#### **SEEC FORM 20**

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

RECEIVED FOR FILING OCT 27 2013. TOWN CLERK'S OFFICE EAST HAVEN, CONN.

Page 1 of 10 20

Do Not Mark in This Space For Official TOWN CLERK

#### **COVER PAGE**

1. NAME OF COMMITTEE		11-12-0		
J. P.Z	EER FOR	Mayor		
2. TREASURER NAME				
First Janu	MIA	Louga/		Suffix
3. TREASURER ADDRESS				
Street Address 39 FIM	St "	East Haven	State	Zip Code OOST2
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete	only if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) //· 3, 15	Mayor			(if applicable)
7. CANDIDATE NAME (Complete only if				
First MIChael	MIP	Last SPEER		Suffix
8. TYPE OF REPORT (Check One Box)				- I
O January 10 filing	7th day preceding primary	7th day preceding referendum		ibution or Disbursement
O April 10 filing	O30 days following primary	O 45 days following referendum	(PACs ONLY)  Amendment	to
July 10 filing	7th day preceding election	O Deficit	Type of Repo	1
October 10 filing	O12th day preceding election (State Central Committees Only)	Termination		
O24 Hour Independent Expenditure OPrimary OElection	O45 days following election not held in November			
9. PERIOD COVERED				
	Beginning Date	Ending Date		
-	10.1.2015	thru 10.25.15	_	
10. CERTIFICATION				
I hereby certify and state, under per Disclosure Statement for the per	enalties of false statement, that iod covered is true, accurat	at all of the information set forth on this let and complete.	Itemized Camp	oaign Finance
Jan Loug	ral_	Jantongal	,	10.25-15
TREASURED OR DEPUTY TREASURED	R (SIGNATURE) PR	INT NAME OF SIGNER		DATE (mm/dd/yyyy)
A person who is f	ound to have knowingly and v faces a civil p	willfully violated any provisions of the ca enalty or imprisonment or both,	ımpaign financ	e statutes

#### **SEEC FORM 20**

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

## **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
SPEER FOR MAYOR	7th day Preceeding election			
	COLUMN A This Period	COLUMN B Aggregate		
Balance on hand January 1 of current year for ongoing and party committees OR     Balance on hand from day committee was formed for all other committees		0		
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 precedingon
A. Total Contributions from Small Contributors-Received this Period ONLY	\$
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	
B. Itemized Contributions from Individual Electrons from Electrons from Individual Electrons fro	duals
Banti David	, m
Residential Street Address City Rm O	Ford State Zip Code
	CF 06471
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive	
or dependent child of a lobbyist? In odoes contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes A	with said municipality
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective state of the state of	e contractor?
If yes, list Event # of government the contract is with:	Legistative
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 9,28	Aggregate Contributions
Lost Name ( First First	MI
Sviridoff	
Residential Street Address 33 Hem/ock Hollow Rd City Woodbridge	State Zip Code C
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #   Is contributor a principal of a state contractor or prospective state   If yes, indicate which branch or branches   If yes, list Event #   Executive   Is contributor a principal of a state contract or prospective state   If yes, indicate which branch or branches   If yes, indicate which	Q No 100.
	Aggregate Contributions
Last Name First	MI
Alberino Dominick	7
Residential Street Address 72 Highland Ave East Have	State Zip Code  Cf Olos 13.
Principal Occupation Name of Employer Southun	Ct gas Co
s contributor a lobbyist, spouse,	
or dependent child of a lobbyist?	
is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state between reported in Section L1?  If yes, indicate which branch or branches	_ IINO / / OO
	Legistative Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 10, 2,57/5	
SUBTOTAL Section B — This P	'age
TOTAL of additional Section B Pa	ges
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page To	

	(PE OF REPORT
SPEER FOR Mayor 1.	th day preceding election
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A	
B. Itemized Contributions from Individua	als
Last Name Hasson First Douglas	MI
Residential Street Address Pidge VIAW Crossing City Newington	State Zip Code CT OWI
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be a contribution of the contribution of the contribution of the contributor or business he/she is associated with have a contract with valued at more than \$5,000?  One will be a contributor or business he/she is associated with have a contract with valued at more than \$5,000?	icer of a municipality, Amount of Contribution said municipality
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of a state contractor or prospective state configuration of government the contract is with:  Output  Description of the contract of prospective state configuration of government the contract is with:	0 No 1000
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received Aggregation    9, 28.15	regate Contributions
Last Name First	MI
Residential Street Address City	State Zip Code
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One dependent child of a lobbyist?	cer of a municipality, amount of Contribution said municipality
Is this contribution associated with a fundraising event listed in Section L1?  Yes Is contributor a principal of a state contractor or prospective state configuration. If yes, indicate which branch or branches	egislative Yes
	egate Contributions
Last Name   First	MI
	,
Residential Street Address City	State Zip Code
Principal Occupation Name of Employer	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is associated with have a contract with so valued at more than \$5,000? Yes No	er of a municipality, Amount of Contribution aid municipality
s this contribution associated with a undraising event listed in Section L1?  If yes, list Event #  Section L1?  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLe	tractor? Yes No egislative
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received Aggregation Aggregation Of the Card OPayroll Deduction Omoney Order	gate Contributions
SUBTOTAL Section B — Thi	s Page
	(a, a, a, e = a   1
TOTAL of additional Section B	Pages

# I. MONETARY RECEIPTS (Sections A—K)



	MITTEE (Provide Comp				ony)		AGURALAR Sales (Sales	TYPE OF REPORT		374 (\$) 1466 (\$7) (3) (\$74) 15 (\$) (\$7) (\$80)
	SPEER	FOR	Mag	IOR				7 th day pres	ceding e	election
			C1. C	ontributio	ns from C	ther Comm	ittees			
Name of Committee	and the state of t	and the Adaptive of 11	es de legi la la contiga			Name of Treasu	. 10,000 0100 100	rive and an anti-	mana 1971 Yasab a jingada.	MESSEL GOVERNMENT OF SERVICE AND
	99	PA	C			Paul	/ u	1. SUMM	ers	
Address					Is this cont	ribution associate	d with an	□ Ves □ No	Amount o	of Contribution
23	Eduxe St House	rd	St		event repor	ted in Section L1' <i>If yes</i> , lis	? st Event #	#ate Contributions	AM.	700
City F 78	(+ H701)	nn	State	Zip Code	Date Rec	eived	Aggrega	ate Contributions	7 / 0	<i>10.</i>
					.,,,,,,,,,	N. CT				
Midde	Lesex An	ea Te	eam fo	v Tomo	orrow	Ma	eH	Lesser	•	
Address 62	grove ( lart for	Str	ect		Is this contrevent report	ibution associated ted in Section L17 If yes, lis	d with an? st Event #	☐ Yes ☐ No	Amount	f Contribution
City	0		State	Zip Code	Date Rec	eived	Aggrega	te Contributions	-	
West H	fart for		CF	06110	10	1.25.5				
Name of Committee			1		·······. ,\······.	Name of Treasur	rer			
Address					Is this contr	ibution associated	l with an	□ Yes □ No	Amount o	f Contribution
						ed in Section L1?	,			_
City			State	Zip Code	Date Rece			te Contributions	1 82	50
,										
		31,5152,000,000				Anna de la compania	10.4) - 72.4700.	No Pine di 1990 il Nel Nel Giologia (1888).		
	C2,	Reimbu	rsements	or Surplu	s Distrib			Committees		
Name of Committee						Name of Treasur	rer			
Address					City				State	Zip Code
Date Received	Expenditure #	Pav	ment Type						Amount	of Receipt
Bato Recorred	(if applicable)	1 1	••	nt for shared ex	nense 🏻 S	urplus Distributio	าท		Amount	or Receipt
Description					Ponso — —	orpino Dibilionii			$\dashv$	
Description										
Name of Committee						Name of Treasur	er	<u></u>		
					Lov				10	Zip Code
Address					City				State	Zip Code
								· · · · · · · · · · · · · · · · · · ·		
Date Received	Expenditure # (if applicable)		ment Type						Amount	of Receipt
			Reimbursem	ent for shared o	expense $\square$	Surplus Distribut	tion			
Description				•						
State State (State of the State		Majakan jaran matan	Angles y a halasa ny anahasa y ay aha 1111 a h	,						
				SUBTOT	'AL Sectio	n C — This F	Page			
				TOTAL of	additiona	l Section C Pa	ages			
	The later than the property of the contract of					S AND RECEI Summary Page T	1000	100	DO	
1995 Section of the s	e e e e e e e e e e e e e e e e e e e	13 O. 16 O.	≈j.(±)11€1 1010	a on line 14)	commun 10j	onanany 1 age 1	viiioj :			

## I. MONETARY RECEIPTS (Sections A-K)

Page 5 of	K K
6-	20

NAME OF COMMITTEE (Provide Complete Name as Registered with I			TYPE OF	REPORT	
SPEER FOR MOU	YOR		7 th de	uf prece	ding election
D	. Loans Recei	ved this Period			
Name of Lender		Source of Loan:   Bank   Can	ndidate 🗆 Individua	Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Can	didate 🗌 Individual	Other Committee	Date of Receipt
Street Address	City	<u></u>	State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)			, l		Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:	didate	Other	Date of Receipt
Street Address	City	1	State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (If applicable)					Amount Received
Street Address	City		State	Zip Code	
		TOTAL SECT	ION D		
E. Receipts from Entities other tha	n Individuals	or Other Com	nittees <i>(Referend</i>	lum Committee	s ONLY)
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contribu	tions	
Name of Entity	<u> </u>				
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contribut	ions	
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contribut	ions	
		TOTAL SECTI	ON E	-0-	

NAME OF COMMITTEE (Provide SPEER			TYI	PE OF REPORT	eding election
OFECK	ta tara Statistica di Salam adalah Si	Interest from Deposits in Aut		· any pre	eary erecina
Name of Institution	, <b>J</b> ,	interest from Deposits in Atti	Manager and Asia and a second second	e Received	Amount
The of Figure 1					Timoun.
Street Address		City	State	Zip Code	
Name of Institution			Date	Received	Amount
Street Address	i - i - i - i - i - i - i - i - i - i -	City	State	Zip Code	
			TOTAL SECTION J		
	K. Miscella	neous Monetary Receipts not	Considered Contri	butions	
Name				Date of Transaction	Amount Received
Street Address	•	City	Sta	ate Zip Code	
Description					
Name	and the second s			Date of Transaction	Amount Received
Street Address		City	Sta	tte Zip Code	
Description		ľ	<u> </u>		
Name				Date of Transaction	Amount Received
Street Address		City	Star	te Zip Code	
Description				1	•
Name				Date of Transaction	Amount Received
Street Address		City	Sta	te Zip Code	
Description		I			
		TOTA	L SECTION K	·	
SU	MMARY OF	OTHER MONETARY REC	EIPTS (Sections D	through K)	
Total Loans Received this Peri	iod (Section D)				
Total Receipts from Entities of	her than Individ	luals or Other Committees (Section	E) +		
Total Amount Transferred fro	m Affiliated Bu	siness Treasury (Section F)	+		
Fotal Amount Transferred fro	m Affiliated Lal	oor Union or Other Organization Tr	reasury (Section G) +		
Total Amount of Personal Fun	ds of the Candid	late Received this Period (Section H	n) +		
Total Amount of Interest from	Deposits in Aut	horized Accounts (Section J)	+		
Fotal Miscellaneous Monetary	Receipts not Co	onsidered Contributions (Section K)	4-		
	(Add Sections	Total of O  D through K) (Enter total on Line 15, C	ther Monetary Reco		0-

## I. MONETARY RECEIPTS (Sections A-K)

Pageroro	بكسويت
Tugeou	וואדיי
-	20
~ ~	,,,

	Provide Complete Name as Regi ER FUC	stered with Filing i M AU C			TYPE	ofreport day preceding electron
Callandery Reports the agency also has been dependent	alignas, tija Sengaras gaga at partus jejakas at ti	gias version maintee	recedency econologic	siness Treasury (Busin	ess Entity	a di Praes della colonia di anticoni di colonia di propi di Praes di Calendario di Calendario di Calendario di
Date of Receipt	Is this transaction associated in Section		☐ Yes ☐ No	If yes, list Event #		Amount
Date of Receipt	Is this transaction associated in Section		□ Yes □ No	If yes, list Event #		Amount
Date of Receipt	Is this transaction associate event reported in Section		□ Yes □ No	If yes, list Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Section		□ Yes □ No	If yes, list Event #		Amount
				TOTAL SECTION	$\mathbf{r}$	
G. Amount Tran	isferred from Affilia	ted Labor	Union or	Other Organization	Creasur	'y (Organization Committees ONLY)
Date of Receipt		Date of Receipt			Date of Re	A STATE OF THE STA
Amo	unt	]	An	nount		Amount
				TOTAL SECTION G	000.00% 000.00% 000.00%	
						The second section of the sect
H	Personal Funds of	the Candid	late Rece	ived this Period (Cand	idate Cor	umittees ONLY)
Date of Receipt	Method of payment:					Amount
	☐ Cash	□ P	ersonal Chec	k 🔲 Credit/Debit Ca	rd	
Date of Receipt	Method of payment:			·		Amount
	☐ Cash	□ Pe	ersonal Chec	k 🔲 Credit/Debit Ca	rd	
Date of Receipt	Method of payment:	<u> </u>				Amount
	☐ Cash	□ Pe	ersonal Chec	k	rd	
Date of Receipt	Method of payment:					Amount
	☐ Cash	□ Pe	ersonal Checl	k 🔲 Credit/Debit Ca	rd	
				TOTAL SECTION	ИН	-0-
		I. And	nymous	Contributions		
amoui	nt. If a committee	receives an contributi	anonym	butions may no longe lous contribution, the State Elections Enfo ne General Fund.	campa	ign treasurer shall

Page/8	of k	τ	P.
	9	۳.	Q d

	(Provide Complete Name as Registered with Filing Repository		TYPE OF REPORT		
SPEER			14) day pre	ceding c	lectron
	L1. Eve	nt Information			
Event # Date of Event Letter	Description			Was this a fur	ndraising event?
Luici				☐ Yes	□ No
Location: Street Address	<u> </u>	City		State	Zip Code
					] -
					<u> </u>
Subpart 1: (All Committe	•	pmq *7			
Was this event hosted at a	i personal residence?	☐ Yes (If yes, go to Section L5 Associated with a Hou			
		purchases made by host			
		□ No			
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section La and complete required i		ot Considered (	Contributions
of up to \$200 of items don	lated by all marriadal or up to groot	□ No	mormation.)		•
Was this fundraiser a tag s	sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Rece	ripts here.)		
with purchases from an in-	dividual of up to \$100?	m »		\$	
Gutuma 2. (Dunta Comm	W. W. C. Birth J. C.	□ No	C		
	ittees, Municipal Candidates and Political Com dvertising space in a program book or on a	Yes (If yes, go to Section L3		sing Space in a	Program Book
sign associated with this fi		or on a Sign and comp			<b></b>
0.1. /3. /0. /0.	· OVIII	□ No			
Subpart 3: (Town Comm	ood or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Reco	ints here \		
gathering held within the				\$	
		□ No	-		
Event # Date of Event Letter	Description	,	,	Was this a fun	draising event?
			ŀ	☐ Yes	□ No
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee	and a			<u></u>	
Was this event hosted at a	•	☐ Yes (If yes, go to Section L5	In-Kind Donations no	t Considered C	ontributions
	•	Associated with a Hous	e Party and complete	required inforn	
		purchases made by host(	s) for food, beverage an	d invitations.)	İ
Did this fundraiser include	goods or services donated by a business entity	Yes (If yes, go to Section L4	In-Kind Donations no	t Considered C	Contributions
	ated by an individual of up to \$100?	and complete required in	formation.)		
		□ No ·			
Was this fundraiser a tag sa with purchases from an ind	ale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Received		•	
with purchases from an me	nvidual of up to \$100?	□ No		\$	
	ttees, Municipal Candidates and Political Comm				
Were there purchases of ad sign associated with this fu	lvertising space in a program book or on a	☐ Yes (If yes, go to Section L3) or on a Sign and comple			Program Book
sign associated with this fu	mutatoet :	□ No	ete i equii eu inioi mati	on.)	
Subpart 3: (Town Commit	ttees ONLY)				
	od or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Recei	ots here.)	<u> </u>	
gathering held within the st	ate with this fundraiser?	□ No	Ľ	r	
SURTOTAL Section	L1—Subpart 1 (All Committees) Total Receipts fro	A Company of California (A. California California) (S. California California) (California California California	his Dogo		
BODI OTAL BECTION	Di—Subpart 1 (An Communers) 1 out a Accespts 11	on Sac of Donates Tens - 1	nis i age	<del> </del>	
		on L1—Subpart 3 <i>(Town Committe</i> ipts from Food Purchases — T			
		TOTAL of additional Section 1	1 Pages		
-5		IPTS FROM SMALL PURG		-0-	
	(Enter total on	Line 16a, Column A of Summary P	uge 10tais)	_	

Page 2 of .	X+9
10	-21

-0-

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT F108 Mayor Electrop L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City 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: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City State Zip Code Date Received Aggregate Purchases for All Events Event# Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: ☐ Business Entity □ Other ☐ 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: ☐ Business Entity ☐ Other ☐ 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: ☐ Business Entity ☐ Other ☐ 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 OF ON A SIGN

(Enter total on Line 16c, Column A of Summary Page Totals)

Page 10 of K

NAME OF COMMIT	EE (Provide Complete Name a	s Registered with Filing Re	pository)		TYPE OF REI	ORT	en en en	,,,,,
		e Mayo					eding	e lection
		. In-Kind Donati		sidered Contribu	itions			
Name of Donor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
treet Address			City				State	Zip Code
								1-4-55.11
Oonation Given By:	Description of Donation					Fair	<u> </u> Market V	alue of Donatio
☐ Business Entity								
☐ Individual ☐ Sole Proprietorship	Date Received	Event#		Aggregate Value fo	r this Event			
Jame of Donor								
atta of Dolloi								
treet Address	·		City	,			State	Zip Code
Oonation Given By:  Business Entity	Description of Donation			THE.		Fair I	larket Va	lue of Donation
□ Business Entity □ Individual						_		
Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
ame of Donor								
reet Address			City				State	Zip Code
A! B		, , , , , , , , , , , , , , , , , , , ,						
onation Given By: Business Entity	Description of Donation					Fair M	Iarket Va	lue of Donation
Individual	Date Received	Event#	****	Aggregate Value for	this Event	_		
Sole Proprietorship				1 1881 ABUT ATTOCK	ins Brent			
me of Donor		· · · · · · · · · · · · · · · · · · ·				!		
eet Address			City				State	Zip Code
mation Given By:	Description of Donation							l
Business Entity						Fair M	arket Val	ue of Donation
l Individual	Date Received	Event #		Aggregate value for the	is Event			
Sole Proprietorship								
		st	/BTOTAL Section	on L4 — This Page				
		TO	TAL of addition	al Section L4 Pages				
TOT	ALOEAU IN ZIND D	ON THOMS NOT	20Nothington	CONTRACTOR				
	AL OF ALL IN-KIND D (E	ionations not C inter total on Line 21				-0-		
					·			

Page	11-of K	719
------	---------	-----

L5, In-Kind Donations Not Considered Contributions Associated with a House Par  Name of Host  Is this event supporting m committee?  Yes  M If yes, complete Itemiz  Street Address  City	r <b>ty</b> nore than No	d ing election
L5, In-Kind Donations Not Considered Contributions Associated with a House Par  Name of Host  Is this event supporting m committee?  Yes  M If yes, complete Itemiz  Street Address  City	rty nore than No zation in A	
Is this event supporting m committee?	nore than No zation in A	one candidate o
committee?	No zation in A	one candidate (
Street Address City		
	State	
Description of Donation Fair Ma		Zip Code
Description of Donation Fair Ma		
	ırket Valu	e of Donation
Syent # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/candidate		
Is this event supporting m		one candidate o
committee?  Yes  N		
If yes, complete Itemiz  Street Address  City	State	Zip Code
City City	Siate	Zip Code
Description of Donation Fair Man	rket Valu	of Donation
vent # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/candidate		
Tame of Host Is this event supporting me		one candidate o
committee?  \( \sum \) Yes \( \sum \) If yes, complete Itemize		ldendum L5
treet Address City	State	Zip Code
Description of Donation Fair Mar	rket Value	of Donation
event # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/candidate		
anne of Host Is this event supporting mo	ore than o	ne candidate or
committee? □ Yes □ No	o	
If yes, complete Itemiza reet Address City		
reet Address City	State	Zip Code
rescription of Donation Fair Mari	ket Value	of Donation
vent # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/candidate		
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		<u>,</u>
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 -	

SEEC FORM	2(
D	

# III. NONMONETARY RECEIPTS (Sections M—O)

Page- <del>12 of W.   9</del>
ding election
State Zip Code
Fair Market Value of this Contribution
State Zip Code
Fair Market Value of this Contribution
State Zip Code
Fair Market Value of this Contribution
Date Deposit Made

Similar   Sale Projection   Committee   Date Received   Aggregate Contribution   Description of the Kind Contribution   Sale Projection   Date Received   Aggregate Contribution   Description of the Kind Contribution   Sale Projection   Description of the Kind Contribution   Description   Descr	NAME OF COMMITTEE (Provide Comple				TYPE OF REPORT		
Since Address   City   State   Zp-Code	SPEEK FOR	e praya		C. Chare Monardon and Armen States	17 day prece	<u>ding e</u>	<u>lection</u>
Since Address   City   State   Zip Code	N.		M. In-Kind Co	ontributions			
Type of countbaston:   Committee   Date Received   Aggregate Countbastions   Description of the Kind Contribution   Description   Description   Description   Description   De	Name						
Is contributor a lobbyist, agouse   Yes of dependent child of a lobbyist   No   Ves   State   Zep Code   No   No   Ves   State   Zep Code   No   No   No   No   No   No   No   N	Street Address			City		State	Zip Code
Is contributor a lobbyist, agouse   Yes of dependent child of a lobbyist   No   Ves   State   Zep Code   No   No   Ves   State   Zep Code   No   No   No   No   No   No   No   N							
Is contributor a lobbyst, spouse, or dependent child of a lobbyst?   Yes or dependent child of a lobbyst?   Yes or dependent child of a lobbyst?   Yes   Since state that the second of	Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kin	d Contribution		
or dependent child of a lobbyist? No lose contributor or business heshe is associated with have a contract with said municipality valued at more than \$5,000 as the contractor or prospective state contractor? State of this Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of this contribution associated with an event reported is foot of hobbyist. Property of contribution associated with a contract or prospective state contractor? The state of the contribution of the contract is with:    Date Received	☐ Individual / Sole Proprietorship ☐ Other	<u> </u>					
West Address   City   State   Zap Code		does contributor	or business he/she is associ	iated with have a contract v		1	
Pate Received   Aggregate Contribution   Description of In-Kind Contribution   This Contribution   State   Zip Code	event reported in Section L1?	□ No   If ye	es, indicate which branch o	or branches	□No		
Type of contribution:   Committee   Date Received   Aggregate Contributions   Description of In-Kind Contribution   The Contribution of the Contribution of Description of In-Kind Contribution   The		1 0180	The contract is the	III. DACCITIO			
Page of contribution   Committee   Date Received   Aggregate Contribution   Description of In-Kind Contribution   Contributi							
If contribution a lobbyist, spouse, or dependent child of a lobbyist?   No   If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution associated with an event reported in Section L17   No   If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality valued at more than \$5,000?   Yes   No   If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality valued at more than \$5,000?   Yes   No   If yes, ist Event #   If contribution a principal of a state contractor or prospective state contractor?   Yes   Yes	Street Address			City		State	Zip Code
If contribution a lobbyist, spouse, or dependent child of a lobbyist; spouse, which is this contribution associated with an event reported in Section L1?   The contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business helds is associated with have a contract with said municipality valued at more than \$5,000?   Yes   No   Fair Market Value of this Contribution   Yes   No   Yes   Yes   No   Yes   No   Yes   Yes   No   Yes   Y							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes or dependen	**		Aggregate Contributions	Description of In-Kind	Contribution	-	
does contributor or business he/she is associated with have a contract with said municipality which are the propriet of a fact that the contractor or prospective state contractor?   Yes   Some   S	☐ Individual / Sole Proprietorship ☐ Othe						
No   If yes, indicate which branch or branches   Recutive   Legislative   Recutive   Legislative   Recutive   Legislative		does contributor	or business he/she is associ	iated with have a contract v			
Aggregate Contributors   City	event reported in Section L1?	□ No   If yes	s, indicate which branch o	r branches	□No		
Date Received   Aggregate Contributions   Description of In-Kind Contribution		1 3					
Date Received   Aggregate Contributions   Description of In-Kind Contribution							
Individual / Sole Proprietorship Other    Street Address	treet Address			City	T STATE SMA	State	Zip Code
If contributor a lobbyist, spouse, or dependent child of a lobbyist? No contributor or business he/she is associated with have a contract with said municipality, does contribution associated with an event reported listed in Section L1? No contributor or business he/she is associated with have a contract with said municipality of this Contribution walued at more than \$5,000? Yes No contribution associated with an event reported listed in Section L1? No contributor a principal of a state contractor or prospective state contractor? Yes flyes, indicate which branch or branches of government the contract is with: Executive Legislative  SUBTOTAL Section M — This Page  TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)  N. Refundable Deposit to Telephone Company  State Street Address  City State Zip Code Amount of Deposit amount of Deposit man of Telephone Company	Cype of contributor:	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		<del></del>
of this Contribution associated with an experiment contribution associated with have a contract with said municipality valued at more than \$85,000?    Yes	Individual / Sole Proprietorship Other						
Is contribution associated with an event reported listed in Section L1?    Yes   Is contributor a principal of a state contractor or prospective state contractor?   Yes   If yes, indicate which branch or branches of government the contract is with:   Executive   Legislative   No		does contributor of	or business he/she is associ	ated with have a contract w			
SUBTOTAL Section M — This Page  TOTAL of additional Section M Pages  FOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)  N. Refundable Deposit to Telephone Company  In the state of Individual First MI Date Deposit Made State State Sign Code Amount of Deposit Made State Sidential Street Address City State State Deposit Made Manount of Deposit Made Manount	event reported listed in Section L1?	☐ Yes Is contrib☐ No If yes	utor a principal of a state c	ontractor or prospective star	□ No		
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)  N. Refundable Deposit to Telephone Company  Set Name of Individual  First  MI Date Deposit Made  State Zip Code Amount of Deposit  ame of Telephone Company	1) yes, use Event in	or gov					
N. Refundable Deposit to Telephone Company  State   Zip Code   Amount of Deposit of Telephone Company  City   State   Zip Code   Amount of Deposit of Telephone Company			SUBTOTAL	Section M — This Pag	Se		
N. Refundable Deposit to Telephone Company  In the property of the phone Company  State State State Address Amount of Deposit Made are of Telephone Company			TOTAL of add	litional Section M Page	es e		
st Name of Individual  First  MI Date Deposit Made  sidential Street Address  City  State  Zip Code  Amount of Deposit  me of Telephone Company	TOTAL OF ALL IN-KIND CON	TRIBUTIONS	Enter total on Line 23, Colu	unn A of Summary Page To	(als)		
sidential Street Address  City  State  Zip Code  Amount of Deposit  me of Telephone Company		N Defun	dable Denosit to T	alanhana Campan			
State Zip Code Amount of Deposit	et Name of Individual			ereprone Compan		Date Denosit	Made
Amount of Deposit	3) Transe of trastitual					zate zeposit i	v
Amount of Deposit	sidential Street Address		City		State Zin Code		
ine of Telephone Company					2.p cddv	3	
	ne of Telephone Company		<u> </u>			_	•
eet Address City State Zip Code	and or reseptions company						
City State Lip Code	pet Address		City		State   Zin Coda	_	
		i	City		Zip Code		

#### IV. EXPENDITURES (Sections P-T)

SEEC FORM 20 Rethed Fantary 2015	IV. EXPENDITURI	ES (Sections P—T)	Page 13 of 17
· · · · · · · · · · · · · · · · · · ·	ITEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
. مری	EER FOR Mayor		eding election
	P. Expenses Paid I	* • · · · · · · · · · · · · · · · · · ·	
	lelvia Lacey	Date of Payment	Method of Payment:  ☐ Check # 1011 ☐ Debit Card ☐ EFT
Street Address	38 Sudley St City	tamben	State Zip Code  CH CAS-17
Purpose of Expenditure (by code) Cんじくして	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "No.  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	☐ Independent☐ Organization: ○ A ○ B ○ C ○ D	\$ 45.00
Name of Payce	<i>Haples</i>	Date of Payment	Method of Payment:  ☐ Check # ☐ Debit Card ☐ EFT
Street Address	85 North Main St B	ranford	State Zip Code O6 405
rurpose of Expenditure by code)	Description	Event #	Amount
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required unless "Non   None of the below   Coordinated with reimbursement sought (joint expenditure)   Coordinated without reimbursement sought (in-kind contribution)	ne of the below" is checked)  ☐ Independent ☐ Organization: ○ A ○ B ○ C ○ D	*154.99
ame of Payee	meast	Date of Payment	Method of Payment:  ☐ Check #  Debit Card ☐ EFT
treet Address	PO Bor 196 City N	1ewark	State Zip Code
rpose of Expenditure y code) A-WEB	Description	Event#	Amount
openditure # applicable)	Type of Expenditure (Itemization in Addendum P Required unless "Not None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	ne of the below" is checked)  ☐ Independent ☐ Organization: ○ A ○ B ○ C ○ D	4428.43
ame of Payee	I Sunited Illumin	Date of Payment	Method of Payment: ☐ Check # 1013
reet Address	I ZUNITED IMOMIN	Talling }	☐ Debit Card ☐ EFT State Zip Code
rpose of Expenditure y code) OV/+D	Description 010-0001326-2299	Event #	Amount
spenditure # applicable)	Type of Expenditure (Itemization in Addendum P Required unless "Non  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	ne of the below" is checked)  ☐ Independent ☐ Organization: ○ A ○ B ○ C ○ D	\$ 400.21
	SUBTOT	AL Section P — This Page	028.63
	TOTAL of a	additional Section P Pages	
	TOTAL OF ALL EXPENSES P	AID BY COMMITTEE	157.89

NAME OF COMM	TTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	/3
	SPEER FOR MAYOR P. Expenses Paid	)	7th day prece	ding election
	P. Expenses Paid	d by Committee		
	Bridge Communication	•	Date of Payment	Method of Payment: Check # 1009 Debit Card
Street Address	City	,	1	State Zip Code
Purpose of Expenditure (by code)	Description Mailing 5"	Event #	¥	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution	☐ Independent	d) A o B o C o D	#3180.3 W
Name of Payee  Street Address	Bridge Communicat		Date of Payment	Method of Payment:  ☐ Check # / O / O ☐ Debit Card ☐ EFT
Street Address	City		·	State Zip Code
Purpose of Expenditure (by code)	Description Mailings	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "?  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	☐ Independent	ов ос ор	#30996b
Name of Payee	Bridge Communica		Date of Payment	Method of Payment:  ☐ Check # / 0 //  ☐ Debit Card ☐ EFT
Street Address	City			State Zip Code
Purpose of Expenditure by code)  ADM	Description Mailings	Event#		Amount 63
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required unless "I None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in kind contribution)	☐ Independent	A OB OC OD	309963
Name of Payee	Bridge Communica	1	late of Payment	Method of Payment:  ☐ Check # / 0 / 6  ☐ Debit Card ☐ EFT
Street Address	City			State Zip Code
Purpose of Expenditure by code) ADM	Description Mailings	Event #		Amount 32
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "N  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	☐ Independent		3100.32
	SUBTO	OTAL Section P — This P	100 m d 2000 00	479,93
	TOTAL	of additional Section P Pag	yes.	
	TOTAL OF ALL EXPENSES	S PAID BY COMMITT	EE /2 4	179.93

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	SPEER FUR MayOR	7th day prec	eding election
	P. Expenses Paid by Committee		
Name of Payee	Up (United Illuminating)	Date of Payment	Method of Payment: ☐ Check # 101 4 ☐ Debit Card ☐ EFT
Street Address	City		State Zip Code
Purpose of Expenditure (by code) OVHD	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required unless "None of the below" is a composition of the below   Coordinated with reimbursement sought (joint expenditure)   Coordinated without reimbursement sought (in-kind contribution)   Organization	,	#331.06
Name of Payee	matt Smith	Date of Payment	Method of Payment:  ☑ Check # <u>IOCO / ?</u> ☐ Debit Card ☐ EFT
	173 Educateds St Pew Ha	ven	State Zip Code 06 SU
Purpose of Expenditure (by code) WITGE A-OTHER	Description Campaign Manager	Event #	Amount .
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is cl  None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization		\$2,500
Name of Payee Street Address	Bridges Communications	Date of Payment	Method of Payment:    Check # / O / Q.   Debit Card
Purpose of Expenditure by code)  ADM.	Description	event# 10/15/15	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is c.  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organizati	hecked)	# 3099 <sup>68</sup>
Name of Payee  M	ichael Space 37 Eim Street Last Hau	Date of Payment	Method of Payment:  ☐ Check # 1008  ☐ Debit Card ☐ EFT
		-	State Zip Code C+ 66512
rurpose of Expenditure by code)	Reimbursement	ivent #	Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is characteristic of the below    None of the below   Coordinated with reimbursement sought (joint expenditure)		65,537,6
	SUBTOTAL Section P — T	This Page	
	TOTAL of additional Section	Anna de Maria	
	TOTAL OF ALL EXPENSES PAID BY COMN (Enter total on Line 19, Column A of Summary Pe	AITTEE //	468.37

Name of Payce (Name of Vendor who candidate paid directly)  Street Address  City  State  CT  Purpose of Expenditure  Description	Date of Payment  Date of Payment  Date of Payment	Is Reimbursement Claimed?   Amount  \$0.00  \$0.00  \$0.00  Amount  \$0.00  \$4,4589	
Name of Payee (Name of Vendor who candidate paid directly)  Street Address  City  City  State  CT  Purpose of Expenditure (by code)  Name of Payee (Name of Vendor who candidate paid directly)  Street Address  City  Description  City  State  City  Description  CT  Purpose of Expenditure (by code)  MISC  Name of Payee (Name of Vendor who candidate paid directly)  Chack  City  State  City	Date of Payment  Date of Payment  Date of Payment	Is Reimbursement Claimed  Ores O No Event #  Is Reimbursement Claimed? Ores O No Event #  Is Reimbursement Claimed? Ores O No Event #  Is Reimbursement Claimed? Ores O No Event #	Amount \$0.00 \$ 60.00 \$ 60.00 \$ 4589  Amount \$0.00 \$ 217.84  Amount \$0.00 \$ 9.95
Name of Payee (Name of Vendor who candidate paid directly)  Street Address  City  State  CT  Purpose of Expenditure (by code)  Name of Payee (Name of Vendor who candidate paid directly)  Street Address  City  State  City  CT  Purpose of Expenditure  (by code)  CT  Purpose of Expenditure  Cycode  CT  Purpose of Expenditure  Cycode  CT  Purpose of Expenditure  Cycode  CT  Purpose of Expenditure  City  CT  Purpose of Expenditure  City  CT  Purpose of Expenditure	Date of Payment  Date of Payment  Date of Payment	Is Reimbursement Claimed  Fres O No Event #  Is Reimbursement Claimed? Fres O No Event #  Is Reimbursement Claimed? Fres O No Event #  Is Reimbursement Claimed? Fres O No Event #	\$0.00, \$0.00, \$0.00 \$1,4584 Amount \$0.00 \$17.84 Amount \$0.00 \$7.95
Street Address  City  State  CT  Purpose of Expenditure (by code)  Name of Payee (Name of Vendor who candidate paid directly)  Street Address  City  Description  City  State  CT  Purpose of Expenditure (by code)  MISC  Name of Payee (Name of Vendor who candidate paid directly)  City  State  City  CT  Purpose of Expenditure (by code)  CT  Purpose of Expenditure (by code)  CT  Purpose of Expenditure  City  CT  Purpose of Expenditure	Date of Payment  Date of Payment  Date of Payment	Is Reimbursement Claimed?  Ves C No  Event #  Is Reimbursement Claimed?  Ves C No  Event #  Is Reimbursement Claimed?  Ves C No  Event #	\$0.00, \$0.00, \$0.00 \$1,4584 Amount \$0.00 \$17.84 Amount \$0.00 \$7.95
Street Address  City  Description  Name of Payee (Name of Vendor who candidate paid directly)  Street Address  City  State  City  CT  Purpose of Expenditure  City  CT	Date of Payment  Date of Payment  Date of Payment	Is Reimbursement Claimed?  Ves C No Event #  Is Reimbursement Claimed?  Yes C No Event #  Is Reimbursement Claimed?  Ves O No Event #	Amount  \$0.00 Amount  \$0.00 217.84  Amount  \$0.00 217.84
Name of Payee (Name of Vendor who candidate paid directly)   Street Address   City   State   Zip Code   CT	Date of Payment  Date of Payment  Date of Payment	Is Reimbursement Claimed?  Event #  Is Reimbursement Claimed?  Yes O No  Event #  Is Reimbursement Claimed?  Yes O No  Event #	\$0.00 1,4589 Amount \$0.00 2/2.84 Amount \$0.00 \$9.95
Street Address  City  State  City  Purpose of Expenditure (by code)  MISC  Name of Payee (Name of Vendor who candidate paid directly)  Chast  City  State  Zip Code  CT  Purpose of Expenditure (by code)  Purpose of Expenditure (by code)  Name of Payee (Name of Vendor who candidate paid directly)  Street Address  City  State  City  State  City  State  City  State  Zip Code  CT  Purpose of Expenditure (by code)  City  State  City  State  City  State  City  State  City  State  City  State  City  CT  Purpose of Expenditure  City  State  City  State  City  State  City  State  City  CT  Purpose of Expenditure  City  State  City  CT  CT	Date of Payment  Date of Payment	Event #  Is Reimbursement Claimed?  Over Cono  Event #  Is Reimbursement Claimed?  Over Cono  Event #  Is Reimbursement Claimed?  Over Cono  Event #	\$0.00 1,4589 Amount \$0.00 2/2.84 Amount \$0.00 \$9.95
Street Address  City  State  City  Purpose of Expenditure (by code)  Name of Payee (Name of Vendor who candidate paid directly)  City  Street Address  City  Description  State  City  City  State  City  State  City  State  City  State  City	Date of Payment	Event #  Is Reimbursement Claimed?  Oves O No  Event #  Is Reimbursement Claimed?  Oves O No  Event #	Amount \$0.00 217.84  Amount \$0.00 89.95
Purpose of Expenditure (by code)  Name of Payee (Name of Vendor who candidate paid directly).  Character Address  Street Address  City  Description  Description  City  State  City   Date of Payment	Is Reimbursement Claimed?  QYes Q No  Event #  Is Reimbursement Claimed?  QYes Q No  Event #	\$0.00 217.84 Amount \$0.00 89.95	
Street Address  City  State  CT  Purpose of Expenditure (by code)  Name of Payee Name of Vendor who candidate paid directly)  Street Address  City  State  CT  Zip Code  CT  State  Zip Code  CT  Purpose of Expenditure  City  State  CT  Purpose of Expenditure  Description	Date of Payment	Event #  Is Reimbursement Claimed?  Yes O No  Event #	\$0.00 217.84 Amount \$0.00 89.95
Street Address  City  State  CT  Purpose of Expenditure (by code)  Name of Payee Name of Vendor who candidate paid directly)  Street Address  City  State  Zip Code  CT  Description  State  Zip Code  CT  Purpose of Expenditure  Description	0	Event #  Is Reimbursement Claimed?  (L'Yes O No  Event #	217.84 Amount \$0.00 8 9.95
Purpose of Expenditure (by code) M/S Description  Name of Payee Name of Vendor who candidate paid directly)  Street Address City State Zip Code  CT  Purpose of Expenditure Description	0	Event #  Is Reimbursement Claimed?  Yes  No  Event #	217.84 Amount \$0.00 8 9.95
Name of Payee (Name of Vendor who candidate paid directly)  Street Address City State Zip Code CT  Purpose of Expenditure Description	0	Yes O No Event#	\$ <del>0.00</del> \$89.95
Street Address City State Zip Code CT Purpose of Expenditure Description		O No Event#	\$89.95
Purpose of Expenditure Description		Event #	\$89.95
		Is Reimbursement Claimed?	Amount
Name of Payee (Name of Vendor who candidate polity directly)			*******
Greet Address City State Zip Code		C/Yes Q No	r <del>\$0.00</del>
Purpose of Expenditure by code) A - DM  Description  Mailing 5	777-7770114-1-	Event#	232.70
Name of Payce (Name of Vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
treet Address City State Zip Code		Yes O No	- <del>60.00</del>
urpose of Expenditure  Description  Flyers		Event #	431.95
ame of Payee (Name of Vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
reet Address City State Zip Code		(I) Yes C No	\$0 <del>.00</del>
	erials	Event#	259.0
ame of Payee (Name of Vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
GONATION SNIPS reet Address City State Zip Code		G Yes C No	~~~~
upose of Expenditure Description		Event#	901.70
me of Payee (Name of Vendor who candidate paid directly)  (14/157-Cl 25 Patrick	Date of Payment	Is Reimbursement Claimed?	Amount
eet Address City State Zip Code		O Yes O No	\$ <del>0.0</del> 0
pose of Expenditure  Code)  Poseription  Ods - worker		Event #	305.
	ŞI PT	OTAL Section Q-This Page	337.63 <del>0.00</del>
		additional Section Q Pages	\$0.00
TOTAL OF ALL EXPENSES PAID BY CAND			39.63 80.00

## IV. EXPENDITURES (Sections P-T)

14-19 Page <del>15 of 17</del> /8 - - 20

	R. Expenses Incu	rred on Committee (	ין אלענין אַ Credit Card		
Name of Issuing Insti		Type of Credit Card:		mo se umato o de la escola el estado de desenvolvação.	
			ter Card Discover	☐ American Expres	s 🗍 Other:
			<b>—</b>	•	
lame of Vendor, Person of	or Entity			Date of	Fransaction
			······		- I
Street Address		City		State	Zip Code
urpose of Expenditure by code)	Description		Event #		Amount
,,					
expenditure # if applicable)	Type of Expenditure (Itemization in Addendum R Requ	ired unless "None of the belo	ow" is checked)		
арричин	☐ None of the below		1. 1. 4.	:	
	☐ Coordinated with reimbursement sought (joint exp☐ Coordinated without reimbursement sought (in-kin		dependent ganization: o A o B o	Con	
fame of Vendor, Person o		<b>□</b> 01	ga. O b O		Fransaction
	<del>-</del>				
treet Address		City		State	Zip Code
tteet Address		City		State	Zip Code
					-
			Tes .		
	Description		Event #		Amount
	Description		Event #		Amount
urpose of Expenditure by code) ixpenditure # fapolicable)	Description  Type of Expenditure (Itemization in Addendum R Requi	ired unless "None of the belo			Amount
y code) xpenditure#	Type of Expenditure (Itemization in Addendum R Requi	•	ow" is checked)		Amount
y code) xpenditure#	Type of Expenditure (Itemization in Addendum R Requi	enditure)   In		СоВ	Amount
y code) xpenditure # rapplicable)	Type of Expenditure (Itemization in Addendum R Requirement None of the below  Coordinated with reimbursement sought (joint expenditurement) Coordinated without reimbursement sought (in-kin	enditure)   In	ow" is checked)		Amount
oy code)	Type of Expenditure (Itemization in Addendum R Requirement None of the below  Coordinated with reimbursement sought (joint expenditurement) Coordinated without reimbursement sought (in-kin	enditure)   In	ow" is checked)		
y code)  xpenditure # fapplicable)  ame of Vendor, Person o	Type of Expenditure (Itemization in Addendum R Requirement None of the below  Coordinated with reimbursement sought (joint expenditurement) Coordinated without reimbursement sought (in-kin	enditure)   In	ow" is checked)		
y code)  xpenditure # f applicable)  ame of Vendor, Person o	Type of Expenditure (Itemization in Addendum R Requirement None of the below  Coordinated with reimbursement sought (joint expenditurement) Coordinated without reimbursement sought (in-kin	penditure)   Interditure)   Or	ow" is checked)	Date of T	ransaction
y code)  xpenditure # applicable)  ame of Vendor, Person o	Type of Expenditure (Itemization in Addendum R Requirement None of the below Coordinated with reimbursement sought (joint expression Coordinated without reimbursement sought (in-king Coordinated without reimbursement sought).	penditure)   Interditure)   Or	dependent ganization: O A O B O	Date of T	ransaction  Zip Code
y code)  xpenditure # fapplicable)  ame of Vendor, Person of reet Address	Type of Expenditure (Itemization in Addendum R Requirement None of the below  Coordinated with reimbursement sought (joint expenditurement) Coordinated without reimbursement sought (in-kin	penditure)   Interditure)   Or	ow" is checked)	Date of T	ransaction
xpenditure # fapplicable)  anne of Vendor, Person o  reet Address  urpose of Expenditure y code)	Type of Expenditure (Itemization in Addendum R Requirement None of the below Coordinated with reimbursement sought (joint expression Coordinated without reimbursement sought (in-king Coordinated without reimbursement sought).	penditure)   Interditure)   Or	dependent ganization: O A O B O	Date of T	ransaction  Zip Code
xpenditure # f applicable)  anne of Vendor, Person o  reet Address  urpose of Expenditure y code)	Type of Expenditure (Itemization in Addendum R Requirement None of the below Coordinated with reimbursement sought (joint expression Coordinated without reimbursement sought (in-king Coordinated without reimbursement sought).	cenditure)	dependent ganization: O A O B O	Date of T	ransaction  Zip Code
y code)  xpenditure # rapplicable)  ame of Vendor, Person of reet Address  reose of Expenditure y code)	Type of Expenditure (Itemization in Addendum R Requirement Sought (joint expenditure Coordinated with reimbursement sought (in-king Coordinated without reimbursement sought (in-king Coordinated wi	cenditure)   Invested contribution)   Or	dependent ganization: O A O B O  Event #	Date of T	ransaction  Zip Code
y code)  xpenditure #  fapplicable	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditure)  Tentity  Description  Type of Expenditure (Itemization in Addendum R Required)	cenditure)	dependent ganization: O A O B O	Date of T	ransaction  Zip Code
y code)  xpenditure # rapplicable)  ame of Vendor, Person of reet Address  reose of Expenditure y code)	Type of Expenditure (Itemization in Addendum R Requi None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin r Entity  Description  Type of Expenditure (Itemization in Addendum R Requi None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin Coordinated without	cenditure)	Event#  Event#  dependent ganization: O A O B O	Date of T	ransaction  Zip Code
xpenditure # f applicable)  anne of Vendor, Person o  reet Address  urpose of Expenditure y code)	Type of Expenditure (Itemization in Addendum R Requi None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin r Entity  Description  Type of Expenditure (Itemization in Addendum R Requi None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin Coordinated without	cenditure)	Event#  Event#  dependent ganization: O A O B O	Date of T	ransaction  Zip Code
xpenditure # f applicable)  anne of Vendor, Person o  reet Address  urpose of Expenditure y code)	Type of Expenditure (Itemization in Addendum R Required Coordinated with reimbursement sought (joint expenditure)    Coordinated without reimbursement sought (in-king remains a coordinated without reimbursement sought)    Description	cenditure)	Event #  Event #  dependent ganization: O A O B O  Event #  Dependent ganization: O A O B O  This Page	Date of T	ransaction  Zip Code
xpenditure # f applicable)  anne of Vendor, Person o  treet Address  troose of Expenditure y code)	Type of Expenditure (Itemization in Addendum R Required Coordinated with reimbursement sought (joint expenditure)    Coordinated without reimbursement sought (in-king remains a coordinated without reimbursement sought)    Description	cenditure)	Event #  Event #  dependent ganization: O A O B O  Event #  Dependent ganization: O A O B O  This Page	Date of T	ransaction  Zip Code
expenditure # f applicable)  anne of Vendor, Person of treet Address  treet Address  troose of Expenditure y code)  expenditure # f applicable)	Type of Expenditure (Itemization in Addendum R Required Coordinated with reimbursement sought (joint expenditure)    Coordinated without reimbursement sought (in-king remains a coordinated without reimbursement sought)    Description	cenditure)	Event #  Event #  dependent ganization: O A O B O  Event #  dependent ganization: O A O B O  This Page  ion R Pages	Date of T	ransaction  Zip Code

#### IV. EXPENDITURES (Sections P-T)

18-19
Page 16 of 17
19-20

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Re	pository)	TYPE OF REPOR			
SPEE		# 000	7th day pr		election	
	S. Expenses Incurred by	Committee but	Not Paid During this Period			
Name of Creditor				Date Inci	ırred	
Street Address	*	City		State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #			Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Re  None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	t expenditure)	of the below" is checked)  Independent  Organization: • A • B • C	0 D		
Name of Creditor				Date Incu	rred	
Street Address	A11 A	City	and the second s	State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#		nount Incurred stimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Rec  None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in-	expenditure)	f the below" is checked)  Independent Organization: OA OB OC	о D		
Name of Creditor		-		Date Incu	rred	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Red  None of the below Coordinated with reimbursement sought (joint) Coordinated without reimbursement sought (in-	expenditure)	f the below" is checked)  Independent  Organization: OAOBOC	o D		
		SUBTOTA	AL Section S-This Page			
		TOTAL of add	litional Section S Pages			
TOTAL OF ALL E	EXPENSES INCURRED BY COMMITTEE (Enter total	DURING THIS PE	RIOD BUT NOT PAID A of Summary Page Totals)		:	
	Previously reported	d Expenses Unpaid	and still Outstanding			
	TOTAL OF ALL EXPENSES INCUI		ITTEE BUT NOT PAID A of Summary Page Totals)	-D		

SEEC FORM 20 IV. EXPENDITURES (Sections P—T) Page: 17 of 17 NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT Mayor 7th day SPEER FUR T. Itemization of Reimbursements and Secondary Payees Last Name of Worker/Consultant First Date of Payment to Vendor, ΜI 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: Check # O Debit Card OEFT Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant City Zip Code State Purpose of Expenditure Description Event # Amount (by code) Expenditure # Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) (if applicable) None of the below O Independent O Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: OA OB OC OD Last Name of Worker/Consultant First ΜI 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: O Debit Card OEFT Check # Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant City State Zip Code Purpose of Expenditure Description Event# Amount (by code) Expenditure # Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) (if applicable) O Coordinated with reimbursement sought (joint expenditure) Organization: o A o B o C o D Coordinated without reimbursement sought (in-kind contribution) Last Name of Worker/Consultant First Date of Payment to Vendor, MI 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: O Debit Card OEFT Check # Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant City Zip Code State Purpose of Expenditure Description Event # Amount (by code) Expenditure # Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) (if applicable) O Independent O Coordinated with reimbursement sought (joint expenditure) Organization: o A o B o C o D Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section T - This Page TOTAL of additional Section T Pages

TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS

		IV. EXPEND	ITURES		Page 14
NAME OF COMMITTEE				FILING DUE DATE	
	Q. C	ampaign Expenses l	Paid by Candidate		
Name of Payce (Name of Vendor who	candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State Zip Code		O Yes O No	\$0
Purpose of Expenditure by code)	Description	The second secon		Event #	-
lame of Payee (Name of Vendor who	candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	Amount
treet Address	City	State Zip Code		C Yes	
upose of Expenditure y code)	Description	CT		Event#	\$0
ame of Payee (Name of Vendor who	candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	Amount
reet Address	City	State Zip Code		C Yes	Amouni
rpose of Expenditure	Description	<u>c</u> Ţ		C No	\$0
code)			<b>b</b>		
me of Payee (Name of Vendor who	candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	Amount
eet Address	City	State Zip Code		C Yes O No	\$0
pose of Expenditure code)	Description			Event#	
ne of Payee (Name of Vendor who c	andidate paid directly)		Date of Payment	Is Reimbursement Claimed?	Amount
et Address	City	State Zip Code		C Yes O No	\$0.
pose of Expenditure code)	Description			Event #	
ne of Payee (Name of Vendor who co	andidate paid directly)		Date of Payment	Is Reimbursement Claimed?	Amount
et Address	City	State Zip Code		C Yes C No	\$0.0
ose of Expenditure code)	Description	1		Event #	
e of Payee (Name of Vendor who ca	ndidate paid directly)		Date of Payment	Is Reimbursement Claimed?	Amount
t Address	City	State Zip Code		☐ Yes	
ose of Expenditure	Description	Description CT		C No	\$0.0
o of Payee (Name of Vendor who car	udidate and discatts)				
Address	City	State Zip Code	Date of Payment	Is Reimbursement Claimed?	Amount
se of Expenditure	Description	CT Zip Colle		C No	\$0.0
ode)	Description			Event#	
of Payeo (Name of Vendor who can	ıdidate paid directly)		Date of Payment	Is Reimbursement Claimed?	Amount
Address	City	State Zip Code		O Yes O No	\$0.0
se of Expenditure de)	Description	***************************************	· · · · · · · · · · · · · · · · · · ·	Event#	
			SUBTO	OTAL Section Q-This Page	\$0.0
			ALAY LV.SIXVIIIA	additional Section Q Pages	\$0.0
	TOTAL OF ALL EXP	ENSES PAID BY CAND	Search and the first season are as	un Auriguntan i la que o ma emercación una el la Picción	\$0.0

	IV. EXP	PENDITURES		Page 14 of
NAME OF COMMITTEE			FILING DUE DATE	
	O Campaign Expe	nses Paid by Candidate		of the filter of the state of t
lame of Payee (Name of Vendor who		Date of Payment	Is Reimbursement Claimed?	Amount
treet Address	City State Zip (	Code	O Yes O No	
urpose of Expenditure	Description CT	. :	Event#	\$0.0
ame of Payee (Name of Vendor who		Date of Payment	Is Reimbursement Claimed?	Amount
reet Address	City State Zip C	Code	C No	\$0.
rpose of Expenditure y code)	Description		Event #	
me of Payee (Name of Vendor who	candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
eet Address	City State Zip C	Code	Q Yes	¢o.
rpose of Expenditure	Description	<u> </u>	C No	\$0.
une of Payee (Name of Vendor who	oguddata paid directly	I Data - CD		
	:	Date of Payment	Is Reimbursement Claimed?	Amount
eet Address	City State Zip C	Code	O Yes O No	\$0.0
rpose of Expenditure code)	Description		Event #	
ne of Payce (Name of Vendor who	candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
et Address	City State Zip C	Code	Ci Yes Oi No	\$0.0
pose of Expenditure code)	Description CT		Event#	Ψ0.0
ne of Payee (Name of Vendor who o	candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
et Address	City State Zip Co	ode	C Yes	••
pose of Expenditure	Description	:	C No	\$0.0
code)				
ne of Payee (Name of Vendor who c		Date of Payment	Is Reimbursement Claimed?	Amount
et Address	City State Zip C	Code	O Yes O No	\$0.0
pose of Expenditure code)	Description		Event#	,
e of Payee (Name of Vendor who c	andidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
et Address	City State Zip Co	ode	O Yes O No	\$0.00
ose of Expenditure code)	CT   Description	: :	Event#	\$0.00
e of Payee (Name of Vendor who co	aulidate paid directiv)	Date of Payment	1 D 1 1 (C) 1 10	
t Address	City State Zip Co		Is Reimbursement Claimed?	Amount
	CT	ode	© Yes O No	\$0.00
ose of Expenditure ode)	Description	· · · · · · · · · · · · · · · · · · ·	Event #	
		Çjirt	OTAL Section Q-This Page	\$0.0
			additional Section Q Pages	\$0.0
	TOTAL OF ALL EXPENSES PAID BY		vignosis processors and we obtain the entrance and in this district	\$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, attend-ance 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, conven-tion 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)

Page 44-0f-17

	TTEE (Provide Complete Name as Registered with Filing Repositor	ry)		PE OF REPORT		11	
SPEER FOR Mayor				1th day preceding Election			
	Q. Campaign Exp	penses Paid by Cand					
1	f Vendor, Person or Entity who candidate paid directly)	1	Date	of Payment	Is rein	nbursement claimed?	
Next Day Flyers			2	118.15	0	Yes O No	
Street Address 8000 Haskell Ave		City an Xhyys			State CA	Zip Code 91406	
Purpose of Expenditure (by code)	Purpose of Expenditure Description		Event #		4 Amount 45-4,74		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)  SIGNS ON THE CHRAP			1	Date of Payment 8 · / 3 · /5		Is reimbursement claimed?  O Yes O No	
Street Address	25A Stone hollow Dr	City A USTIA	7		State +X	Zip Code 78758	
Purpose of Expenditure (by code)	penditure Description Ever		Event #	ıt #		Amount # 1,458,00	
Name of Payee (Name of Verdor, Person or Entity who cardidate paid directly)  MAKESTICKES			Date of Payment		Is reimbursement claimed?  O Yes O No		
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Bumper Stickers		Event#		Amount 89. 45		
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date o	of Payment	ا ــ ا	oursement claimed?	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #	nt#		Amount	
Namo of Payce (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?  Yes O No		
Street Address		City	,			Zip Code	
Purpose of Expenditure (by code)	nditure Description E		Event #		Amount		
Name of Payee (Name of 1	Vendor, Person or Entity who candidate paid directly)		Date of	Payment	_	usement claimed?	
Street Address		City			State	Zip Code	
'urpose of Expenditure by code)	Description	E	event#		A	amount	
	SI	UBTOTAL Section Q —	This Page		2 <i>00</i> a	.69	
	тот	FAL of additional Section	Q Pages			4.94	
	TOTAL OF ALL EXPE (Enter total on Line	ENSES PAID BY CAN 26, Column A of Summary F	DIDATE Page Totals)		537		