (Section F) | | | | + | |
| Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) | | | | + | |
| Total Amount of Personal Funds of the Candidate Received this Period (Section H) | | | | + | |
| Total Amount of Interest from Deposits in Authorized Accounts (Section J) | | | | + | |
| Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) | | | | + | |
| Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals) | | | | <i>-0-</i> | |

I. MONETARY RECEIPTS (Sections A—K)

| | | |
|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT |
| SPER FOR Mayor | | 7 th day preceding election |
| F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY) | | |
| Date of Receipt | Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Amount |
| Date of Receipt | Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Amount |
| Date of Receipt | Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Amount |
| Date of Receipt | Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Amount |
| Date of Receipt | Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Amount |
| Date of Receipt | Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Amount |
| Date of Receipt | Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Amount |
| TOTAL SECTION H | | - 0 - |
| | | |
| I. Anonymous Contributions | | |
| Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> 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. | | |

II. EVENT ACTIVITY (Sections L1—L5)

| | | | | | |
|---|--------|-------------|---|----------------------------|-----|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| SPEER FOR Mayor | | | | 7th day preceding election | |
| L1. Event Information | | | | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Location: Street Address | | City | State | Zip Code | |
| Subpart 1: (All Committees) Was this event hosted at a personal residence? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="checkbox"/> No </div> | | | | | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No </div> | | | | | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) \$ <input type="checkbox"/> No </div> | | | | | |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <div style="float: right;"> <input type="checkbox"/> 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="checkbox"/> No </div> | | | | | |
| 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? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) \$ <input type="checkbox"/> No </div> | | | | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Location: Street Address | | City | State | Zip Code | |
| Subpart 1: (All Committees) Was this event hosted at a personal residence? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="checkbox"/> No </div> | | | | | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No </div> | | | | | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) \$ <input type="checkbox"/> No </div> | | | | | |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <div style="float: right;"> <input type="checkbox"/> 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="checkbox"/> No </div> | | | | | |
| 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? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) \$ <input type="checkbox"/> No </div> | | | | | |
| SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page | | | | | |
| SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page | | | | | |
| TOTAL of additional Section L1 Pages | | | | | |
| TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals) | | | | | -0- |

II. EVENT ACTIVITY (Sections L1—L5)

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

SPEER FOR MAYOR

TYPE OF REPORT

11th day preceding Election

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

| | | | | | |
|--|---------|------------------------------------|-------------------------------|---|----------|
| Name of Purchaser | | | | Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/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="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/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="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/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="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/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="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/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="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/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 Total Purchases of Advertising in Program Book — This Page | | | | | |
| SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page | | | | | |
| TOTAL of additional Section L3 Pages | | | | | |
| TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals) | | | | -0- | |

II. EVENT ACTIVITY (Sections L1—L5)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
|--|-------------------------|---------|--------------------------------|-------------------------------|----------------|
| SPEER FOR MAYOR | | | | Primary preceding election | |
| 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="checkbox"/> Business Entity | | | | | |
| <input type="checkbox"/> Individual | Date Received | Event # | Aggregate Value for this Event | | |
| <input type="checkbox"/> Sole Proprietorship | | | | | |
| Name of Donor | | | | | |
| Street Address | | | City | | State Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="checkbox"/> Business Entity | | | | | |
| <input type="checkbox"/> Individual | Date Received | Event # | Aggregate Value for this Event | | |
| <input type="checkbox"/> Sole Proprietorship | | | | | |
| Name of Donor | | | | | |
| Street Address | | | City | | State Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="checkbox"/> Business Entity | | | | | |
| <input type="checkbox"/> Individual | Date Received | Event # | Aggregate Value for this Event | | |
| <input type="checkbox"/> Sole Proprietorship | | | | | |
| Name of Donor | | | | | |
| Street Address | | | City | | State Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="checkbox"/> Business Entity | | | | | |
| <input type="checkbox"/> Individual | Date Received | Event # | Aggregate value for this Event | | |
| <input type="checkbox"/> Sole Proprietorship | | | | | |
| SUBTOTAL Section L4 — This Page | | | | | |
| TOTAL of additional Section L4 Pages | | | | | |
| TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21, Column A of Summary Page Totals) | | | | -0- | |

II. EVENT ACTIVITY (Sections L1—L5)

12-20

| | | | | |
|---|---|---|---|-------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
| SPEER FOR MAYOR | | | 7th day Preceding election | |
| L5. In-Kind Donations Not Considered Contributions Associated with a House Party | | | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Street Address | | | City | State |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Street Address | | | City | State |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Street Address | | | City | State |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Street Address | | | City | State |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate | | |
| SUBTOTAL Section L5 — This Page | | | | |
| TOTAL of additional Section L5 Pages | | | | |
| TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY (Enter total on Line 22, Column A of Summary Page Totals) | | | | - 0 - |

III. NONMONETARY RECEIPTS (Sections M—O)

| | | | | | |
|--|---|-------------------------|-------------------------------------|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| SPEEK FOR MAYOR | | | | 4 th day preceding election | |
| M. In-Kind Contributions | | | | | |
| Name | | | | | |
| Street Address | | | City | State | Zip Code |
| Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | |
| 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 | | | | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____ | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | | |
| Name | | | | | |
| Street Address | | | City | State | Zip Code |
| Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | |
| 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 | | | | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____ | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | | |
| Name | | | | | |
| Street Address | | | City | State | Zip Code |
| Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | |
| 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 | | | | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____ | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | | |
| Name | | | | | |
| Street Address | | | City | State | Zip Code |
| Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | |
| 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 | | | | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____ | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | | |
| SUBTOTAL Section M — This Page | | | | | |
| TOTAL of additional Section M Pages | | | | | |
| TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals) | | | | | |

N. Refundable Deposit to Telephone Company

| | | | | |
|--|--|-------|-------|-------------------|
| Last Name of Individual | | First | MI | Date Deposit Made |
| Residential Street Address | | City | State | Zip Code |
| Name of Telephone Company | | | | Amount of Deposit |
| Street Address | | City | State | |
| TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals) | | | | — 0 — |

SEEC FORM 20
Revised January 2015

IV. EXPENDITURES (Sections P—T)

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12-19-20

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
|--|--|-----------------|---|----------|
| SPEER FOR MAYOR | | | 7th day preceding election | |
| P. Expenses Paid by Committee | | | | |
| Name of Payee | | Date of Payment | Method of Payment: | |
| Melvia Lacey | | 10/23/15 | <input checked="" type="checkbox"/> Check # 1017 <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 | |
| ANSLT | | | \$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"/> 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: | |
| Staples | | 10/19/15 | <input type="checkbox"/> Check # _____ <input checked="" 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 | | | \$154.99 | |
| 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: | |
| Comcast | | | <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address | | City | State | Zip Code |
| PO Box 196 | | Newark | NJ | |
| Purpose of Expenditure (by code) | Description | Event # | Amount | |
| A-WEB | | | \$428.43 | |
| 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: | |
| U I { united Illuminating } | | | <input type="checkbox"/> Check # 1013 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address | | City | State | Zip Code |
| | | | | |
| Purpose of Expenditure (by code) | Description | Event # | Amount | |
| OVHD | 010-0001326-2299 | | \$400.21 | |
| 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 | | | |
| SUBTOTAL Section P — This Page | | | \$1,028.63 | |
| TOTAL of additional Section P Pages | | | | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) | | | 3,257.89 | |

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IV. EXPENDITURES (Sections P—T)

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| | | | | | |
|--|--|---------|-----------------|----------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| SPEER FOR MAYOR | | | | 7th day preceding election | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee | | | Date of Payment | | Method of Payment: |
| Bridge Communications, Inc. | | | 10/8/15 | | <input checked="" type="checkbox"/> Check # 1009 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| AVA-DM | Mailings | | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | \$3180.32 |
| | <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: |
| Bridge Communications, Inc. | | | 10/8/15 | | <input type="checkbox"/> Check # 1010 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| ADM | Mailings | | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | \$3099.66 |
| | <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: |
| Bridge Communications, Inc. | | | 10/15/15 | | <input type="checkbox"/> Check # 1011 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| ADM | Mailings | | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | 3099.63 |
| | <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: |
| Bridge Communications, Inc. | | | 10/15/15 | | <input type="checkbox"/> Check # 1016 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| ADM | Mailings | | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | 3100.32 |
| | <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 | | | | 12,479.93 | |
| TOTAL of additional Section P Pages | | | | | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) | | | | 12,479.93 | |

SEEC FORM 20
Revised January 2015

IV. EXPENDITURES (Sections P—T)

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| | | | | |
|--|---|-----------------|--|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
| SPEER FOR MAYOR | | | 7th day preceding election | |
| P. Expenses Paid by Committee | | | | |
| Name of Payee | | Date of Payment | Method of Payment: | |
| UP (United Illuminating) | | 10/15/10 | <input checked="" type="checkbox"/> Check # 1014 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address | | City | State | Zip Code |
| | | | CT | |
| Purpose of Expenditure (by code) | Description | Event # | Amount | |
| OVHD | | | # 331.06 | |
| 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: | |
| Matt Smith | | 10/2/10 | <input checked="" type="checkbox"/> Check # 1009 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address | | City | State | Zip Code |
| 173 Edwards St | | New Haven | CT | 06511 |
| Purpose of Expenditure (by code) | Description | Event # | Amount | |
| Wt or A-other | Campaign Manager | | \$ 2,500 | |
| 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: | |
| Bridge Communications | | | <input checked="" type="checkbox"/> Check # 1012 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address | | City | State | Zip Code |
| | | | | |
| Purpose of Expenditure (by code) | Description | Event # | Amount | |
| ADM. | Mailings | 10/15/10 | \$ 3099.65 | |
| 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: | |
| Michael Speer | | 10/2 | <input type="checkbox"/> Check # 1008 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address | | City | State | Zip Code |
| 37 Elm Street | | East Haven | CT | 06512 |
| Purpose of Expenditure (by code) | Description | Event # | Amount | |
| RLW | Reimbursement | | \$ 5,537.63 | |
| 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 checked="" 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 | | | | |
| TOTAL of additional Section P Pages | | | | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) | | | 11 468.37 | |

IV. EXPENDITURES

Page 14 of 17

NAME OF COMMITTEE

SPEER FOR MAYOR

FILING DUE DATE

1 day preceding election

Q. Campaign Expenses Paid by Candidate

| | | | | | | |
|---|---|-------------|----------|-----------------|---|------------------|
| Name of Payee (Name of Vendor who candidate paid directly) Banners on the Cheap | | | | Date of Payment | Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Amount \$0.00 |
| Street Address | City | State CT | Zip Code | | | |
| Purpose of Expenditure (by code) A-D MISC | Description Signs & Banners | | | Event # | | \$1,629.45 |
| Name of Payee (Name of Vendor who candidate paid directly) Signs on the Cheap | | | | Date of Payment | Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Amount \$0.00 |
| Street Address | City | State CT | Zip Code | | | |
| Purpose of Expenditure (by code) MISC | Description SIGN | | | Event # | | \$1,458.99 |
| Name of Payee (Name of Vendor who candidate paid directly) Chase - Printable balloons | | | | Date of Payment | Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Amount \$0.00 |
| Street Address | City | State CT | Zip Code | | | |
| Purpose of Expenditure (by code) MISC | Description Balloons | | | Event # | | \$217.84 |
| Name of Payee (Name of Vendor who candidate paid directly) Chase | | | | Date of Payment | Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Amount \$0.00 |
| Street Address | City | State CT | Zip Code | | | |
| Purpose of Expenditure (by code) MISC | Description Bumper Stickers | | | Event # | | \$89.95 |
| Name of Payee (Name of Vendor who candidate paid directly) Bridge Communications | | | | Date of Payment | Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Amount \$0.00 |
| Street Address | City | State CT | Zip Code | | | |
| Purpose of Expenditure (by code) A-DM | Description Mailing | | | Event # | | \$237.70 |
| Name of Payee (Name of Vendor who candidate paid directly) SKY Flyers | | | | Date of Payment | Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Amount \$0.00 |
| Street Address | City | State CT | Zip Code | | | |
| Purpose of Expenditure (by code) MISC | Description Flyers | | | Event # | | \$437.95 |
| Name of Payee (Name of Vendor who candidate paid directly) Uniglo | | | | Date of Payment | Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Amount \$0.00 |
| Street Address | City | State CT | Zip Code | | | |
| Purpose of Expenditure (by code) MISC | Description Purchase of Materials | | | Event # | | \$259.07 |
| Name of Payee (Name of Vendor who candidate paid directly) GoNation Shirts | | | | Date of Payment | Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Amount \$0.00 |
| Street Address | City | State CT | Zip Code | | | |
| Purpose of Expenditure (by code) | Description | | | Event # | | \$901.70 |
| Name of Payee (Name of Vendor who candidate paid directly) Chase Gas Patrick | | | | Date of Payment | Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Amount \$0.00 |
| Street Address | City | State CT | Zip Code | | | |
| Purpose of Expenditure (by code) TRVL | Description Gas - worker | | | Event # | | \$305. |

SUBTOTAL Section Q-This Page

\$3376.20

TOTAL of additional Section Q Pages

\$0.00

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

\$3376.20

| | | | | | | | |
|--|--|--|--|--|--|--|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | | TYPE OF REPORT | |
| SPEER FOR MAYOR | | | | | | 7 th day preceding election | |
| R. Expenses Incurred on Committee Credit Card | | | | | | | |
| Name of Issuing Institution | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other: | | | |
| Name of Vendor, Person or Entity | | | | | | Date of Transaction | |
| Street Address | | | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | | Event # | | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) | | | | | | |
| Name of Vendor, Person or Entity | | | | | | Date of Transaction | |
| Street Address | | | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | | Event # | | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) | | | | | | |
| Name of Vendor, Person or Entity | | | | | | Date of Transaction | |
| Street Address | | | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | | Event # | | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) | | | | | | |
| Name of Vendor, Person or Entity | | | | | | Date of Transaction | |
| Street Address | | | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | | Event # | | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) | | | | | | |
| SUBTOTAL Section R — This Page | | | | | | | |
| TOTAL of additional Section R Pages | | | | | | | |
| TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27, Column A of Summary Page Totals) | | | | | | -0- | |

IV. EXPENDITURES (Sections P—T)

18-19
Page 16 of 17
19-20

| | | | | | |
|---|--|--|----------|--------------------------------------|-------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| SPEER FOR MAYOR | | | | 7th day preceding election | |
| S. Expenses Incurred by Committee but Not Paid During this Period | | | | | |
| Name of Creditor | | | | Date Incurred | |
| Street Address | | | City | | State |
| State | | | Zip Code | | |
| Purpose of Expenditure (by code) | | Description | | Event # | |
| Expenditure # (if applicable) | | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <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) </div> <div> <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D </div> </div> | | | |
| | | | | Amount Incurred (Estimate or Actual) | |
| Name of Creditor | | | | Date Incurred | |
| Street Address | | | City | | State |
| State | | | Zip Code | | |
| Purpose of Expenditure (by code) | | Description | | Event # | |
| Expenditure # (if applicable) | | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <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) </div> <div> <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D </div> </div> | | | |
| | | | | Amount Incurred (Estimate or Actual) | |
| Name of Creditor | | | | Date Incurred | |
| Street Address | | | City | | State |
| State | | | Zip Code | | |
| Purpose of Expenditure (by code) | | Description | | Event # | |
| Expenditure # (if applicable) | | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <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) </div> <div> <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D </div> </div> | | | |
| | | | | Amount Incurred (Estimate or Actual) | |
| SUBTOTAL Section S-This Page | | | | | |
| TOTAL of additional Section S Pages | | | | | |
| TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A 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, Column A of Summary Page Totals) | | | | | - 0 - |

IV. EXPENDITURES (Sections P—T)

| | |
|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) SPEER FOR MAYOR | TYPE OF REPORT 7th day preceding election |
|--|--|

T. Itemization of Reimbursements and Secondary Payees

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
|--------------------------------|-------|----|---|

| | |
|--|--|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |
|--|--|

| | | | |
|--|------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
|--|------|-------|----------|

| | | | |
|----------------------------------|---|---------|--------|
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
|--------------------------------|-------|----|---|

| | |
|--|--|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |
|--|--|

| | | | |
|--|------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
|--|------|-------|----------|

| | | | |
|----------------------------------|---|---------|--------|
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
|--------------------------------|-------|----|---|

| | |
|--|--|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |
|--|--|

| | | | |
|--|------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
|--|------|-------|----------|

| | | | |
|----------------------------------|---|---------|--------|
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |

| | |
|--------------------------------|--|
| SUBTOTAL Section T — This Page | |
|--------------------------------|--|

| | |
|-------------------------------------|--|
| TOTAL of additional Section T Pages | |
|-------------------------------------|--|

| | |
|---|-------|
| TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS | — 0 — |
|---|-------|

IV. EXPENDITURES

Page 14 of 17

NAME OF COMMITTEE

FILING DUE DATE

Q. Campaign Expenses Paid by Candidate

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

IV. EXPENDITURES

Page 14 of 17

NAME OF COMMITTEE

FILING DUE DATE

Q. Campaign Expenses Paid by Candidate

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

Date of Payment

Is Reimbursement Claimed?

Amount

Street Address

City

State

Zip Code

CT

☐ Yes
☐ No

\$0.00

Purpose of Expenditure
(by code)

Description

Event #

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

EXPENDITURE CODE ADDENDUM

For use with Sections P, Q, R, S & T of the SEEC Form 20

Asterisk * adjacent to the left of the Expenditure Code indicates that **Description Field** is **Mandatory**

Warning: The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, treasurers must read the committee guide applicable to their type of committee or contact the State Elections Enforcement Commission at 860-256-2925.

Advertising: Each expenditure code beginning with "A-" is to be used to identify the delivery method for paid advertising, which includes advertising to solicit committee funds. Include the costs for both the development and the delivery of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below, not as **Professional Consultant (CNSLT)**, which is a code that should only be used when no other expenditure code applies. If a single advertising message is developed for several of the delivery mechanisms listed below, use A-OTH for the cost of developing the message and then use the applicable code for the payments associated with the several delivery methods used. *Please Note:* The one exception to this advertising rule is when advertising content includes, as part of the message, an invitation to individuals to attend a fundraising event in return for a contribution or attendance fee. **Fundraising Event** advertising must be coded **FNDR** (see explanation below) irrespective of the advertising delivery method.

A-DM: expenditure to advertise through direct mail.

A-MAG: expenditure to advertise through a magazine.

A-NEWS: expenditure to advertise through a newspaper.

A-ATM: expenditure to advertise using an automated telephone/fax message, or an automated telemarketing message.

A-PH-BNK: expenditure for the use of phone banks, where people are speaking as distinguished from pre-recorded messages (above) and polls and surveys (below).

A-RAD: expenditure to advertise on radio.

A-SIGN: expenditure for the cost of preparing, printing, producing or distributing lawn or billboard signs visible from any street or highway.

A-TV: expenditure to advertise on television.

A-WEB: expenditure to advertise on the World Wide Web. This includes webcasting (sending audio and/or video live over the Internet), or any other form of advertising on the web. See **WEB** for other web-related expenditures.

A-OTH: expenditure for any other advertising, not listed above, like the cost of (a) posters, stickers, streamers, banners, etc. for distribution on or in buildings or vehicles (i.e. cars, buses, boats, aircraft, etc.); (b) campaign paraphernalia, such as pins, hats, potholders, tee shirts and other campaign giveaway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ads placed in ad books, in schools or civic organizations' ad book pamphlets or bulletins; or (e) ads placed in ad books for fundraising events held by other committees.

***ATT:** expenditure for attendance fee or entrance fee for any person to a (1) fundraiser held by any committee; (2) an inaugural event of any candidate; (3) a charitable event; (4) an educational course or training seminar; etc. In the text box of the **Description Field**, which is mandatory under this expenditure category, identify the name and address of the individual who is attending the event as well as the date and location of the event and the name of the sponsoring committee or entity sponsoring the event.

BNK: expenditure to record any payment of **BANK fees, interest charges, or penalties** assessed by the bank on the committee's checking account only. Similar fees assessed by a credit card company should be listed under credit card charges in Section R of the SEEC Form 20, entitled "Expenses Incurred on Committee Credit Card."

CCP: expenditure to record any payment of the **Credit Card bill**, including partial payments, finance charges, and mid-cycle payments. See Section R of the SEEC Form 20, entitled "Expenses Incurred on Committee Credit Card," to record actual charges made against the credit card account, including any finance charges.

CEF: expenditure to record any payment to the State of Connecticut's **Citizens' Election Fund (CEF)**. Checks should be made payable to the **Citizens' Election Fund** and sent to the **State Elections Enforcement Commission, 20 Trinity Street, Hartford, CT 06106**. This expenditure code does not apply to the surplus distribution (SRPLS) expenditure code explained below.

CHAR: expenditure for a payment of committee funds to a tax-exempt charitable organization [26 U.S. Code § 501(c)(3)].

EXPENDITURE CODE ADDENDUM

For use with Sections P, Q, R, S & T of the SEEC Form 20

Asterisk * adjacent to the left of the Expenditure Code indicates that **Description Field** is Mandatory

PETTY: expenditure to replenish the committee's petty cash fund.

POC: expenditures to record a payment to another committee for a reimbursement of a shared expense. Please note that the committee must reimburse the other committee within a reasonable amount of time to avoid it becoming an in-kind contribution. The Commission has said that a reimbursement received within 45 days of the date of the expenditure will not be considered an in-kind contribution. The POC expenditure code category must be distinguished from expenditures that are coded as contributions to another committee (CNTR).

POLLS: expenditures associated with **conducting polls and surveys**. This category is to be distinguished from phone banks (A-PH-BNK) because the information isn't just delivered to the public but opinion is carefully being sought and collected from the public in some manner to produce a poll or survey result or report. If a professional consultant is both designing and conducting the poll or survey, use **POLLS** as the expenditure code, not **CNSLT** (see above).

POST: expenditures for **postage**, such as stamps, bulk mail permits, post office boxes and envelopes, United Parcel Service, Federal Express, etc.

PRNT: expenditures associated with the costs of printing, photocopying or reproducing literature, stationery, invitations and the like.

RCW: expenditures to **reimburse committee workers**, which may include a candidate. This is when the cost of payment for something needed by the committee is advanced by the committee worker and reimbursement is sought. Please note that the committee must reimburse the committee worker within a reasonable amount of time to avoid it becoming an in-kind contribution. The Commission has said that a reimbursement received within 45 days of the date of the expenditure will not be considered an in-kind contribution. After making payment to the worker, reporting this item also requires full reporting of the **Secondary Payees** appearing on the payment slip of the committee worker. Go immediately to Section T, "Itemization of Reimbursements and Secondary Payees," and follow the instructions for reporting of Secondary Payees. *Further Note:* When reimbursing the candidate, report the purchase in Section Q of the SEEC Form 20, entitled "Campaign Expenses Paid by the Candidate."

REF: **refunds** are expenditures of any committee funds that were deposited into the committee's checking account and then returned to a contributor or any other revenue source for any reason.

SRPLS: expenditures which are **surplus distributions** in connection with the termination and dissolution of the committee.

TRAIN: expenditures for **campaign training events**, and associated materials, provided to multiple individuals by a legislative caucus committee.

TRVL: expenditures for an individual's **transportation** costs and **lodging** authorized by the treasurer, such as the cost of gasoline, other transportation fare, and lodging. The cost of **attending** any event should be coded as **attendance** (see **ATT** above) and any **separate payment for food** outside the cost of the attendance fee should be coded as **FOOD**.

WAGE: expenditures for **wages and benefits** paid to the committee's staff. This is to be distinguished from payments to professional consultants (**CNSLT**) who are independent contractors.

WEB: expenditures for accessing and having a presence on the WEB. This includes payments to develop or maintain: (a) a committee web site and homepage; (b) an internet provider; (c) a domain name on the internet; (d) payments to a merchant account processor or a payment gateway provider to enable the committee to receive online credit and debit card contributions over the internet; and (e) similar costs relating to use of the internet. This is not to be used for any costs related to advertising on the web (see **A-WEB** above).

***MISC:** expenditures of **Miscellaneous** items that are not listed above. The text box of the **Description Field**, which is mandatory in this situation, must explain in narrative form, with sufficient clarity, the purpose of this expenditure.

If additional pages are needed to complete all information required in each section of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the section.

Additional Pages are located at the back of the SEEC Form 20.

EXPENDITURE CODE ADDENDUM

For use with Sections P, Q, R, S & T of the SEEC Form 20

Asterisk * adjacent to the left of the Expenditure Code indicates that **Description Field** is **Mandatory**

CNSLT: expenditure to a professional **consultant**. Professional consultants are individuals or entities that are paid by the committee as independent contractors for their professional advice. They are not salaried employees and they are not individuals who are serving the committee as volunteers. Examples: management firms, public relations firms, lawyers and accountants, etc. However, for payments to professional consultants who design polls and surveys, or advertising messages, use the more specific code (ex. **A-DM**, **A-OTHR**, **POLLS**). If the payment to a professional consultant includes costs paid or incurred to some other vendor, following completion of the entry of this expenditure, go immediately to Section T, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of **Secondary Payees**.

CNTRB: expenditure that is a **contribution to another committee**. The expenditure of a committee's funds to make a contribution to another committee is to be distinguished from an expenditure of committee funds to **pay the other committee (POC)** for shared expenses or fair market value of goods or services provided to the committee by another committee acting as a vendor. See explanation of POC below.

***EFV:** expenditure for **equipment, furniture, and vehicles**. Record only the portion of the cost that is actually paid. Cost includes any costs associated with the delivery or installation of the item. Equipment includes computers, printers, phones, etc. The text box of the **Description Field**, which is mandatory in this situation, must list the item, and whether the expenditure is a purchase, rental or lease. **Please Note:** Vehicles may only be leased and may not be purchased.

FOOD: expenditure paid directly to a vendor for food and beverage, **except** if the vendor is paid for these items in association with the committee's own sponsored **fundraiser** (see **FNDR** below) or the committee's own sponsored **inaugural event** (see **INAUG** below).

***FNDR:** expenditure associated with holding a committee **fundraising event** (i.e. payments to restaurants, hotels, caterers, food and beverage vendors, invitations, entertainers performing at the event, paid speakers, etc.). Advertising content that includes as part of the message invitations to individuals to attend a committee fundraising event in return for a contribution or attendance fee must, however, be coded **FNDR** irrespective of the advertising delivery method. **Please Note:** This expenditure category **must not include** expenditures of the committee's funds for the **attendance fees (ATT)** of any persons attending **any** other committee's fundraising event.

***GIFT:** record the purchase of any item that is to be given as a **gift** to any individual or entity. Gifts to committee workers are generally limited to an aggregate of \$100 per recipient. The text box of the **Description Field**, which is **mandatory** in this situation, must identify the item purchased as well as the name and address of the individual or entity who is the recipient of the committee's gift.

INAUG: expenditure relating to the committee's costs for hosting an **inaugural event** for the committee's own candidate. This code does not include expenditures by the committee for attendance fees of individuals to another committee's inaugural event, which must be coded as an **attendance fee** (see **ATT** above).

LOAN: expenditure to record the payment of the committee's **LOAN**, whether principal, interest or both.

Please Note: Any penalties assessed for non-payment on a loan, if not paid by the payment due date, must be disclosed as additional "Expenses Incurred by Committee but not Paid During This Period" in Section S of the SEEC Form 20.

OFFICE: expenditure for office supplies such as paper, pens, printer cartridges, etc.

OVHD: expenditure of **overhead operating costs**, including the cost of renting office space, parking spaces, repairing or servicing office furniture and equipment used in connection with committee activities, related insurance, utility payments for committee headquarters, subscriptions and similar overhead operating expenses.

Party Building Activity: Each expenditure code beginning with "**PBA-**" is to be used to identify party building activity, which includes but is not limited to, any political meeting, conference, convention and other event, attendance or involvement at which promotes or advances the interests of the party at a local, state or national level, and any associated expenses.

The text box of the **Description Field**, which is mandatory for all "**PBA-**" codes, must identify the name, date and location of the political meeting or event, the name of the entity sponsoring the event, as well as the number of individuals that this reported expense covered.

***PBA-ATT:** Expenditure for an **attendance or admission fee** for a political meeting, conference, convention, or other event, attendance or involvement at which promotes or advances the interests of the party at a local, state or national level.

***PBA-TRVL:** Expenditure for the costs of **travel and lodging** associated with attendance at a political meeting, conference, convention or other event, attendance or involvement at which promotes or advances the interests of the party.

***PBA-OTH:** **Other party building expenditures** such as meals associated with attendance at a political meeting, conference, convention or other event, attendance or involvement at which promotes or advances the interests of the party.

IV. EXPENDITURES (Sections P—T)

| | | | | | |
|--|-----------------|-------------|-----------------|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| SPEER FOR MAYOR | | | | 7 th day preceding Election | |
| Q. Campaign Expenses Paid by Candidate | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | | Is reimbursement claimed? |
| Next Day Flyers | | | 8.18.15 | | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State | Zip Code | |
| 8000 Haskell Ave | | Van Alstyne | CA | 91406 | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| | | | | \$454.74 | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | | Is reimbursement claimed? |
| Signs on the Cheap | | | 8.13.15 | | <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State | Zip Code | |
| 11525A Stonehollow Dr | | Austin | TX | 78758 | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| | | | | \$1,458.00 | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | | Is reimbursement claimed? |
| MAKE STICKERS | | | 9.10.15 | | <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State | Zip Code | |
| | | | | | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| | Bumper Stickers | | | \$9.95 | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | | Is reimbursement claimed? |
| | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State | Zip Code | |
| | | | | | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | | Is reimbursement claimed? |
| | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State | Zip Code | |
| | | | | | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | | Is reimbursement claimed? |
| | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State | Zip Code | |
| | | | | | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| | | | | | |
| SUBTOTAL Section Q — This Page | | | | 2002.69 | |
| TOTAL of additional Section Q Pages | | | | -3534.94 | |
| TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals) | | | | 5537.63 | |