SEEC FORM 5

EXPLORATORY COMMITTEE

NOTICE OF INTENT TO DISSOLVE CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 3/07



Do Not Mark in This Space For Official Use Only

REGISTRATION TYPE

✓ FINAL DISSOLUTION

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1. ELECTION DATE	2. CANDIDAT	E NAME			学校的 医皮肤			
	Prefix	First	ichael	M	Last Sp.	EER		Suffix
3. CANDIDATE RESID	ENCE ADDRE	SS		4. CAND	DATE MALLIN	G ADDRESS மு	different)	
Street Address	1 E/1	u Ste	ピピナ	Address				
City East H	21/01/	State 4	Zip Code 065/2	City	·	S	State	Zip Code
5. CANDIDATE TELEI	PHONE (Include.	Area Code)	6. CANDIDA	ATE E-MAII	ADDRESS			表示。2016年4月20日
(203)	479 -	-0749	NI	しつすい	ISPEEK	2010	2) Gma	1/.Com
7. PARTY AFFILIATIO	N	Nethal Briefer						
☐ Republican		⊡ ′D	emocratic		. 🗆	Other		
8. NAME OF COMMIT	TEE			编传统		1.00		
S	PEER	2015						
9. COMMITTEE ADDR	ESS							
Address 39 E	Tru St	REET		City	st Have	St St	ate +	Zip Code
10. COMMITTEE E-M	AIL ADDRESS	以特殊的数据		11. COMM	ITTEE WEBSI	TE ADDRESS		
	NA			ivw	V. SPEEK	Soens	ELYCE EO	REILING
12. CANDIDATE'S DEC	CLARATION (check one)					N CEEKK	SOFFICE
12a. I declare th	nat I will seek	the nomination	n or election to the o	ffice of:		EAS	st haven	, CONN.
						Stari	A GALL	ino, cord
	/	Mayor						TOWN CLERK
		OFFICE SOUGH	IT		DISTRICT NO) (if applicable)	.	
	•	S	PEER F	- OR 1	layer			
			NAME OF CANDIDAT					
☐ 12b. I declare the	hat I will not :	seek the nomin	ation or election to a	ny public,	ffice during th	ne election cy	cle for which	my exploratory
	e was formed.			all				
				- '}////		1	7-17	-15
				1//+	1000		4-11	
	3. 10			$7^{\prime\prime}/c$	ANDIDATE (SIGNATURE	E) Dat	e
	assieres (100) û See goes Est		13. CERTIFICA	ATION				
I hereby certify and s committee, for the re dissolve is being sub- receipts and expendi	asons stated, mitted by me	is true, accurat together with a	e and complete to the Statement of Recei	e best of m	y knowledge a	nd belief and	that this noti	ce of intent to
					lan d	Lugai	L 2	17.15
				TREAS	SURER (SIGN	ATURE)		Date

Notice: Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

SEEC FORM 20

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

RECEIVED FOR FILING
TOWN CLERK'S OFFICE
EAST HAVEN, CONN.
Stary Opening, CCT C

Page 1 of 17

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COVER PAGE

		1211 173				
1. NAME OF COMMITTEE				10 10 10 10 1		
SPEER Z	2015			Mar-olya-satuvisusiyapın		
2. TREASURER NAME				1000		
First Jan	МІ	Last	ougal			Suffix
3. TREASURER ADDRESS						
Street Address 39 F/M C	Street	City LES,	Haven	S	late CT	Zip Code 06512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete of	only if Candidate	Committee)			6. DISTRICT NUMBER
(mm/dd/yyyy)//3.15						(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)					
First MIChael	MI	Last	PEER			Suffix
8. TYPE OF REPORT (Check One Box)						
O January 10 filing	O7th day preceding primary	O 7th d	ay preceding referendum		ial Contri Cs ONLY)	ibution or Disbursement
April 10 filing	O30 days following primary	O 45 da	ys following referendum	() Am	endment	to
O July 10 filing	O7th day preceding election	O Defic	it	_	e of Repo	
October 10 filing	O 12th day preceding election (State Central Committees Only)	n O Term	ination	<u>7</u>	erm	INation
Independent Expenditure	O45 days following election not held in November					
9. PERIOD COVERED						
	Beginning Date		Ending Date			
_	1.1.15	thru	2120-15			
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.						
TREASURER OR DEPUTY TREASURE	R (SIGNATURE) PF	UZ/U RINT NAME OF	Lougal Signer			2 · 2.0 · 15 DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS	S PUNISHABLE BY FINE NOT TO	EXCEED \$1,000	, OR IMPRISONMENT FOR N	OT MORE	THAN ON	VE YEAR, OR BOTH.

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
SPEER 2015		TERMINATION
	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		3440,00
12. Balance on hand at the beginning of Reporting Period	3440.00	
13. Contributions Received from Individuals (Sections A and B)	1360.00	1360.00
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D through K)	0.00	0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) Municipal and Town Committees ONLY	0.66	0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1360.00	1360.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	14 8 00.00	4800.00
19. Expenses Paid by Committee (Section P)	4800.00	4800.00
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	0,00	0.00
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Contributions Received (Section M)		:
23. Refundable Deposit to Telephone Company (Section N)		
24. Receipts of Organization Expenditures (Section O) OPTIONAL		
25. Beginning Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		·
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

Reskeddazetilli	I. MONETAKI K	ECEIP 19 (Sections.	A—K)	
NAME OF COMMITTEE			TYPE OF REPORT	
SPEER 20	TERMINATION			
A. Total Contributions from Sm (See instructions for definition of Small Co	Company of the Compan	ved this Period ONLY SUBTOTAL SECTION A	\$	
	B. Itemized Co	ontributions from Indivi	duals	
Last Name Lougal		First Viola		MI
Lougal Residential Street Address 111 South J	Thore DR.	City EAST HAV	Cn	State Zip Code 1 06572
Principal Occupation		Name of Employer		<u>'</u>
or dependent child of a lobbyist? I No d		to a candidate for a chief executive is associated with have a contract Yes Yes		Amount of Contribution
Is this contribution associated with a		ct is with:	te contractor?	\$ 15.00
Method of Contribution:			Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	I □ Payroll Deduction □ Mone	y Order		
.ast Name		First		MI
Residential Street Address		City		State Zip Code
rincipal Occupation		Name of Employer		
r dependent child of a lobbyist?		to a candidate for a chief executive is associated with have a contract v		Amount of Contribution
s this contribution associated with a Yes undraising event listed in Section L1? No If yes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contract		□ No	
Method of Contribution:			Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order Order		
ast Name		First		MI
esidential Street Address		City		State Zip Code
rincipal Occupation		Name of Employer	,	-
r dependent child of a lobbyist? No do		to a candidate for a chief executive is associated with have a contract v		Amount of Contribution
s this contribution associated with a	Is contributor a principal of a If yes, indicate which bra of government the contrac		contractor?	
Method of Contribution:		<u> </u>	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order		
		SUBTOTAL Section B —	This Page	15,00
	7	OTAL of additional Section	on B Pages /	15,00 315.00
TOTAL		FROM INDIVIDUALS (Sec Enter total on Line 13 of Summary	tions A + B) Page Totals)	360.∞

Section B. ADDITIONAL PAGE of A

NAME OF COMMITTEE		A.RV		TYPE OF REPORT		
SPEER 2015 Termination						
	B. Itemized Cor	atrib	utions from Individ	luals		
Last Name Colangelo		Fir		•		MI
Residential Street Address 348 Coe H	¹ ve	City	ast Have	<i>91</i> 1	State	Zip Code USIZ
Principal Occupation Retired			Name of Employer	,		
Is contributor a lobbyist, spouse, Yes If co	ontribution is in excess of \$400 to contributor or business he/she ed at more than \$5,000?	to a can is assoc	didate for a chief executive stated with have a contract Yes No	officer of a municipality with said municipality	Amour	nt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # (2/23/5)	Is contributor a principal of a If yes, indicate which brar of government the contract	ich or b	oranches 1:	الا∕اسط	3	0.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	☐ Payroll Deduction ☐ Money	Order .	/ 12/ 15	Aggregate Conditionions		
Last Name Cesare		Firs	st Marlant	10		М
Residential Street Address F-C/1C/2		City	ast Have	°N	7/	cip Code OGS73
Principal Occupation Laraprofessiona	1		Name of Employer TOWN of			
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist? Yes If co	ntribution is in excess of \$400 to contributor or business he/she i ed at more than \$5,000?	o a cano	didate for a chief executive iated with have a contract v ☐ Yes ☐ ANO	officer of a municipality, vith said municipality	, Amoun	t of Contribution
Is this contribution associated with a						
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate Contributions						
Last Name PACCILI		Firs	Louis			MI
Residential Street Address	Poad	City	ast Have	0N	State Z	ip Code 06513
Principal Occupation Labore Driver			Name of Employer	<i></i>	17 ZV	
or dependent child of a lobbyist? No does	ntribution is in excess of \$400 to contributor or business he/she i ed at more than \$5,000?	s associ	iated with have a contract v	vith said municipality	Amoun	t of Contribution
Is this contribution associated with a Tyes fundraising event listed in Section L1? If yes, list Event # 2/23/5/7	Is contributor a principal of a s If yes, indicate which bran- of government the contract	ch or bi	ranches :	☐ Legislative	#3	0.00
Method of Contribution: Date Received Aggregate Contributions						
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order SUBTOTAL Section B—This Page						
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Section B. ADDITIONAL PAGE 100 41/0

Residential Street Address B. Hemized Contributions from Individuals Not	NAME OF COMMITTEE			TYPE OF REPORT	建筑区域的大型中央地位
B.		15		Termin	ation
Taxi Name First			ributions from Indiv	V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Residential Street Address Contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$3.000 to government the contracter of the contribution of a contributor of business heighte is associated with an employer Yes If contribution Yes If contribution Yes If yes, indicate which have a contractor of the contractor of yes Yes Yes Yes If yes, indicate which have a contractor of yes Yes			First		MI
Principal Occupation State Contribution Principal Occupation	SWANSON.		RIE		
Finding and exception Secretary State	Residential Street Address BITTERS	WOOY Circ	Guilford		
Secontribution associated with a contraction of a contribution is in excess of \$400 to a candidate for a chief executive with said municipality valued at more than \$5,000? Secontribution associated with a contract with said municipality valued at more than \$5,000? Yes	Principal Occupation COUNCY SA AL	to Shop	Name of Employer	?	
First	Is contributor a lobbyist, spouse, Yes If co	ontribution is in excess of \$400 to a contributor or business he/she is	associated with have a contract	ve officer of a municipality with said municipality	
Last Name	fundraising event listed in Section L1? If yes, list Event # 0/23/5/9	If yes, indicate which branch	or branches Executive	☐ Legislative	4 30.00
Residential Street Address First Julie State Zip Code Julie Amount of Contribution of dependent child of a lobbyrist, spouse, of government the contract is with: Device Legislative		Payroll Deduction Money O	rder 1.23.15		
Residential Street Address OG B Personal Check Vest Vest If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, of dependent child of a lobbyist? Vest If contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Vest If No Vest Ve	Last Name		First . /		· .
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		+ Circle Cir	- Sultord		State Zip Code CF 06 437
does contributor or business he/she is associated with have a contract with sain municipality valued at more than \$5,0007 Yes 146	Principal Occupation			- 330	
fundraising event listed in Section L1?	or dependent child of a lobbyist? No does	contributor or business he/she is a ed at more than \$5,000?	ussociated with have a contract	with said municipality	- //
Method of Contribution: Date Received	fundraising event listed in Section L17	If yes, indicate which branch	or branches with:	☐ No ☐ Legislative	30.00
Residential Street Address Residential Residential Research Res		Payroll Deduction Money Or	1.22.1	Aggregate Contributions	
Principal Occupation Name of Employer	Last Name / NON/eaf				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive 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? Is this contribution associated with a fundamental fundament	Residential Street Address	set city	East Hav	en	State Cife Code OF CIGST 2
or dependent child of a lobbyist? In this contribution associated with a fundraising event listed in Section L1? In the section L2	Principal Occupation		A Security distribution of the security of the	· ·	
If yes, list Event # 0/33/5 A of government the contract is with: Executive Legislative	or dependent child of a lobbyist? W No does	contributor or business he/she is a	ssociated with have a contract	e officer of a municipality, with said municipality	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received - 13 · 15 Aggregate Contributions	fundraising event listed in Section L1? \(\overline{\text{D}}\)No	If yes, indicate which branch	or branches	☐ Legislative	\$30,00
SUBTOTAL Section B—This Page A 90.00	Method of Contribution:	Payroll Deduction Money Or	1-17.15	Aggregate Contributions	
		SUB'	FOTAL Section B	This Page A	90.00
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Section B. ADDITIONAL PAGE 3 of 10

NAME OF COMMITTEE
Speek 2015 Termination
B. Itemized Contributions from Individuals
Ricci I
Last Name ESPOSITO. State / Zip Code
Residential Street Address Frances St. Ext East Haven CT 6657
Principal Occupation Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution of 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?
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 2/33157 Is contributor a principal of a state contractor or prospective state contractor?
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 1.23.15
Last Name Abbatt First LINDA
Residential Street Address 53 Laurel Street State Zip Code 153 Laurel Street State Zip Code 155 Laurel State Zip Code
Principal Occupation Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution of 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?
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 0/23/50 Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Contract Contract
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Aggregate Contributions
Last Name RIALIO VIARIONE First VINCENT
Residential Street Address 345 Shortheach Rd Last Haven Et 06573
Principal Occupation Scantular Security Adademy of at
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive 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? 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?
Is this contribution associated with a fundraising event listed in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Date Received Aggregate Contributions Date Received Date Receive
Method of Contribution: Date Received
SUBTOTAL Section B—This Page & 90, ord
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Section B. ADDITIONAL PAGE * 4 of * 10

	TYPE OF REPORT
NAME OF COMMITTEE PELK ZON	Termination
B. Itemized Contributions from Indivi-	A CONTROL OF THE PROPERTY OF T
Last Name 2 /	М
CO1001901.0	State Zip Code
Residental Scient Address 54 VISTA Drive LAST Hav	ien ct 06572
Principal Occupation Name of Employer Self	· · · · · · · · · · · · · · · · · · ·
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes I for 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? Yes	e officer of a municipality, Amount of Contribution with said municipality
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # (2/23/54) Is contributor a principal of a state contractor or prospective state fundraising event listed in Section L1? If yes, indicate which branch or branches of government the contract is with:	te contractor?
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 1.23.15	
Last Name Cole First Jeanne	
Residential Street Address 23 Cliff St Last Han	en State Zip Code OBS 12
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	with said municipality
1 11 tiple life BOBILTE 1/1/ ALT 1/1 /1	☐ Legislative
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 1.23.10	Aggregate Contributions
Last Name Pirst Sandra	MI
Residential Street Address 216 Looking Grass Hill Pd City Morris	State Zip Code 06763
Residential Street Address 216 Looking Grass Hill Pd MORRIS Principal Occupation Refired Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? 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?	e officer of a municipality, with said municipality
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Method of Contribution: Date Received A 2 3 A	Aggregate Contributions
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Section B. ADDITIONAL PAGE 4 of 4

NAME OF COMMITTEE	多性的語言是是 解於的數為		TYPE OF REPORT	
	,015		TERMIN	INTION
WAR TO BE WAS A STREET OF THE STREET	B. Itemized Cont	ributions from Indivi	duals	
Last Name Coulter		First Sarah		MI
Residential Street Address 34 Reading	7 Rd Cit	TRUMBUI		State Zip Code
Principal Occupation		1 /	t. HOSPITE	
or dependent child of a lobbyist?	tribution is in excess of \$400 to a contributor or business he/she is a I at more than \$5,0007	a candidate for a chief executive associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution
fundraising event listed in Section L1? No If yes, list Event # 2/23/517 Method of Contribution:	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or branches with:	te contractor? Yes No Legislative Aggregate Contributions	\$40.00
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Livioney Of			MI
Last Name CASARC		First Manda		State Zip Code
Residential Street Address	r/UC /	t ast Have	The state of the s	et 06513
Principal Occupation		Name of Employer		
or dependent child of a lobbyist? INO does c	ribution is in excess of \$400 to a ontributor or business he/she is a at more than \$5,000?	candidate for a chief executive ssociated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with a Yes fundraising event listed in Section L1? When I yes, list Event # C/2 3/5/4	Is contributor a principal of a state If yes, indicate which branch of government the contract is	or branches with: Executive	☐ Legislative	\$20.00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ 1	Payroll Deduction	ニーランフダフケー	Aggregate Contributions	
Last Name Gargano		First Angela	3	MI
Residential Street Address Thompson	St City	Fast Have	PN	State
Principal Occupation	•	Name of Employer The Ha	UR SPZ	
or dependent child of a lobbyist? No does c	ribution is in excess of \$400 to a ontributor or business he/she is a lat more than \$5,000?	candidate for a chief executive ssociated with have a contract	e officer of a municipality, with said municipality	Amount of Contribution
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Cash Personal Check Credit/Debit Card	Payroll Deduction Money Or	der 1.23.15	waller to considerate	
	SUB'	FOTAL Section B —	This Page 🗶 /	100.00

SEEC FORM 20 Revbed Jane 2014

Section B. ADDITIONAL PAGE 4 of 4

NAME OF COMMITTEE	TYPE OF REPORT	Device of the property of the party
NAME OF COMMITTEE SPFER 2013	TERMINA	TION
B. Itemized Contributions from Indivi	L	
Print	namo Bakas ares gas ares a	М
Last Name Evanich Mark	State	, Zip Code
Residential Street Address 27 KWObb Hill Road City Milford	State	06460
Principal Occupation Name of Employer), '	
$\mathcal{F}\mathcal{O}\mathcal{G}$		
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? Yes I No	e officer of a municipality, An with said municipality	mount of Contribution
Is this contribution associated with a	te contractor? Yes No No Legislative Aggregate Contributions	60.00
172		MI
Destetano Lauren	Stota	Zip Code
Residential Street Address. 4 Hunting Ridge Farms Rd Branford	1 07	06405
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 a	with said municipality	nount of Contribution
fundraising event listed in Section L1? \(\Boxed{\text{No}}\) No \(\begin{array}{ll} \begin{array} \begin{array}{ll} \	Legislative No	30.00
Method of Contribution:	Aggregate Contributions	
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order /- 23./○		MI
Last Name	State	Zip Code
Residential Street Address City	State	
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality	nount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Is contributor a principal of a state contractor or prospective state fundraising event listed in Section L1? No If yes, indicate which branch or branches of government the contract is with:	☐ Legislative	
Method of Contribution: Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		.]
SUBTOTAL Section B—	This Page # 90	0.10
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Section B. ADDITIONAL PAGE ** of **

NAME OF COMMITTEE	TYPE OF REPORT
SPCCR 2015	Termanation
	ributions from Individuals
Last Name Chase	First Educard MI
Residential Street Address 5 Pond VICW Terrace City	tast Haven State Zip Code Ct 06512
Principal Occupation MANAGER	Name of Employer DISCOUNT LIGUOR
The If contribution is in excess of \$400 to	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality Yes No
	Date Received Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Or	
Last Name Lougal	First Scott MI
Residential Street Address 25 Guach Rd 8	Branford State Zip Code 065405
Principal Occupation Probation Officer	Name of Employer State of Cf
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?	a candidate for a chief executive officer of a municipality, amount of Contribution associated with have a contract with said municipality Yes No
	with:
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Ord	der / 23 /5 Aggregate Contributions
Last Name Pollecir ins	First Mary Ann MI
Residential Street Address 90 Gerrish Ave City	LOST HOVEN State Zip Code (1 06512
Principal Occupation TO OCH ER	Mame of Employer Childrens Community Programs
or dependent child of a lobbyist? UNo does contributor or business he/she is a valued at more than \$5,000?	candidate for a chief executive officer of a municipality, associated with have a contract with said municipality Yes Poo
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 0/23/54 Is contributor a principal of a state of government the contract is	with:
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Ord	Date Received Aggregate Contributions der
SUB [*]	TOTAL Section B — This Page 4/20.00
	,

SEEC FORM 20 Rest.ed June 2014

Section B. ADDITIONAL PAGE * of * *

NAME OF COMMITTEE	TYPE OF REPORT
SPEER 2015	Termination
	ibutions from Individuals
Last Name DZICKAN	First Salvatore MI
Residential Street Address City	State Zip Code
108 Rustling Reed Rd	Nagatuck Ct 06770
Principal Occupation (artographel	Name of Employer Howatanic Vally Association
Is contributor a lobbyist, spouse. Yes If contribution is in excess of \$400 to a	candidate for a chief executive officer of a municipality, ssociated with have a contract with said municipality Yes No
fundraising event listed in Section L1? If yes, list Event # If yes, indicate which branch of government the contract is	
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Ord	
Last Name (2/20NC	First Frank MI
Residential Street Address 164 FOXON Rd City	East Haven State Zip Code CF 06573
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 does contributor or business he/she is as valued at more than \$5,000?	candidate for a chief executive officer of a municipality, sociated with have a contract with said municipality Yes Tho
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Is contributor a principal of a state of government the contract is well as the contract is well	with:
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payrol! Deduction □ Money Ord	Date Received Aggregate Contributions or / 2 / 5
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? Yes of Contribution is in excess of \$400 to a contributor or business he/she is as valued at more than \$5,000?	candidate for a chief executive officer of a municipality, sociated with have a contract with said municipality Yes No
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Is contributor a principal of a state of government the contract is very support of government the contract is very support of the state of government the contract is very support of the state of government the contract is very support of the state o	vith:
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	Date Received Aggregate Contributions
SUBT	OTAL Section B — This Page
	,

Section B. ADDITIONAL PAGE 10 10

NAME OF COMMITTEE	TYPE OF REPORT
SPEER 2015	Termination
	ributions from Individuals
Last Name MDM+ 21 VD.	First Uan
Residential Street Address 26 Partland St # 240 City	WORCESTER State DIGOS
Principal Occupation Real Estate. Chelsea International Properties	Name of Employer
Van If contribution is in excess of \$400 to a	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality Yes No
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Is contributor a principal of a star of government the contract is	with: Executive Legislative
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Or	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
Last Name Sparaco	First Magdalen Mo
Residential Street Address 215 Eddon Drive City	East Haven State 2ip Code Ch 5/2
Principal Occupation Refired	Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Lyes If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?	a candidate for a chief executive officer of a municipality, Amount of Contribution associated with have a contract with said municipality Yes No
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Is contributor a principal of a stat If yes, indicate which branch of government the contract is	with: Executive Legislative
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Ord	
Last Name ROYNOlds	First Patrick MJ
Residential Street Address Haple Street City	tast Haven State Zip Code Ct Obs 12
Principal Occupation Hallosser	Name of Employer Ultimate Image
or dependent child of a lobbyist? UNo does contributor or business he/she is a valued at more than \$5,000?	Amount of Contribution associated with have a contract with said municipality Yes GNO
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Is contributor a principal of a state of government the contract is a state of government the government that government the gover	with:
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Orc	
SUBT	TOTAL Section B - This Page 225.00

Section B. ADDITIONAL PAGE 16 of 18

	Section D. ADDII	TOTALE TARGET	/	
NAME OF COMMITTEE			TYPE OF REPORT	
SPEER 2010	media and district and an arrangement		Term In	atton
	B. Itemized Co	ontributions from Indivi	duals	
Last Name COEMICS		First Carol		MI
Residential Street Address 168 3744 +	tre Pl. NIV	City HICKURY		State Zip Code NC 28601
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		0 to a candidate for a chief executive is associated with have a contract ☐ Yes ☐ No		Amount of Contribution
fundraising event listed in Section L17 If yes, list Event #	Yes Is contributor a principal of If yes, indicate which brof government the contra	ect is with:	☐ No ☐ Legislative	25.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit ©	Card Payroll Deduction Mone	by Order Date Received	Aggregate Contributions	
Last Name IR VO		Frederic	Ċ.	MI A
Residential Street Address 41 Meadowbro	ok Rd	West Hove	Ph	State Zip Code CI 0657/2
Principal Occupation RETIFED		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract \(\sqrt{Yes} \sqrt{\sqrt{No}} \) No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	es Is contributor a principal of a	a state contractor or prospective statench or branches	e contractor? Yes	100.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C	<u> </u>	Date Received	Aggregate Contributions	
Last Name Adgent File	PE.	First Magen	,	MI
Residential Street Address 23 Del Avi		City NUTH HZN	CN	itate Zip Code 73
Principal Occupation HOITOSSER	·	Name of Employer ———————————————————————————————————	2	!
is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?			contractor? Yes	\$100.00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Ca	ard □Payroll Deduction □Money		Aggregate Contributions	
	SU	BTOTAL Section B — 7	This Page	225.00

Restord Jour 2014	1, 1/101	YE IAKY	RECEI	L 19 (26c)	tions A—K)	
NAME OF COMMITTEE					TYPE OF REPORT	-Les a
SPE	TR 2015	han et	The Salana Construction in The Salana (18 c Anne 18 Anne			1110077017
	Ci,	Contributio	ons from O			
Name of Committee				Name of Treas	urer	
Address			Is this contr	ibution associate	ed with a Yes No	Amount of Contribution
				event listed in S	ection L1?	
City	State	Zip Code	Date Rece		ist Event # Aggregate Contributions	
City	State	Zip Code	Daily 1.ccc	1,00	1.65.45	
Name of Committee				Name of Treas	urer	
Address			In this posts	hutian anaasiata	ed with a Yes No	Amount of Contribution
			fundraising	event listed in S	ection L1?	7 Amount of Contribution
					st Event #	
City	State	Zip Code	Date Rece	ived	Aggregate Contributions	
Name of Committee				Name of Treast	ırer	
Address				bution associate event listed in Se	d with a ☐ Yes ☐ No	Amount of Contribution
			Tunoraising (st Event #	
City	State	Zip Code	Date Rece	ived	Aggregate Contributions	
Name of Committee				Name of Treasu	ırer	
Hante of Committee				THUM OF THE USE		
Address			Is this contri	bution associate	d with a ☐ Yes ☐ No	Amount of Contribution
			rundraising e	event listed in Se If yes, lis	st Event #	
City	State	Zip Code	Date Recei	ved	Aggregate Contributions	
	,					
	Reimbursements, Pa	yments, or	Surplus Di		from other Committ	ees
Name of Committee	,			Name of T	reasurer	
Address					Date Received	Amount of Receipt
City	S	tate Zip C	ode		ment for shared expense	
			ĺ	☐ Payment fo	or goods and services stribution	
Name of Committee			<u>.</u>	Name of T		
Address					Date Received	
Address					Date Received	Amount of Receipt
City	I.S.	tate Zip C	ode	C Daimhuma	mont for shared summers	
ony	ſ	Lip C	out	Payment fo	ment for shared expense or goods and services	i
				☐ Surplus Di	stribution	
			SURTOTA	L Section C	— This Page	λ
			2001016	COUNTRY		<u> </u>
		, , , , , , , , , , , , , , , , , , ,	'OTAL of a	dditional Se	ction C Pages	0
	TOTAL OF ALL O	OMMITTE	E CONTRIB	UTIONS AN	ID RECEIPTS	Λ
					mary Page Totals)	U I

NAME OF COMMITTEE					TYPE OF		
SPEERZOIS					750	rmine	ation
	. Loans	Receiv	ed this Period				
Name of Lender			Source of Loan: Bank Cand	lidate □	Individua	nt	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)	1						Amount Received
Street Address	City				State	Zip Code	
Name of Lender	1		Source of Loan: Bank Candi	lidate □	Individual	1 Other	Date of Receipt
Street Address	City	,1.			State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)	<u> </u>			•			Amount Received
Street Address	City				State	Zip Code	
Name of Lender	<u> </u>		Source of Loan: Bank Candi	idate 🗆	Individual		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	
			TOTA	AL SE	CTION 1	D	8
E. Receipts from Entities other than	Individu	uals or	Other Commit	itees (A	teferendu	m Convulttees	ONLY)
treet Address				Date Re	eceived	:	Amount Received
			-				Amount Accessing
ity	s	State	Zip Code	Aggreg	gate Contribu	tions	
ame of Entity							
treet Address				Date Re	ceived		Amount Received
ity	S	State	Zip Code	Aggrega	ate Contribut	tions	
ame of Entity							
rreet Address				Date Re	ceived		Amount Received
îty	S	State	Zip Code	Aggrega	ate Contribut	tions	
			тот	fal se	ECTION	E	7)

NAME OF COMMITTE				TYPE OF REPO	
	EER 2015	e A sulingol D.			INOTON)
Date of Receipt	Is this transaction assoc fundraising event listed	iated with a Yes	If yes, list Event #	siness Enny Commi	Amount
Date of Receipt	Is this transaction assoc fundraising event listed		If yes, list Event#		Amount
Date of Receipt	Is this transaction assoc fundraising event listed	1 03	If yes, list Event #		Amount
Date of Receipt	Is this transaction assoc fundraising event listed		If yes, list Event #		Amount
			TOTAI	L SECTION F	0
			Activity and the second se		
G. Amount Tr	ansferred from Affilia	ted Labor Union o	r Other Organizatio	on Treasury (Orga	inization Committees ONLY)
Date of Receipt		Date of Receipt		Date of Receipt	
A	mount	A	mount		Amount
			TOTAL	SECTION G	0
	H. Daugawal Eurola of	u - Car Blata Bas	-t-dut pata		~~~~~
ate of Receipt	H. Personal Funds of Method of payment:	ine Candidate Acc	elvea inis remou _{st} e	andidate Comminees	Amount
, , , , , , , , , , , , , , , , , , ,	☐ Cash	☐ Personal	Check	Debit Card	Amount
ate of Receipt	Method of payment: ☐ Cash	☐ Personal (Check Credit/	n though	Amount
ate of Receipt	Method of payment:	LI PEISOHAI	Check Li Cieur	Debit Cara	
ne or receipt	Cash	☐ Personal 0	Check 🔲 Credit/I	Debit Card	Amount
ate of Receipt	Method of payment:				Amount
	☐ Cash	☐ Personal (Check Credit/I	Debit Card	
			TOTAL	SECTION H	<u> </u>
		I. Anonymous	Contributions		

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	c		OF REPORT	at m
SPEER ZOIS			ermine	W 70M
Name of Institution	Interest from Deposits in A		Received	Amount
				Amount
Street Address	City	State	Zip Code	-
Name of Institution		Date F	Received	Amount
				Aniount
Street Address	City	State	Zip Code	
		TOTAL SECT	IONJ	
K, Miscella	neous Monetary Receipts n	ot Considered Contrib	utions	
Name	<u>*</u>		Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		I	Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name			Pate of Transaction	A mount Booked
				Amount Received
Street Address	City	State	Zip Code	
Description	<u>-</u>			
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description	<u> </u>	**************************************		
		TOTAL SECTION	on k	
SUMMARY OF	OTHER MONETARY RE	CEIPTS (Sections D t	hrough K)	
Total Loans Received this Period (Section D)				
Total Receipts from Entities other than Individ	uals or Other Committees (Sectio	n E)	+	
Total Amount Transferred from Affiliated Busi	iness Treasury (Section F)		+	
Total Amount Transferred from Affiliated Lab	or Union or Other Organization	Freasury (Section G)	+	
Total Amount of Personal Funds of the Candid	ate Received this Period (Section	Н)	+	
Fotal Amount of Interest from Deposits in Autl	norized Accounts (Section J)		+	
l'otal Miscellaneous Monetary Receipts not Co	nsidered Contributions (Section F	()	+	***************************************
Cotal of Other Monetary Receipts (Ad	d Sections D through K) (Enter	total on Line 15 of Summary Pag	re Totals)	

NAME OF COMMITTEE	TYPE OF REPORT				
SPEER 2015	Termina	2170N			
	Event Information				
Fundraising Event # Date of Fundraiser Letter O 1. 23.15 A E T A VO Jo	rect				
Location: Street Address HOO (See Ave	East Haven	State Zip Code (+ 065/2			
	7 23 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence?	☐ Yes (If yes, go to Section L4 In-Kind Donations not Considered Contrand complete required information for purchases made by host(s) for beverage and invitations.) ☐ No				
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	s donated by a business entity of up to				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Receipts here.)				
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Advertising or on a Sign and complete required information.)	Space in a Program Book			
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?	Yes (If yes, enter Total Receipts here.)	No. J. Aller Aller A. L. L			
Fundraising Event # Date of Fundraiser Letter Description					
Location: Street Address	City	State Zip Code			
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence?	☐ Yes (If yes, go to Section L4 In-Kind Donations not Con and complete required information for purchases made beverage and invitations.) ☐ No				
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations not Con and complete required information.) ☐ No	sidered Contributions			
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.) ☐ No \$				
sign associated with this fundraiser?	ittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Advertising S or on a Sign and complete required information.) No	pace in a Program Book			
gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.) ☐ No				
SUBTOTAL Section L1—Subpart I (All Committees) Total Receipts	from Sale of Donated Items — This Page				
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Re	ceipts from Food Purchases — This Page				
	TOTAL of additional Section L1 Pages				
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (E	nter total on Line 16a of Summary Page Totals)				

Page 9 of 17

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

NAME OF COMMITTEE					TYPE OF REPORT	T		
	SPEER 20	015-			Termi		Final	
	manadari may yang ang panggan dan dan ang mana manggan kang ang panggan kan may dan manadari dan manadari dan m	urchases of Advertisi	ing in a Pros	ram Book or	o programa na circa de construir de como como como como como como como com		700	
Name of Purchaser		M VANNY Y NA SANTA TANAN	#60###################################		,	Purchase N	Made By:	
							ness Entity	☐ Individual
							Proprietorsh	
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purchase	e An	nount of Sig	gn Purchase
Name of Purchaser					Гр	urchase M	foda Byr	
Name of Putchaser							nade By: less Entity	☐ Individual
							Proprietorshi	
treet Address			City	<u></u>			State	Zip Code
••••			0,				Auto	Lip ova.
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pre	ogram Ad Purchase	An	nount of Sig	gn Purchase
								,
Vame of Purchaser					Pı	urchase M	/lade By:	
					Į E	☐ Busin	ess Entity	☐ Individual
		····	·				Proprietorshi	
treet Address			City			S	State	Zip Code
							ļ	İ
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purchase	I An	nount of Sig	l yn Purchase
	7			1400000	gi am rau			, II A NE SOUTE
Jame of Purchaser					Pu	urchase M	fade By:	
					[☐ Busine	ess Entity	☐ Individual
						□ Sole P	Proprietorshi	.p
treet Address			City		•	Sf	tate	Zip Code
		!				1		i i
Pate Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	Ad Durchese	T 4m	- cust of Sig	Duvahaca
ale Received	Byent #	Aggregate i archiaes	IOI AII EWAIIS	Amount of Fre	gram Ad Purchase	Am	gici iu miloi	n Purchase
					1		,	
ame of Purchaser					Pu	ırchase Ma	iade By:	
							ess Entity	☐ Individual
					<u> [</u>	Sole Pr	roprietorship	
reet Address			City			St	tate	Zip Code
			ĺ					İ
ate Received	Event #	Aggregate Purchases t	for All Events	Amount of Pro	gram Ad Purchase	Am	ount of Sigi	n Durchase
ate Received	Byent #	Applybut a delimose a	III An Diems	Amount of Frog	gram Au i uremase	Aun	ount of sign	ll Purchase
		Total Purchases	of Advertising	SUBTOT in Program Bool	AL Section L3 k — This Page		1)	
					CAL Section L3		0	
				of additional Sec			1)	
то	TAL OF ALL PURC	CHASES OF ADVERTISE (E)		GRAM BOOK one 16c of Summar			0	

SPEER 2015 Term (Not 1780)
Street Address City State Zip Code
Street Address City State Zip Code Donation Given By: Business Entity Individual Sole Proprietorship Date Received Event # Aggregate Value for this Event Name of Donor
Donation Given By: Business Entity Individual Sole Proprietorship Date Received Event # Aggregate Value for this Event Aggregate Value for this Event
Donation Given By: Business Entity Individual Sole Proprietorship Date Received Event # Aggregate Value for this Event Aggregate Value for this Event
☐ Business Entity ☐ Individual ☐ Sole Proprietorship Name of Donor
☐ Business Entity ☐ Individual ☐ Sole Proprietorship Name of Donor
Sole Proprietorship Name of Donor
Name of Donor
Street Address City State Zip Code
Donation Given By: Description of Donation Fair Market Value of Donation
☐ Business Entity
☐ Individual ☐ Date Received ☐ Sole Proprietorship ☐ Date Received ☐ Event # ☐ Aggregate Value for this Event
Name of Donor
Street Address City State Zip Code
Donation Given By: Description of Donation Fair Market Value of Donation ☐ Business Entity Fair Market Value of Donation
☐ Individual Date Received Event # Aggregate Value for this Event
□ Sole Proprietorship
Name of Donor
Street Address City State Zip Code
Donation Given By: Description of Donation Fair Market Value of Dona
Donation Given By: Description of Donation Fair Market Value of Dona Business Entity
□ Individual Date Received Event # Aggregate value for this Event
□ Sole Proprietorship
SUBTOTAL Section LA — This Page
TOTAL of additional Section L4 Pages
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page Totals)

III. NONMONETARY RECEIPTS (Sections M—O)

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Restaulant total	11. 110111110	TIETHILL INEC	JERR TO (Decile	/H3 1/1 O	,		•
NAME OF COMMITTEE				TYPE OF RI	EPORT		
SPEER Z	015			Tern	りしんか	tron	
		M. In-Kind Con	tributions			1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Name				<u> </u>			
Street Address			City		10000000	State	Zip Code
Bitti Addiess			City				
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind	Contribution			
☐ Individual / Sole Proprietorship ☐ Other	.]						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	4	in excess of \$400 to a candior business he/she is association \$5,000?	idate for a chief executive ited with have a contract to Yes No	officer of a mu with said munic	nicipality, ipality		Market Value s Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	☐ No If yes,	outor a principal of a state co , indicate which branch or b rernment the contract is with	oranches	tate contractor?	□ No	ı	
Name							
Street Address		<u> </u>	City			State	Zip Code
					•		•
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind	Contribution			
☐ Individual / Sole Proprietorship ☐ Other							
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?		in excess of \$400 to a candic or business he/she is associat an \$5,000?					Market Value Contribution
Is this contribution associated with a fundraising event listed in Section L1? Hyes, list Event #	☐ No If yes,	utor a principal of a state co , indicate which branch or b ernment the contract is with	ranches		□ Yes □ No		
Name							
Street Address			City			State	Zip Code
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind	Contribution			4
☐ Individual / Sole Proprietorship ☐ Other					1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		n excess of \$400 to a candid r business he/she is associate in \$5,000?					Market Value Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	☐ No If yes,	utor a principal of a state cor indicate which branch or br ernment the contract is with:	ranches		☐ Yes ☐ No		
		SUJ	BTOTAL Section M -	— This Page		·	
		TOT	FAL of additional Sec	tion M Pages			
TOTAL OF ALL II	N-KIND CONTF	RIBUTIONS (Enter total	al on Line 22 of Summa	y Page Totals)			
	N. Refun	dable Deposit to Te	lephone Compan	v	1		
Last Name of Individual		First		J	М	Date Deposit	. Made
Residential Street Address	.	City		State Zip	Code		Amount of
						I	Deposit
Name of Telephone Company						_	
Street Address		City		State Zip (Code	\dashv	
	TOTALS	SECTION N (Enter tota		De-e Totala			
	IUIALS	ECTION IN (Enter tota	u on Line 23 of Summar,	y rage rotais)			

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE			TYPE OF REPORT		
SPEER 7619			Terminati	071	
O. Non-Monetary Rec Legislative Leadership, Legislative Car				let 11-48	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Com-	mittees ONLY)	Name of Treasu	rer		
Street Address			Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code	Aggregate Donations	- -	
Description of Donation			Purpose of Expenditure (see instructions)	<u>-</u>	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Comm	mittees ONLY)	Name of Treasur		I	
Street Address			Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code	Aggregate Donations	-	
Description of Donation	 		Purpose of Expenditure (see instructions)		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Comm	nittees ONLY)	Name of Treasur	rer		
Street Address			Date Notice Received	Fair Market Value of Donation	
City	State	Zíp Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions)		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Comm	nittees ONLY)	Name of Treasur	er		
Street Address			Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions)		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Comm	nittees ONLY)	Name of Treasure	er		
Street Address		.1.	Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see Instructions) A B C D		
	SUBT	TOTAL Sectio	n O — This Page)	
	TOTAL	of additional	Section O Pages	5	
TOTAL RECEIPTS OF			PENDITURES Inmary Page Totals)	<u>)</u>	

IV. EXPENDITURES (Sections P-T)

13 Page 13 of 17

NAME OF COMMI	CTEB 1870 1870 1870 1870 1870 1870 1870 1870	TYPE OF REPORT	Valle (S. S.
,	SPEER 2015	Termin	1atron
的原理的	P. Expenses Paid by Committee		
Name of Payee	eolly Liguer.	Date of Payment	Method of Payment: Check # Debit Card
Street Address	Main St Last Hav	~N	State Zip Code 065/2
Purpose of Expenditure (by code)	Description Spirits Even	nt# 01231517	Amount #138, 18
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required	with reimbursement sought	4/38.10
Name of Payee	op in Shop	Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card
Street Address	inguay Avenue East Hai	Rh	State Zip Code CF 0672
Purpose of Expenditure (by code)	Description	" 123 <i>15 A</i>	Amount 23.88
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated without reimbursement sought Independent Independent Organization: OA OB	vith reimbursement sought	20.80
Name of Payee	ight Life America Inc	Date of Payment	Method of Payment: □ Check # □ Debit Card
Street Address 2	211 N. First St. Van Jose		State Zip Code 95131
Purpose of Expenditure (by code)	Description Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required ☐ Coordinated w ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ A ○ B	ith reimbursement sought OC OD	4100.00
Name of Payee	MISC	Date of Payment 1	Method of Payment: ☐ Check # ☐ Debit Card
Street Address	Im Street East Have		State Zip Code Ob S12
Purpose of Expenditure (by code)	Paid of Balance Brent		Amount 3
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required ☐ Coordinated wi ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: O A O B	ith reimbursement sought	0/7
	SUBTOTAL Section P—	This Page	516.25
	TOTAL of additional Section	i P Pages	223.15
TOTAL OF	ALL EXPENSES PAID BY COMMITTEE (Enter lotal on Line 19 of Stimmary P	age Totals	800,00
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Section P. ADDITIONAL PAGE 19 of 12

NAME OF COMM	TTER		
availabor countri	SPEER 2015	TYPE OF REPORT	Nation
	P. Expenses Paid by Committee	1 / (/ /// /	10017210
Name of Payee		Date of Payment	Method of Payment;
	SPEER FOR MOYOR	2.20.15	☐ Check # 1004 ☐ Debit Card
Street Address	9 Elm St Fast Have	^O N	State Zip Code CF 06512
Purpose of Expenditure (by code) SRPLS	Surplus Funds to Mayoral Campaign	t#	Amount
Expenditure # (if applicable)		vith reimbursement sought	4215.46
Name of Payee	CVS	Date of Payment	Method of Payment: ☐ Check #_ ☐ Debit Card
Street Address	Marn Street East Ha	ven -	State Zip Code CF CCS 7 7
Purpose of Expenditure (by code)	Description Event $S'taples$.	#	Amount
Expenditure # (if applicable) [M 5	Type of Expenditure (if applicable) Itemization in Addendum P Required	ith reimbursement sought	8.29
Name of Payee		Date of Payment	Method of Payment: ☐ Check #_ ☐ Debit Card
Street Address	City		State Zip Code
Purpose of Expenditure by code)	Description Event	#	Amount .
Expenditure # (f applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required	ith reimbursement sought	
Name of Payee		Date of Payment	Method of Payment: Check # Debit Card
itreet Address	City		State Zip Code
urpose of Expenditure by code)	Description Event is	¥	Amount
xpenditure # fapplicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required	th reimbursement sought	
	SUBTOTAL Section P — T	This Page	123,75

Campaign Expensics Paid by Candidate Sum of Proper (Name of Fember who contilities paid directly)	NAME OF COMMIT	TEE			TYPE OF REPORT				
Mane of Pages (Name of Fember who conditions paid directly) Date of Pages		SPEER 2015				Natto.	Y		
Pear No Street Address Divent # Amount			i Expenses Paid by Ca	ındidat					
Street Address City Stude Zip Code	Name of Payee (Name of	Vendor who candidate paid directly)			Date of Payment				
Purpose of Exprenditure Date of Payment Date of Payment It reinforments claimed? Ves No					E		Yes 🗌 No		
Name of Payee (Name of Fender who conditions poid directly) Date of Payment	Street Address		City			State	Zip Code		
Blane of Payres (Name of Fender who conditions paid directly) Date of Payment Is reimburnement claimed? Ves No						ľ			
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Street Address City State Zip Code	Name of Payee (Name of	 Vendor who candidate paid directly)			Date of Payment	Is reim	bursement claimed?		
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Name of Payee (Name of Vendor who candidate paid directly) Date of Payment Is reimbursement claimed? Yes No	Purpose of Expenditure	Description		Event	#		Amount		
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Name of Payee (Name of Vendor who candidate paid directly) Date of Payment Is reimbursement claimed? Yes No	Purpose of Expenditure	Description		Event	#		Amount		
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TOTAL eladditional Section O. Perce			SUBTOTAL Secti	ion Q —	This Page	0			
101AL of additional Section Q Fages			TOTAL of additions	il Sectio	n Q Pages	0			
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page Totals)	TOTAL OF	ALL EXPENSES PAID BY CANDIDA'	FE (Enter total on Line 26 of S	Sununary	Page Totals)	0			

NAME OF COMMIT	TEE		TYPE OF REPOR	RT		
				uvotor		
N. AT T		ises Incurred on Comi	control of the second of the s			
Name of Issuing Ins	titution	Type of Credit Ca ☐ Visa ☐	rd: Master Card ☐ Discover ☐ A	american Express	s 🗆 Other:	
Name of Vendor				Date of T	ransaction -	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # ((f applicable)	Type of Expenditure (if applicable) Itemization in Coordinated without reimbursement sought		Coordinated with reimbursement s	sought		
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itreet Address		City		State	Zip Code	
urpose of Expenditure by code)	Description		Event #		Amount	
Expenditure # if applicable)	Type of Expenditure (if applicable) Itemization in A Coordinated without reimbursement sought [Coordinated with reimbursement so	ought		
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	TOTAL OF ALL EXPENSES INC		TEE CREDIT CARD 27 of Summary Page Totals)	0		
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NAME OF COMMIT	TEE		T	YPE OF REPORT		
	SPEER 2015			term	inat	1071
	S. Expenses Incurred by Com	mittee but Not Paid	During	this Period		
Vame of Creditor		,			Date Incum	red
street Address		City			State	Zip Code
urpose of Expenditure	Description		Event #		Am	ount Incurred
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if applicable)	☐ Coordinated without reimbursement sought ☐ Independ		ов ос	СОВ		
Vame of Creditor			······································		Date Incurr	ed
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by code)	Description					imate or Actual)
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Expenditure # if applicable)	Type of Expenditure (if applicable) Itemization in Addendum ☐ Coordinated without reimbursement sought ☐ Independ	-		eimbursement sought		
0.0	Coordinated without remioniscincia sought in independ	iciit 🗀 Organization. O A	о в о (, v p		
Name of Creditor					Date Incurr	ed
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Street Address		City			State	Zip Code
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turpose of Expenditure by code)	Description		Event #		ì	ount Incurred mate or Actual)
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	☐ Coordinated without reimbursement sought ☐ Independ	lent ☐ Organization: • A •	о в ос	СОВ		
Name of Creditor					Date Incurre	ed
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urpose of Expenditure by code)	Description		Event #			unt Incurred mate or Actual)
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		SUBTOTAL Section	on S-Thi	s Page	0	
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TOTAL OF A	L EXPENSES INCURRED BY COMMITTEE DI				Ω	
		Enter total on Line 28 of Sun	nmary Pag	e Totals)		
	Previously reported I	Expenses Unpaid and still	l Outstar	nding	()	
	TOTAL OF ALL EXPENSES INCURR	ED BY COMMITTEE F	BUT NO	ГРАП	<u>ر</u>	
		iter total on Line 28a of Sum			0	

SPEER 2015 T. Itemization of R sultant	eimbursemen	ts to Committee V		YPE OF REPORT	ne t	7 x 3/
	eimbursemen	ts to Committee W				
sultant		is to committee r	orkers ar	d Consultants		/
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sultant	First		MI	Date of Payment	[of Payment: Check # Debit Card
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LL REIMBURSEMENT TO	COMMITTEE	WORKERS AND	CONSULT	ANTS	\wedge	
	Description Type of Expenditure (if applicable) Itemiz Coordinated without reimbursementaliant Description Type of Expenditure (if applicable) Itemizaliant Coordinated without reimbursementaliant	Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought Description Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought First Description Description Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought Independent of Coordinated without reimbursement sought Description Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought Independent	Type of Expenditure (If applicable) Itemization in Addendum T Required	Type of Expenditure (If applicable) Itemization in Addendum T Required	Type of Expenditure (if applicable) Itemization in Addendum T Required	Type of Expenditure (**fapplicable**) Itemization in Addendum T Required