#### ∠EC FORM 20

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

RECEIVED FOR FILING-SEP 0 3 2019 TOWN CLERK'S OFFICE EAST HAVEN, CONN.

Page 1 of 17

Stary

Stary Grains, CCTC

Do Not Mark in This Space For Official Use Only

**COVER PAGE** 

1. NAME OF COMMUTEE								
Big Steve Tracey For Mayor								
2. TREASURER NAME								
First		МІ		Last		Suffix		
Linda				Hennessey				
3. TREASURER ADDRESS								
Street Address			City		1,7200 5,740 0 0 0 0	State	Zip C	ode
34 Columbus Avenue			Eas	st Haven		СТ	065	512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	FFICE SOUGHT (Complete only if Candidate Committee)  6. DISTRICT NUM						
(mm/dd/yyyy) 11/5/2019	Mayor	(if applicable)						,
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	ry Committee).						
First		MI		Last		and the second second second second second		Suffix
Big Steve				Tracey				
8. TYPE OF REPORT (Check One Box)								
O January 10 filing	7th day preced	ling primary	y	7th day preceding referendum		nitial Cont		r Disbursement
April 10 filing	○30 days follow	30 days following primary 45 days following referendum				mendmen		
July 10 filing	7th day preced	7th day preceding election Deficit				ype of Rep		
October 10 filing	12th day prece	12th day preceding election Termination (State Central Committees Only)						
O24 Hour Independent Expenditure Primary Election	O45 days follow not held in No		ı					
9. PERIOD COVERED								
	Beginning Dat	e		Ending Date				
	07/01/0010			41 00/04/0040				
	07/01/2019		_	thru 09/01/2019	·			
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)	. <u> </u>		NOAC. HENNESSEY NAME OF SIGNER			09/0 DATE(	0 <u>3/2019</u> mm/dd/yyyy)
A nerson who is t	found to have two	wingh an	d wil	Ifully violated any provisions of ti	ha camo	ajan fina	naa state	tos
n person who is j				guity violatea any provisions of the alty or imprisonment or both.	и ситр	uign jindi	nce statui	:Ea

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				
Big Steve Tracey For Mayor	7th Day Preceding Primary				
	COLUMN A This Period	COLUMN B Aggregate			
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00			
12. Balance on hand at the beginning of Reporting Period	30,858.56				
13. Contributions Received from Individuals (Sections A and B)	16,675.00	47,533.56			
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00			
15. Other Monetary Receipts (Sections D through K)	1,935.00	1,935.00			
16a. Total Proceeds from Small Purchases (Section L1 Subpart I + 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)	6,450.00	6,450.00			
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	25,060.00	55,918.56			
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	55,918.56	55,918.56			
19. Expenses Paid by Committee (Section P)	22,222.39	22,222.39			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	33,696.17	33,696.17			
21. In-Kind Donations not Considered Contributions Received (Section L4)	200.00	200.00			
22. In-Kind Donations not Considered Contributions — House Party (Section L5)					
23. In-Kind Contributions Received (Section M)					
24. Refundable Deposit to Telephone Company (Section N)					
25. 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)					

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

IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	(עיז		TYPE OF REPORT	egiesteraeur	green de egit green het en het die keep e	
Big Steve Tracey For Mayor			7th Day Preceding Primary			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	ceived th SUBT	nis Period ONLY OTAL SECTION A	\$			
R Itemized	Contrib	outions from Indiv	iduals			
ast Name		irst			МІ	
Bpaduzzi	,	Vincent				
esidential Street Address	City	st Haven		State	Zip Code 06512	
13 Gerrish Avenue	Las					
rincipal Occupation		Name of Employer Greater New Hav	ven WPCA			
Operator	- LOO :	1		tv Am	ount of Contribut	
contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No No lobbyist? Yes does contributor or business he valued at more than \$5,000?	e/she is ass	Ociated with have a contract OYes No	t with said indincipality	100	0.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal If yes, indicate which of government the contributor of government the contributor apprincipal Is contributor app	h branch or	ontractor or prospective star branches ith: OExecutive	ate contractor? Ye  Legislative  Aggregate Contributions	s o		
Method of Contribution:		Date Received 07/10/2019				
Cash Personal Check Credit/Debit Card Payroll Deduction ON		1	100.00		М	
ast Name Falcigno		First Linda				
Residential Street Address 258 Kneeland Road	City Ne	w Haven		State CT	Zip Code 06512	
Principal Occupation	2	Name of Employer				
Retired		Retired				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?	he/she is ass	Sociated with have a contra Yes No	ct with said municipanty	10	nount of Contribu	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which of government the contribution of government the contribution apprincipal section L1?	ich branch e	contractor or prospective s or branches with:	ve O Legislative	es lo		
Method of Contribution:		Date Received	Aggregate Contributions 100.00			
OCash Personal Check OCredit/Debit Card OPayroll Deduction O	Money Ord	er 07/21/2019	100.00		MI	
Last Name Cappiello		First Gerald				
Residential Street Address 46 Elizabeth Ann Drive	City <b>N</b> e	ew Haven		State	Zip Code 06511	
Principal Occupation  Marshal		Name of Employer Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	he/she is as	SSOCIATED WITH have a control of Yes N	o said municipanty	20	mount of Contrib 00.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No No If yes, indicate white of government the	ich branch	contractor or prospective or branches with:	ve O Legislative	No		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction		Date Received	Aggregate Contribution 200.00			
		TAL Section B — T	his Page 400.00			
T	OTAL of	f additional Section	B Pages 16,275.0	0		
TOTAL OF ALL CONTRIBUTIONS	FROM II	NDIVIDUALS (Section Column A of Summary Po	ns A + B) 16,675.0	0		

#### Section B ADDITIONAL PAGE 3a of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	BRANCA		TYPE OF REPORT			
Big Steve Tracey for Mayor	7th Day Precedin	g Prima	ıry			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$					
B. Itemized Con	· ·	utions from Individ	luals		М	
Last Name Trinkaus	Fin F	razz				
	City North	h Haven	State CT	Zip Code 06473		
Principal Occupation Retired		Name of Employer Retired				
s contributor a lobbyist, spouse, r dependent child of a lobbyist?  Yes No  Yes One The 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?  Yes One					unt of Contribution .00	
ovent reported in Section I 12 No If yes, indicate which bran	reported in Section L1? No If yes, indicate which branch or branches					
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	Order	Date Received 08/14/2019	Aggregate Contributions 100.00			
Last Name DePino	Fir	<del>, , , , , , , , , , , , , , , , , , , </del>			MI	
	City East	t Haven		State CT	Zip Code 06512	
Principal Occupation Lobbyist	· ·	Name of Employer DePino Nunez & I	Biggs, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	tent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of a second figure in the contract of government the government of government the contract of government the government of government of government the government of governmen	nch or	branches	O Legislative No			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		Date Received	Aggregate Contributions 750.00			
Last Name Onofrio	Fi	rist Richard			MI	
Residential Street Address 53 Salvatore Drive	City Nort	th Haven		State CT	Zip Code 06473	
Principal Occupation Owner	•	Name of Employer Onofrio's Ultimate				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes No  Is contributor a principal of a s  If yes, indicate which bran of government the contract	nch or	branches th: O Executive	O Legislative			
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Order	Date Received 08/22/2019	Aggregate Contributions 100.00			
SUB1	гота	AL Section B — This	Page 450.00			
TOTAL	Lofa	dditional Section B I	Pages 15,825.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M IND 13, Col	DIVIDUALS (Sections 2 lumn A of Summary Page	A+B) Totals) 16,275.00			

## Section B ADDITIONAL PAGE 3b of 17

NAME OF COMMITTEE (Provide Complete Name as R	TYPE OF REPORT						
Dig Steve tracey for iviayor				7th Day Preceding Primary			
A. Total Contributions from Small (See instructions for definition of Small Contr	l Contributors-Received ibutor) SU	l this Pe BTOTAL	riod ONLY SECTION A	\$			
		2012 PROCESSOR TO SERVICE SERVICE					
	B. Itemized Cont		s from Individ	luals		MI	
Last Name Licciardi		First Andre	w				
Residential Street Address 45 Salvatore Drive	Ci N	<sub>ty</sub> North Ha	ven		State CT	Zip Code 06473	
Principal Occupation Owner			of Employer ofrio's Ultimate	Foods			
or dependent child of a lobbyist? No doe	contribution is in excess of \$400 to es contributor or business he/she is ued at more than \$5,000?	ccess of \$400 to a candidate for a chief executive officer of a municipality, siness he/she is associated with have a contract with said municipality 5.000?				ount of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	this contribution associated with an vent reported in Section L1?  Yes No Ves Is contributor a principal of a state contractor or prospective state contractor? Yes No Vestigation of the contractor of prospective state contractor? Yes No Vestigation of the contract is with the contract in with the contract is with the contract in with the contract is with the contract in with the contract in with the contract in with the contract in with the contract of the c						
Method of Contribution:  Cash Personal Check Ocredit/Debit Card (	Payroll Deduction OMoney C		Received 20/2019				
Last Name Yaccarino		First David				MI	
Residential Street Address 1804 Hartford Turnpike		ity North Ha	ven		State CT	Zip Code 06473	
Principal Occupation Owner		Dj'	e of Employer s Cards & Com				
or dependent child of a lobbyist? No doe	the first transfer of						
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C	Is contributor a principal of a st  If yes, indicate which branc of government the contract	cipal of a state contractor or prospective state contractor?  Which branch or branches  Yes No					
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney (	1 0	Received 3/15/2019				
Last Name Wynne		First Maur	een			MI	
Residential Street Address 203 F Thompson Street		city East Ha	ven		State CT	Zip Code 06513	
Principal Occupation Homemaker		Nar	ne of Employer				
Is contributor a lobbyist, spouse,  Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality,  A A Contributor a lobbyist, spouse,					- 1	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C	Is contributor a principal of a st If yes, indicate which bran- of government the contract	ch or brand t is with:	ches	O Legislative			
Method of Contribution:  Cash Personal Check Credit/Debit Card	OPayroll Deduction OMoney	مما	e Received 3/22/2019	Aggregate Contributions 100.00			
			ection B — This	Page 250.00			
		NONE DE LE CONTRACTO	ional Section B	2000 CONTRACTOR	)		
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 1	l INDIVII 3, Column	OUALS (Sections . A of Summary Page	<b>A + B</b> ) 15,825.00 <i>Totals</i> )	)		

### Section B ADDITIONAL PAGE 3c of 17

NAME OF COMMITTEE (Provide Complete Name as Registered w	etth Filing Repository)	AN S. I.S.			REPORT			
Big Steve Tracey for Mayor				7th Day Preceding Primary				
A. Total Contributions from Small Contr (See instructions for definition of Small Contributor)	ibutors-Received SUI	this BTO	Period ONLY TAL SECTION A	\$				
		A						
P	3. Itemized Conti	ribu First	tions from Individ	luals				МІ
Last Name Silverstein		Ri	chard				Tarre	
Residential Street Address 50 Elm Street	Cit N		Haven			State CT	Zip C 06	510
Principal Occupation			Name of Employer Self					
or dependent child of a lobbyist? No does contribu	itor or business he/she is a re than \$5,000?	associ	lidate for a chief executive ated with have a contract  OYes  No	with said	municipality	, Amo		Contribution
Is this contribution Life No. If ve	nt reported in Section L1? No If yes, indicate which branch or oranches							
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll	Deduction OMoney O	rder	Date Received 08/22/2019	Aggregate 100.0	Contributions O			
Last Name Richo		Firs	ı onna					MI
Residential Street Address 67 Charnes Drive	Cit E		Haven			State CT	Zip (	<sup>Code</sup> 513
Principal Occupation Real Estate	<u> </u>		Name of Employer Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes or dependent child of a lobbyist?  Yes on the 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?  Yes No 100.00							f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  No  No  No  No  No  No  No  No  No  N								
Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card OPayroll		Date Received Aggregate Contributions						
Lest Name Mastrangelo		Fin	erry					MI
Residential Street Address 269 Shore Drive		<sub>ity</sub> Bran	ford			State CT	1 1	Code 3405
Principal Occupation Consultant			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No Viscontribution 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?  Yes No					10	0.00	f Contribution	
event reported in Section L1? O No If v	ributor a principal of a staces, indicate which brance government the contract	ch or t	h: C Executive	<b>O</b> Leg	slative			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payrol	Il Deduction OMoney (	Order	Date Received 08/21/2019	Aggregat 100.0	e Contributions 10			
	SUBT	ОТА	L Section B — This	s Page	300.00			
	TOTAL	of ac	lditional Section B	Pages	15,275.00			
TOTAL OF ALL CONT	RIBUTIONS FROM (Enter total on Line 1:	IND 3, Coli	IVIDUALS (Sections umn A of Summary Page	A + B) Totals)	15,575.00			

SEEC FORM 20 Revised January 2015

## Section B ADDITIONAL PAGE 3d of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Plang Repository)					TYPE OF REPORT			
Big Steve Tracey for Mayor				7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A				\$				
	d Contr		tions from Individ	luals				
B. Remize	u Conti	First		14413				МІ
Lang		Mi	chael					
Residential Street Address	East Haven					State CT	Zip (	Code 513
203F Thompson Street			Name of Employer					
Principal Occupation Public Works		ŀ	Town of East Have					
contributor a lobbyist, spouse, dependent child of a lobbyist?  Yes No Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					`	ount of 0.00	Contribution	
Is this contribution associated with an event reported in Section L1?  No Is contributor a principal of the section L1?  No If yes, indicate when the section L1?	cipal of a state contractor or prospective state contractor? Yes which branch or branches No							
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction C		1	Date Received 08/22/2019	Aggregate 100.0	Contributions O	<u></u>		
Last Name Jefferson		First	chael					MI
Residential Street Address	City N		Haven			State CT	-	Code 511
290 Bellevue Road			Name of Employer				_l	
Principal Occupation Consultant			Self					
or dependent child of a lobbyist? No does contributor or busines							f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Section L1?  If yes, indicate which branch or branches of government the contract is with:  Observed to the contract of								
Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction C		Date Received Aggregate Contributions						
Last Name Hall		Fire	oan					MI
Residential Street Address 19 Maretta Street	Cit  -	ty Ham	den		· · · · · · · · · · · · · · · · · · ·	State CT		Code 3514
Principal Occupation Administrative Assistant			Name of Employer DiChello Distribu	iters		· · · · · ·		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess does contributor or busine valued at more than \$5,000	ess he/she is	a can assoc	didate for a chief execution in the contract with have a contract Yes No	t with said	of a municipali I municipality	1	00.00	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes No If yes, indicate woof government the	vhich brancl	h or b	h: C Executive	OLeg	islative	3		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction (	OMoney O	Order	Date Received 08/22/2019	Aggrega 100.0	e Contributions )O			
			L Section B — Thi	s Page	275.00			
		stressist.	lditional Section B	again a an againm	15,000.00			
TOTAL OF ALL CONTRIBUTION (Enter total)	IS FROM I on Line 13	IND , Col	IVIDUALS (Sections umn A of Summary Pag	A + B) e Totals)	15,275.00			

#### Section B ADDITIONAL PAGE <sup>3e</sup> of <sup>17</sup>

of $^{3/}$
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NAME OF COMMITTEE (Provide Complete Name as Registered with Plang Repository)				TYPE OF REPORT				
big Steve fracey for imayor				7th Day Preceding Primary				
A. Total Contributions from Small Contribut (See instructions for definition of Small Contributor)	tors-Received SU	l this BTO	Period ONLY FAL SECTION A	\$			· -	
B. It	emized Cont		tions from Individ	luals				мі
Last Name FOX		First Ad	am				T	
Residential Street Address 13 North Avenue	Ci N		y I			State CT	Zip (	473
Principal Occupation Sales Director			Name of Employer DiChello Distribute	ors				
or dependent child of a lobbyist? No does contributor or						I .	ount of	f Contribution
Is this contribution associated with an Yes Is contributor	nis contribution associated with an nt reported in Section L1?  No Ves No Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches							
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card OPayroll Dedu			Date Received 08/22/2019	Aggregate 100.0	Contributions			
Lest Name Ferranti		First	hn					MI
Residential Street Address 170 Ocean View Street		ity Vew I	Haven			State CT	Zip ( 06	Code 512
Principal Occupation Attorney			Name of Employer Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in does contributor or valued at more than	r business he/she is	a cand	lidate for a chief executive ated with have a contract Yes No	e officer o with said	of a municipality municipality	1	ount o 0.00	f Contribution
levent reported in Section L1? No lifyes, inc	r a principal of a st dicate which bran- nment the contract	of a state contractor or prospective state contractor?  No  Executive C Legislative						
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card OPayroll Dedu	uction OMoney (	Order	Date Received Aggregate Contributions					
Last Name Alosi		Firs Ja	amie					MI
Residential Street Address 50 Elm Street		ity New	Haven			State CT		Code 3510
Principal Occupation Consultant			Name of Employer Self					
or dependent child of a lobbyist? No does contributor o valued at more that	r a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality,					10	0.00	of Contribution
event reported in Section 1.1? No If yes, in	ent reported in Section L1?  No  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative							
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Ded	luction OMoney	Order	Date Received 08/22/2019	Aggregat 100.0	e Contributions )O			
			L Section B — This	s Page	300.00			
			lditional Section B	Appropriate day	14,700.00			
TOTAL OF ALL CONTRIBU (En	UTIONS FROM ter total on Line I	I IND 3, Coli	IVIDUALS (Sections umn A of Summary Page	A + B) Totals)	15,000.00			

# Section B ADDITIONAL PAGE 3f of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	tory)	TYPE OF REPORT	
Big Steve Tracey for Mayor	7th Day Preceding	g Primary	
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	XX \$		
B. Itemizec	l Contributions from In	dividuals	MI
Last Name Frantz	Allison		
Residential Street Address 123 Meadow Road	City Greenwich		State Zip Code CT 06878
Principal Occupation Homernaker	Name of Employer		
or dependent child of a lobbyist? No does contributor or business valued at more than \$5,000?	cecutive officer of a municipality ontract with said municipality No live state contractor?  Yes	Amount of Contribution 1,000.00	
Is this contribution associated with an event reported in Section L!?  If yes, list Event # 08222019C  Yes Is contributor a principe No If yes, indicate while of government the			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction		Aggregate Contributions 1,000.00	l l a
Last Name Frantz	First Scott		MI Tie Code
Residential Street Address 123 Meadow Road	City Greenwhich		State Zip Code CT 06878
Principal Occupation President	Name of Employer Haebler Cap		
or dependent child of a lobbyist? No does contributor or business valued at more than \$5,000?	<u> </u>	No No	1,000.00
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes No Is contributor a princip of government the	pal of a state contractor or prospectich branch or branches e contract is with:	ecutive O Legislative	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Order Date Received 08/19/2019	Aggregate Contributions	
Last Name D'Auria	First Alan, Jr.		MI
Residential Street Address 69 French Avenue	City East Haven		State Zip Code CT 06512
Principal Occupation Water Treatment Specialist	"	ater Authority	
or dependent child of a lobbyist? No does contributor or busines valued at more than \$5,000	·	No No	ty, Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes Is contributor a princi  If yes, indicate who figovernment the		ecutive O Legislative	
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	OMoney Order Date Received 08/21/2019		
	SUBTOTAL Section B -	-This Page 2,100.00	
	FOTAL of additional Sect	and and appropriate and an expension	
TOTAL OF ALL CONTRIBUTIONS (Enter total	S FROM INDIVIDUALS (Se on Line 13, Column A of Summa	ctions A + B) 14,700.00 ry Page Totals)	

## Section B ADDITIONAL PAGE <sup>3g</sup> of <sup>17</sup>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	TYPE OF REPORT					
Big Steve Tracey for Mayor	7th Day Precedi	7th Day Preceding Primary				
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)	X s					
B. Itemize	ed Contr	ibutions from Inc	lividuals		мі	
Last Name DeChello		Nicholas				
Residential Street Address 13 Lexington Gardens	City N	orth Haven		State CT	Zip Code 06473	
Principal Occupation Finance Manager		Name of Employer Stanley Black	& Decker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000	endent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality					
	ipal of a stat hich branch	e contractor or prospective or branches with:  OExecu	s			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction C		Date Received	Aggregate Contributions 100.00			
Last Name D'Auria		First Joann			MI	
Residential Street Address 69 French Avenue	Cit <sub>i</sub>	ast Haven		State CT	Zip Code 06512	
Principal Occupation Retired		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busines valued at more than \$5,000	descendent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an Yes Is contributor a princ levent reported in Section I.1?	outor a principal of a state contractor or prospective state contractor?  So indicate which branch or branches overnment the contract is with:  O Executive O Legislative					
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction (		Date Received	Date Received Aggregate Contributions			
Last Name Muir		First Ryan			MI	
Residential Street Address 38 Zwicks Farm Road	Ci F	Plantsville		State CT	Zip Code 06479	
Principal Occupation Human Resources Consultant	<u> </u>	Name of Employer Wells Fargo				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000	s contributor a lobbyist, spouse,  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and does contributed or or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Is contributor a principal of a state contractor or prospective state contractor?  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 O Legislative						
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction (	OMoney C	Order Date Received 08/22/2019	Aggregate Contributions 450.00			
	SUBTO	OTAL Section B —	This Page 300.00			
		of additional Sectio	ne and the first care	)		
TOTAL OF ALL CONTRIBUTION (Enter total	S FROM I on Line 13	INDIVIDUALS (Sect , Column A of Summary	ions A + B) Page Totals) 12,600.00	)		

SEEC FORM 20 Revised January 2015

### Section B ADDITIONAL PAGE 3h

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)		TYPE OF REPORT		
Big Steve Tracey for Mayor			7th Day Preceding	y Prima	ary —————
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)	-Received SUB	this Period ONLY TOTAL SECTION A	\$		
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interpretation and properties and the second properties and the second second second second second second second	ized Contr	ibutions from Individ	Juais Propins Consider		MI
Last Name lovanne	r	Angeline		State	Zip Code
Residential Street Address 61 Pasture Lane	City Br	ranford		CT	06405
Principal Occupation Owner		Name of Employer  Lupinski Funeral I			
or dependent child of a lobbyist? No does contributor or busin valued at more than \$5,0	ness he/she is a 000?	candidate for a chief executive ssociated with have a contract OYes ONo	with said municipality		ount of Contribution
Is this contribution associated with an Yes Is contributor a print Is this contributor associated with an Yes, indicate	incipal of a state	e contractor or prospective stat or branches with: OExecutive	O Legislative		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	n OMoney Or	Date Received 08/21/2019	Aggregate Contributions 1,000.00		<u></u>
Last Name DePino		First Chris		1	MI
Residential Street Address 58 Cosey Beach Avenue	City E	ast Haven		State CT	Zip Code 06512
Principal Occupation LObbyist		Name of Employer DePino Nunez &			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or busing valued at more than \$5,6	iness he/she is a	a candidate for a chief executive associated with have a contract Yes No	ve officer of a municipalit t with said municipality		ount of Contribution
Is this contribution associated with an Yes Is contributor a property of the section I 12		te contractor or prospective sta h or branches is with:	Legislative		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	n OMoney O	rder Date Received 08/22/2019	Aggregate Contributions 950.00		13.7
Last Name Lynch		First James		- <b></b>	MI
Residential Street Address 64 Edward Street	Ci E	East Haven		State CT	Zip Code 06512
Principal Occupation Truck Driver		Name of Employer Forbes Transpor			
or dependent child of a lobbyist? No does contributor or bus valued at more than \$5	siness he/she is 5,000?	a candidate for a chief executi associated with have a contract Yes No	et with said municipality	50	nount of Contributio
event reported in Section L12 No If yes, indicate	orincipal of a sta te which brance ont the contract	is with: O Executive	ate contractor? Ye  Description  Aggregate Contributions		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on <b>O</b> Money C	Date Received 08/20/2019	50.00		
	SUBT	OTAL Section B — Th	is Page 1,250.00	,	
	TOTAL	of additional Section B	Pages 11,050.00		
TOTAL OF ALL CONTRIBUTIO	ONS FROM total on Line 13	INDIVIDUALS (Sections 3, Column A of Summary Pag	(A + B) 12,300.00 (e Totals)		

## Section B ADDITIONAL PAGE 3i of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	sitory)		TYPE OF REPORT		
Big Steve Tracey for Mayor			7th Day Precedin	g Prima	ary ——————
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)	Received SUB	this Period ONLY TOTAL SECTION A	\$		
and the second	ed Contri	ibutions from Indivi	auais sheemaasaasa		MI
Last Name Burris		Angela			
Residential Street Address 193 Thompson Street, Unit A	City Ea	ast Haven		State CT	Zip Code 06513
Principal Occupation Application Analyst		Name of Employer Yale New Haven			
or dependent child of a lobbyist? No does contributor or business valued at more than \$5,000	ss he/she is as )?	candidate for a chief executive ssociated with have a contract OYes ONo	with said municipality	100	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes Is contributor a princi If yes, indicate who of government the	ipal of a state hich branch	e contractor or prospective star or branches with: OExecutive	O Legislative		
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction C	<b>)</b> Money Oro	Date Received 08/22/2019	Aggregate Contributions		
Last Name Chase		First Edward			MI
Residential Street Address 5 Pondview Terrace	City Ea	ast Haven		State CT	Zip Code 06512
Principal Occupation Cashier		Name of Employer Forbes Premium	Fuel		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busines valued at more than \$5,000	ss he/she is a	candidate for a chief executions contract with have a contract Yes No	ve officer of a municipalit t with said municipality		ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes Is contributor a princ If yes, indicate wo of government the second section of the second s	vhich branch	s with:	Legislative	s )	
Method of Contribution: OCash Personal Check Ocredit/Debit Card Payroll Deduction	Money Or	Date Received 08/19/2019	Aggregate Contributions 125.00		
Last Name Cianelli		Peter			MI
Residential Street Address 310 Short Beach Road	Cit; E	ast Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer			
or dependent child of a lobbyist?  No  does contributor or busine valued at more than \$5,00	ess he/she is a 00?	a candidate for a chief execut associated with have a contra Yes No	ct with said municipality	20	nount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Section L1?  If yes, indicate work of government to the section of section to the se	which brancl	te contractor or prospective st h or branches s with: Executive	ate contractor?  Prepare Aggregate Contributions		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	OMoney O	00/00/0040	300.00		
	SUBTO	OTAL Section B — Th			
	am jaggiya wa na se	of additional Section B			
TOTAL OF ALL CONTRIBUTION (Enter total	NS FROM I on Line 13,	INDIVIDUALS (Sections, Column A of Summary Pag	$\begin{array}{c c} (A + B) \\ \text{re Totals} \end{array}   11,050.00$		

SEEC FORM 20 Revised January 2015

#### Section B ADDITIONAL PAGE 3j

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	ository)			TYPE OF				
Big Steve Tracey for Mayor				7th Day	Preceding	Prima	ary	
A. Total Contributions from Small Contributors-I (See instructions for definition of Small Contributor)	Received SUI	this BTOT	Period ONLY TAL SECTION A	\$				
				2 1931 TY 184				
B. Itemiz	ed Contr	ibut Trirst	ions from Individ	iuals				MI
Last Name Cleary		Se	an			F2 4.	Zip C	o da
Residential Street Address 54 East Street	City	/olco	tt			State CT	067	
Principal Occupation Research			Name of Employer State of Connection					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess does contributor or busine valued at more than \$5,00	ess he/she is a 10?	associa	ated with have a contract OYes No	with said n	nunicipality	100		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes No Is contributor a princ If yes, indicate w of government the	vhich branch	or br	ractor or prospective state anches OExecutive	OLegisl	ative No			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	OMoney O	į	Date Received 08/22/2019	Aggregate 150.00	Contributions )			
Last Name DellaCamera		First Fr	ank					MI
Residential Street Address 117 Short Beach Road	Cit E	•	Haven			State CT	Zip C 06!	ode 512
Principal Occupation Retired			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,00	ess he/she is	a cand associ	lidate for a chief executive at the contract of Yes No	e officer of with said	nunicipality	10	ount of 0.00	Centribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes No Is contributor a prin If yes, indicate of government	which branc	h or b	ntractor or prospective statements or Executive	O Legis	lative			
Method of Contribution:  OCash Personal Check Ocredit/Debit Card Payroll Deduction	OMoney O	)rder	Date Received 08/20/2019	Aggregate 100.0	Contributions O			
Last Name DeLucia		Fin	iluseppe			<b>,</b> .,		MI
Residential Street Address 31 Elizabeth Terrace		<sub>ity</sub> North	n Haven			State CT	1 -	Code 6473
Principal Occupation Retired			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess does contributor or busin valued at more than \$5,0	ness he/she is 1007	assoc	ciated with have a contract O Yes  No	t with said	municipality	10	10unt 0 10.00	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes No Is contributor a print of the print of	which branc	ch or b	h: C Executive	O Legi	slative			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	OMoney (	Order	Date Received 08/22/2019	100.0				
	SUBT	ОТА	L Section B — Thi	s Page	300.00			
	ige of Markova englists	ed primers and	lditional Section B		10,350.00			
TOTAL OF ALL CONTRIBUTION (Enter total)	NS FROM tal on Line 1.	IND 3, Col	IVIDUALS (Sections umn A of Summary Pag	A + B) e Totals)	10,650.00			

#### Section B ADDITIONAL PAGE 3k of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	(ער		TYPE OF REPORT			
Big Steve Tracey for Mayor			7th Day Preceding Primary			
A. Total Contributions from Small Contributors-Rec- (See instructions for definition of Small Contributor)	eived t SUB	his Period ONLY FOTAL SECTION A	\$			
B. Itemized (		butions from Individ	luals		MI	
Last Name DePalma		JoAnne		T .	In on	
Residential Street Address 254 Cosey Beach Avenue	City Eas	st Haven		State CT	Zip Code 06512	
Principal Occupation Financial Advisor		Name of Employer Planning Partners				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  Yes does contributor or business he valued at more than \$5,000?	\$400 to a ce/she is as	candidate for a chief executive sociated with have a contract  OYes  No	e officer of a municipality with said municipality	/, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes Is contributor a principal of If yes, indicate which of government the co	ı branch o	contractor or prospective state or branches with:  OExecutive	e contractor? Yes  O Legislative			
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OM		Date Received	Aggregate Contributions 125.00			
Last Name DiAdamo		First Harry			E.	
Residential Street Address 45 Glen Ridge Road	City Ha	amden		State CT	Zip Code 06518	
Principal Occupation Insurance Agent		Name of Employer Elm City Insurance	ee			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$\frac{1}{2}\$ does contributor or business he valued at more than \$5,000?	\$400 to a e/she is as	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipalit with said municipality	ł	ount of Contribution	
l	h branch	contractor or prospective state or branches with:  O Executive	te contractor?  O Legislative			
Method of Contribution:  OCash Personal Check Ocredit/Debit Card OPayroll Deduction OM		Date Received	Aggregate Contributions			
Last Name DiAdamo		First Harry			MI	
Residential Street Address 9 Riverwalk	City Br	ranford		State CT	Zip Code 06405	
Principal Occupation Retired		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of does contributor or business h valued at more than \$5,000?	he/she is a	ssociated with have a contrac Yes  No	t with said municipality	10	ount of Contribution 0.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes  Is contributor a principal  If yes, indicate which of government the contributor apprincipal	h branch	with: O Executive	O Legislative			
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		f additional Section B	AND THE STEELE			
TOTAL OF ALL CONTRIBUTIONS F (Enter total on	FROM II Line 13,	NDIVIDUALS (Sections Column A of Summary Page	A+B) 10,350.00 Totals)			

## Section B ADDITIONAL PAGE 31 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing R	epository)		TYPE OF REPORT		
Big Steve Tracey for Mayor			7th Day Precedin	g Prima	nry
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	Received to	his Period ONLY TOTAL SECTION A	\$		
elitti partitetti kanta kalaita kanta k		butions from Indivi	duals		MI
Last Name DiAdamo		Kevin		I a	Zip Code
Residential Street Address 360 Fountain Street, Unit 15	City Ne	w Haven		State CT	06515
Principal Occupation Assistant Clerk		Name of Employer  CT Judicial Brance	h		
or dependent child of a lobbyist? No does contributor or busi valued at more than \$5,	iness he/she is as: 000?	candidate for a chief executive sociated with have a contract  OYes  No	with said municipality	y, Amo	unt of Contribution .00
Is this contribution associated with the No.   If yes, indicate	incipal of a state which branch of t the contract is v	contractor or prospective states or branches with:  OExecutive	e contractor? Yes  O Legislative		
Method of Contribution:  Ocash Personal Check Ocredit/Debit Card OPayroll Deduction	n OMoney Ord	Date Received er 08/22/2019	Aggregate Contributions		
Last Name DIAdamo		First Lorraine			Mi
Residential Street Address 138 Townsend Avenue	City Ne	ew Haven		State	Zip Code 06512
Principal Occupation Assistant		Name of Employer Weight Watchers			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busy valued at more than \$5,	iness he/she is as	candidate for a chief executive sociated with have a contract Yes No	re officer of a municipalit with said municipality		ount of Contribution
event reported in Section 1.19 No If yes, indicat	rincipal of a state te which branch nt the contract is	contractor or prospective strong branches with:	te contractor?  Ye  No  Legislative		
Method of Contribution:  OCash Personal Check Ocredit/Debit Card OPayroll Deduction		Date Received	Aggregate Contributions 1,000.00		
Last Name DiLungo		First Josephine			MI
Residential Street Address 66 Allison Way	City Ea	ast Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer			
or dependent child of a lobbyist? No does contributor or but valued at more than \$5	siness he/she is a 5,000?	candidate for a chief executi ssociated with have a contract Yes No	t with said municipality	100	ount of Contributio ).00
event reported in Section L1? No If ves, indicate	rincipal of a state te which branch nt the contract is	with: O Executive	Aggregate Contributions		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	on OMoney On	Date Received 08/22/2019	250		
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TOTAL OF ALL CONTRIBUTION (Enter to	ONS FROM I otal on Line 13,	NDIVIDUALS (Sections Column A of Summary Pag	$\begin{array}{c c} \mathbf{A} + \mathbf{B}) & 10,050.00 \\ \textbf{e Totals}) & \end{array}$		

SEEC FORM 20 Resided January 2015

### Section B ADDITIONAL PAGE 3m of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	ository)			TYPE OF REPORT			
Big Steve Tracey for Mayor				7th Day Precedin	g Prim	ary	
A. Total Contributions from Small Contributors-I (See instructions for definition of Small Contributor)	Received SUB	this STOT	Period ONLY AL SECTION A	\$			
		og feregi					
enditari kung bis satia namang santah sa and sa	ed Contr	ibut First	ions from Individ	iuais galvariania			MI
Last Name Enders		<u> </u>	ndra		1	Tzio /	Code
Residential Street Address 23 Oregon Avenue	City Ea		laven		State CT	, -	512
Principal Occupation Retired		ŀ	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess does contributor or busine valued at more than \$5,00	ess he/she is a: )0?	issocia	ted with have a contract OYes No	with said municipality	200	ount o 0.00	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes No Is contributor a princ If yes, indicate w of government the section of the s	which branch	or bra	actor or prospective state anches OExecutive	O Legislative			
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction	OMoney Or	- 1	Date Received 08/22/2019	Aggregate Contributions 200.00			
Last Name Galligan		First	mes				МІ
Residential Street Address 239 Main Street	City D	y Ourha	m		State CT	, ,	Code 3422
Principal Occupation Engineer	<u></u>		Name of Employer Nafis & Young En	gineers			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves does contributor or busine valued at more than \$5,00	ess he/she is a	a candi associa	idate for a chief executivated with have a contract Yes No	e officer of a municipalit with said municipality		00.00	of Contribution
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Method of Contribution:  OCash Personal Check Ocredit/Debit Card OPayroll Deduction			Date Received 08/22/2019	Aggregate Contributions		· · · · · · · · · · · · · · · · · · ·	
Last Name Gettinger		First Be					MI
Residential Street Address 31 Elizabeth Terrace	Cit		Haven		State CT		Code 6473
Principal Occupation Attorney			Name of Employer  Lynch Traub Kee		······································		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes lf contribution is in exceed does contributor or busin valued at more than \$5,0	ness he/she is 100?	associ	ated with have a contrac Yes No	t with said municipality	20	nount )0.00	of Contribution
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Method of Contribution:  Cash Personal Check Credit/Debit Card Payrol! Deduction	OMoney O	Order	Date Received 08/22/2019	200.00			
	SUBTO	DTA]	L Section B — Thi	s Page 500.00			· · · · · · · · · · · · · · · · · · ·
		ere a somere a	ditional Section B	Section 1995			
TOTAL OF ALL CONTRIBUTION (Enter total)	NS FROM al on Line 13	INDI 3, Colu	VIDUALS (Sections umn A of Summary Page	A + B) 8,850.00			

### Section B ADDITIONAL PAGE <sup>3n</sup> of <sup>17</sup>

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)				REPORT		
Big Steve Tracey for Mayor				7th Day Preceding Primary			
A. Total Contributions from Sm (See instructions for definition of Small Co	nall Contributors-Receive ontribulor) S	ed this UBTO	s Period ONLY TAL SECTION A	\$			
	B. Itemized Con	tribu Firs	tions from Individ	iuais		Vikiti i kir	MI
Last Name Gravino		St	tacy				
Residential Street Address 132 Vista Drive		City East	Haven			State CT	Zip Code 06512
Principal Occupation Town Clerk			Name of Employer Town of East Have				
or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	is assoc	iated with have a contract OYes No	with said	municipality	, Amo 200	ount of Contribution  1.00
13 (III3 COMMIDULION MEDICONALE	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ıch or b	ranches _	e contracte  Clegis	● No		
Method of Contribution:  OCash Personal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	Date Received 08/19/2019	Aggregate 575.0	Contributions O		
Last Name Gravino		Firs	tacy				MI
Residential Street Address 132 Vista Drive		<sup>City</sup> East	Haven			State CT	Zip Code 06512
Principal Occupation Town Clerk			Name of Employer Town of East Hav	en			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive interest with have a contract Yes No	e officer of with said	of a municipality municipality	- 1	ount of Contribution 0.00
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C	Is contributor a principal of a  If yes, indicate which bra of government the contra	nch or l	branches	O Legi	slative No		
Method of Contribution:  OCash Personal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	Date Received 08/22/2019	Aggregate 675.0	: Contributions )0		
Last Name Hennessey		Fir	inda .inda				MI
Residential Street Address 34 Columbus Avenue		City East	t Haven			State CT	Zip Code 06512
Principal Occupation Homemaker			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?	e is asso	ciated with have a contrac O Yes  No	t with said	l municipality	500	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C	Yes Is contributor a principal of a  No  If yes, indicate which bra  of government the contra	ınch or	branches th: O Executive	<b>O</b> Leg	islative No		
Method of Contribution:  Cash Personal Check Credit/Debit C	ard OPayroll Deduction OMone	y Order	Date Received 08/19/2019	Aggregat 900.0	te Contributions )0		
	SUB	TOTA	AL Section B — Thi	s Page	800.00		
			dditional Section B	The state of the Parket	7,550.00		
TOTAL OF A	ALL CONTRIBUTIONS FRO (Enter total on Line	M IND 13, Col	DIVIDUALS (Sections lumn A of Summary Page	A + B) Totals)	8,350.00		

# Section B ADDITIONAL PAGE 30 of 17

NAME OF COMMITTEE (Provide Complete Name as I	Registered with Filing Repository)				REPORT		ŞÎNÎ Î	
Big Steve Tracey for Mayor				7th Da	y Preceding	) Prim	ary	
A. Total Contributions from Small (See instructions for definition of Small Contr	ll Contributors-Received Tributor) SU	d this BTO	Period ONLY TAL SECTION A	\$				
			and and the state of	Inala				
	B. Itemized Cont	First		iuais				МІ
Last Name Hennessey			omas			6	Zip C	la do
Residential Street Address 34 Columbus Avenue		<sub>ity</sub> East f	Haven			State CT		512
Principal Occupation Owner			Name of Employer Forbes Fuel					
or dependent child of a lobbyist? No doe	contribution is in excess of \$400 to es contributor or business he/she is fued at more than \$5,000?	associ	ated with have a contract OYes ONo	with said	municipality	1	ount of 0.00	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C	Is contributor a principal of a sta If yes, indicate which branc of government the contract	ch or br	ranches _	_	O No	į		
Method of Contribution:  OCash Personal Check OCredit/Debit Card			Date Received 08/19/2019	Aggregate 800.0	Contributions O			
Last Name Illingworth		Firs	i Iilliam					MI
Residential Street Address 175 South End Road, Unit 2		ity East	Haven			State CT	Zip (	Code <b>512</b>
Principal Occupation Marshall			Name of Employer Self					
or dependent child of a lobbyist? No do	contribution is in excess of \$400 to ses contributor or business he/she is lued at more than \$5,000?	o a cano s associ	didate for a chief executive intensity in the contract Yes No	e officer o with said	of a municipality municipality		ount o 0.00	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C	Is contributor a principal of a si  If yes, indicate which bran of government the contract	ich or b	oranches	_	<b>●</b> No			
Method of Contribution:  OCash Personal Check Ocredit/Debit Card			Date Received 08/22/2019	Aggregate 300.0	Contributions			
Last Name Jaffe		Fin	oria					MI
Residential Street Address 140 Mill Street		City East	Haven			State CT		Code 3512
Principal Occupation Sales Representative	<u> </u>		Name of Employer Frontier					
or dependent child of a lobbyist? No do	contribution is in excess of \$400 to contributor or business he/she is alued at more than \$5,000?	to a can is assoc	didate for a chief executive clated with have a contract Yes No	ve officer t with said	of a municipalit I municipality	1	0.00	of Contributio
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or t	oranches h: O Executive	OLeg	islative			
Method of Contribution:  Cash Personal Check Credit/Debit Card	OPayroll Deduction OMoney	Order	Date Received 08/19/2019	Aggregat 100.0	e Contributions			
		hije veints	L Section B — Thi	s Page	900.00			
		A Section	dditional Section B		6,650.00			
TOTAL OF ALI	L CONTRIBUTIONS FROM (Enter total on Line)	1 IND 13, Col	IVIDUALS (Sections umn A of Summary Page	A + B)  Totals)	7,550.00			

# Section B ADDITIONAL PAGE <sup>3p</sup> of <sup>17</sup>

NAME OF COMMITTEE (Provide Complete Name as Reg	gistered with Filing Repository)				FREPORT			
Big Steve Tracey for Mayor				7th Day Preceding Primary				
A. Total Contributions from Small (See instructions for definition of Small Contrib	Contributors-Received butor) SI	d thi UBTO	s Period ONLY OTAL SECTION A	\$				
		red Te		102128				
	B. Itemized Con	tribu Firs	itions from Individ	iuais				MI
Last Name Zullo			oseph			State	Zip (	ode
Residential Street Address 2 Lisa Lane		ity East	Haven			CT	, .	512
Principal Occupation Attorney			Name of Employer Self					
or dependent child of a lobbyist? No does value	ntribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?	s assoc	ciated with have a contract  Over One	with said	municipality	Amo 200		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C	Is contributor a principal of a st If yes, indicate which brand of government the contract	ch or b	oranches _	e contract O Legis	■ No			
Method of Contribution:  OCash Personal Check OCredit/Debit Card C	Payroll Deduction OMoney	Order	Date Received 08/22/2019	Aggregate 200.0	Contributions O			
Last Name Travisano		Fir	st Anthony					MI
Residential Street Address 271 Richmond Avenue		City Wes	t Haven			State CT	Zip 0	Code <b>516</b>
Principal Occupation Retired		*******	Name of Employer	•••				
or dependent child of a lobbyist? No does	ontribution is in excess of \$400 to s contributor or business he/she i ed at more than \$5,000?	o a can is assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer of with said	of a municipality municipality		ount o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C	Is contributor a principal of a s  If yes, indicate which brar of government the contrac	nch or	branches		● No			
Method of Contribution:  Cash Personal Check Ocredit/Debit Card C	Payroll Deduction OMoney	Order	Date Received 08/22/2019	Aggregat 100.0	Contributions			
Last Name Tracey		Fi	rst Michelle					MI
Residential Street Address 31 River Road		City Eas	t Haven			State CT	1	Code 3512
Principal Occupation Dean's Assistant	And the second s		Name of Employer Yale University		*****			
or dependent child of a lobbyist? No does	ontribution is in excess of \$400 s s contributor or business he/she and at more than \$5,000?	to a ca is asso	ndidate for a chief executive ciated with have a contractory Yes No	ve officer t with said	of a municipalit I municipality		ount (	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C	Is contributor a principal of a s  If yes, indicate which brai  of government the contract	nch or	branches ith: O Executive	OLeg	islative			
Method of Contribution:  Cash Personal Check Credit/Debit Card C	Payroll Deduction OMoney	Order	Date Received 08/19/2019	750.0	te Contributions			
Cash Prersonal Check Octedit/Deoit Cald		90,500 A V	AL Section B — Thi	ς ΡασΑ	500.00			
			additional Section B		6,150.00			
TOTAL OF ALL	CONTRIBUTIONS FROM	ını	DIVIDUALS (Sections	A + B)	6,650.00			
I TOTAL OF ALL	(Enter total on Line	13, Co	lumn A of Summary Page	Totals)	0,000.00			

#### Section B ADDITIONAL PAGE 3q

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	pository)		TYPE OF REPORT		
Big Steve Tracey for Mayor			7th Day Precedin	g Prima	ary
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)	Received ( SUB	this Period ONLY TOTAL SECTION A	\$		
B. Itemi	zed Contri	butions from Indivi	duals		MI
Last Name Torrealba		Eduardo			
Residential Street Address 193 Thompson Street, Unit A	City Ea	st Haven		State CT	Zip Code 06513
Principal Occupation Interpreter		Name of Employer State of Connecti	cut Judicial Branch	1	
Voc If contribution is in excess	iess he/she is as	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes Is contributor a prin  If yes, indicate of government	ncipal of a state which branch	contractor or prospective state or branches with:  OExecutive	e contractor? Yes OLegislative		
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction	OMoney Ord	Date Received 08/22/2019	Aggregate Contributions		
Last Name Scinto		First Robert			MI
Residential Street Address 144 Old Academy Road	City Fa	airfield		State CT	Zip Code 06824
Principal Occupation Real Estate Developer		Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in exce does contributor or busin valued at more than \$5,0	ness he/she is a	candidate for a chief executive sociated with have a contract Yes No	re officer of a municipalit with said municipality	- 1	ount of Contribution
Is this contribution associated with an No Is contributor a pri		e contractor or prospective sta or branches with: Executive	Legislative		
Method of Contribution:  OCash Personal Check Ocredit/Debit Card OPayroll Deduction	Money Ord	Date Received 08/16/2019	Aggregate Contributions 500.00		
Last Name Scarpellino		First Luann			MI
Residential Street Address 63 Warren Street	City E	ast Haven		State CT	Zip Code 06511
Principal Occupation Owner		Name of Employer Scarpellino's Re	staurant		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busi valued at more than \$5,	iness he/she is a	a candidate for a chief execution associated with have a contract Yes No	et with said municipality	100	ount of Contributio ).00
event reported in Section L1? No If yes, indicate	incipal of a state which branch at the contract is	with: O Executive	ate contractor? Ye No Legislative Aggregate Contributions	s	
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	n OMoney Or	Date Received 08/19/2019	100.00		
	SUBTO	TAL Section B — Thi			
		f additional Section B	Last to the Constitution		
TOTAL OF ALL CONTRIBUTIO (Enter to	NS FROM I tal on Line 13,	NDIVIDUALS (Sections Column A of Summary Pag	A + B) 6,150.00 e Totals)		

### Section B ADDITIONAL PAGE 3r of 17

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	silory)	TYPE OF REPORT					
Big Steve Tracey for Mayor			7th Day Preceding Primary				
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)	Received this Period ONLY SUBTOTAL SECTION A	\$					
R Tremize	ed Contributions from Indi	viduals					
Last Name Richardson	First William		М				
Residential Street Address 136 Bennett Road	City East Haven		State   Zip Code   CT   06513				
Principal Occupation Sales Manager	Name of Employer GAT Associates	}	<u> </u>				
O Ve   If contribution is in every	of \$400 to a candidate for a chief execuses he/she is associated with have a contract Oyes	act with said municipality	Amount of Contribution				
Is this contribution associated with an Yes Is contributor a principal to the second of the second o	ipal of a state contractor or prospective s hich branch or branches						
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction C	Date Received	Aggregate Contributions					
Last Name Pullano	First Frank		MI				
Residential Street Address 777 Mount Carmel Avenue	City North Haven		State Zip Code CT 06473				
Principal Occupation Owner		uction Company					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess does contributor or busines valued at more than \$5,000	s of \$400 to a candidate for a chief execuses he/she is associated with have a control?  Yes  N	ract with said municipality	Amount of Contribution 400.00				
Is this contribution associated with an Yes Is contributor a princ	cipal of a state contractor or prospective which branch or branches the contract is with:	tive C Legislative	-				
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction (	Money Order Date Received 08/20/2019	Aggregate Contributions 400.00					
Last Name Parente	First Robert		MI				
Residential Street Address 7 Farm River Road	City East Haven		State Zip Code CT 06512				
Principal Occupation Superintendent		Haven Public Service					
or dependent child of a lobbyist? No does contributor or busine valued at more than \$5,00		tract with said municipality No	500.00				
Is this contribution associated with an Avent reported in Section 1.1?  Yes Is contributor a prince If yes, indicate with an No If yes, indicate with a No If yes, indicate with a No If yes, indicate	cipal of a state contractor or prospective which branch or branches the contract is with:	tive O Legislative					
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction (	OMoney Order Date Received 08/20/2019	Aggregate Contributions 500.00					
	SUBTOTAL Section B — T	4 450 00					
	TOTAL of additional Section	The Control of the Co					
TOTAL OF ALL CONTRIBUTION (Enter total	NS FROM INDIVIDUALS (Section of I on Line 13, Column A of Summary P	ons A + B) 5,450.00 Page Totals)					

### Section B ADDITIONAL PAGE 3s of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF		jaran.			
Big Steve Tracey for Mayor		7th Day	7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	ved this Period ON SUBTOTAL SECTIO	S S					
B. Itemized Co	ontributions from	Individuals					
Last Name O'Donnell	First Jack				MI		
Residential Street Address 47 Hunters Way	City Hamden			State CT	Zip Code 06511		
Principal Occupation Attorney	Name of Employe  Law Office	of Jack O'Don	nell, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of 40 does contributor or business he/sh valued at more than \$5,000?	ne is associated with have a Oyes	contract with said n  No	nunicipality	250	ant of Contrib .00	oition	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes Is contributor a principal of a lifyes, indicate which broof government the contributor.	anch or branches	ctive state contractor xecutive O Legisl	● No				
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order Date Received 08/22/2019		Contributions )			·····	
Last Name Murray	First Ralph				MI		
Residential Street Address 32 Wilcox Place	City Branford			State CT	Zip Code 06405		
Principal Occupation Correctional Officer	Name of Employe State of Co	nnecticut Dep	t. of Correct	ions			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sl valued at more than \$5,000?	he is associated w <u>i</u> th have a	executive officer of contract with said r	a municipality, nunicipality	Amount of Contribution 100.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes Is contributor a principal of If yes, indicate which be of government the contributor.	ranch or branches	executive O Legis	lative No				
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Mon	Date Received 08/22/201		Contributions )				
Last Name Monaco	First Stephen				MI		
Residential Street Address 124 Bennett Road	City East Haven			State CT	Zip Code 06513		
Principal Occupation Retired	Name of Employ	rer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No No No Valued at more than \$5,000?	00 to a candidate for a chie the is associated with have Yes	f executive officer o a contract with said No	f a municipality municipality	[	ount of Contri 0.00	bution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes No Is contributor a principal of If yes, indicate which be of government the contributor.	oranch or branches tract is with: OF	Executive O Legis	lative No				
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction OMor	Date Received 08/20/201		Contributions )				
SU	BTOTAL Section B	— This Page	850.00				
	AL of additional Sec	tion D 1 ages	3,600.00				
TOTAL OF ALL CONTRIBUTIONS FROM	OM INDIVIDUALS (S ne 13, Column A of Summ	Sections A + B)  nary Page Totals)	4,450.00				

# Section B ADDITIONAL PAGE 3t of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				REPORT			
Big Steve Tracey for Mayor			7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)	ed th	nis Period ONLY OTAL SECTION A	\$				
	24,74,74,74		g Feed Sine			33,35	
		utions from Individ	tuals				MI
Last Name Mineri		ouis, Jr.		-	<b>A</b> -	1 ==-	
Residential Street Address 80 Frost Drive	th Haven			State CT		Code 473	
Principal Occupation Owner		Name of Employer American Total Pro	otectio	7			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	is asso	ociated with have a contract OYes No	with said	municipality	1	ount o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes Is contributor a principal of a section L1?  If yes, list Event # 08222019C	nch or	branches	_	● No			
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney		Date Received	Aggregate	Contributions O			
Last Name Mauro	Fi	<sub>irst</sub> Vincent	•				MI
Residential Street Address 58 Vista Drive	City Eas	st Haven			State CT	1 .	Code 3512
Principal Occupation Elevator Mechanic	1	Name of Employer Kone, Inc.	·				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract  Yes No	e officer of with said	of a municipality municipality	1	ount (	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Is contributor a principal of a figure, indicate which brain of government the contra	anch or	r branches	_	● No			
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney		Date Received	Aggregate 150.0	Contributions			
Last Name Libero	F	Pirst Michael					MI
Residential Street Address 330 Cosey Beach Avenue	City Eas	st Haven			State CT	1 1	Code 6512
Principal Occupation Jeweler	<u>.                                    </u>	Name of Employer Libero Jewelers					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	) to a ca	andidate for a chief executive cociated with have a contract Yes No	ve officer t with said	l municipality	50	ount 0.00	of Contribution
Is contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Is contributor a principal of a state contractor or prospective state contractor?  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   Legislati							
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Mone	y Orde	Date Received 08/21/2019	Aggregat 500.0	e Contributions )O			
SUB	тот	AL Section B — This	s Page	700.00			
		additional Section B	er freeze en earle	2,900.00			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M IN	DIVIDUALS (Sections olumn A of Summary Page	A + B)  Totals)	3,600.00	_		

#### Section B ADDITIONAL PAGE 3u of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Big Steve Tracey for Mayor			7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved th	nis Period ONLY OTAL SECTION A	\$				
B. Itemized Co		outions from Individ	luals				
Last Name Kolb		<sub>irst</sub> Frank			MI		
Residential Street Address 8 Erico Drive	City East	t Haven		State CT	Zip Code 06512		
Principal Occupation  Lawyer	<del>,(</del>	Name of Employer Kolb & DiSilvestro	,				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	0 to a ca e is asso	undidate for a chief executive ociated with have a contract OYes No	with said municipality	200	unt of Contribution .00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Value at those than eyes.  Is contributor a principal of a lifyes, indicate which bra of government the contributor.	anch or	ontractor or prospective state	e contractor? Yes OLegislative				
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone		Date Received	Aggregate Contributions 200.00				
Last Name Keramas	Fi	irst Theodoros			МІ		
Residential Street Address 48 Farview Avenue	City Eas	st Haven		State CT	Zip Code 06512		
Principal Occupation Retired	•	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipalit with said municipality		Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Section L1?  If yes, indicate which by of government the contributor a principal of the section L1?	ranch or	r branches	te contractor? Yes	s >			
Method of Contribution:  OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMone		Date Received	Aggregate Contributions				
Last Name Cirillo	F	irst Frank			MI		
Residential Street Address 59 Penny Lane	City Nev	w Haven		State CT	Zip Code 06525		
Principal Occupation Lawyer	····	Name of Employer Cirillo & Cirillo					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?	he is ass	ociated with have a contract Yes No	t with said municipality		ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Is contributor a principal of a state contractor or prospective state contractor?  Yes  Is contributor a principal of a state contractor or prospective state contractor?  Yes  No  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative							
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction OMon	ey Orde	Date Received 08/21/2019	Aggregate Contributions 500.00				
SUI	втот	AL Section B — This	Page 550.00				
	avenue and	additional Section B l	1, No. 1, 10 (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	- 7			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin	OM INI te 13, Co	DIVIDUALS (Sections . olumn A of Summary Page	A+B) Totals) 2,900.00				

### Section B ADDITIONAL PAGE 3v of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Papada		TYPE OF	REPORT				
Big Steve Tracey for Mayor			7th Day Preceding Primary					
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)  S	ed th	is Period ONLY OTAL SECTION A	\$					
B. Itemized Cor	atrib	utions from Individ	luals					
Last Name	1	rst					MI	
Gavin	را	onathan				····		
Residential Street Address 81 Green Lane	nam			State CT	Zip ( 06	Code <b>422</b>		
Principal Occupation		Name of Employer						
Self		United Concrete						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a car is assoc	ndidate for a chief executive ciated with have a contract  Yes  No	e officer of with said r	a municipality nunicipality	Ame: 250.		f Contribution	
Is this contribution associated with an event reported in Section L1?  No No If yes, indicate which bran of government the contract	ich or l	branches	_	No				
If yes, list Event # 08222019C of government the contract Method of Contribution:		Date Received		Contributions	1			
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	Order	08/19/2019	250.00	)				
Last Name	•	rst Anthony					MI	
Fiorello		The state of the s		·····	State	Zip	~oda	
Residential Street Address 1270 North High Street	City East	t Haven			CT		512	
Principal Occupation		Name of Employer			···			
Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract  O Yes  No	e officer of with said t	f a municipality nunicipality		Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes No Is contributor a principal of a section L1?  If yes, list Event # 08222019C	nch or	branches		No				
Method of Contribution:	0113 111	Date Received		Contributions	-			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	08/22/2019	100.0	0				
Last Name Nesi	•	irst Vicholas					MI	
Residential Street Address	City				State		Code	
3 Linden SHRS	Brar	nford			CT	06	405	
Principal Occupation		Name of Employer				<del></del> -		
Lawyer		Action Law						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer o with said	f a municipality municipality	, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  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 O Legislative								
Method of Contribution:  O Cash Personal Check O Credit/Debit Card Payroll Deduction O Money	Order	Date Received 08/13/2019	Aggregate 1,500.	Contributions 00				
	SENSON S	AL Section B — This	Page	350.00				
		dditional Section B I		1,500.00				
TOTAL OF ALL CONTRIBUTIONS FROM	M IND	DIVIDUALS (Sections A	A + B)	2,350.00				
(Enter total on Line	13, Col	lumn A of Summary Page	Totals) '					

#### Section B ADDITIONAL PAGE <sup>3w</sup> of <sup>17</sup>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor		TYPE OF REPORT						
Big Steve Tracey for Mayor				7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$				
B. Itemized	Cont	ribı	itions from Indivi	duals				
Last Name Ranfone							MI	
Residential Street Address 38 Sunnyside Drive	City N		nford		State CT	Zip C 065	Code 513	
Principal Occupation Lineman			Name of Employer United Illuminating	g Co.	<u> </u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$\frac{1}{2}\$ does contributor or business her valued at more than \$\frac{1}{2}\$,000?	400 to a	a can	didate for a chief executive inted with have a contract Yes No	e officer of a municipality with said municipality		ount of 00.00	Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contribu	branch	or b	ranches	e contractor? Yes O Legislative				
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMo			Date Received 08/22/2019	Aggregate Contributions 1,100.00	1			
Last Name DiAdamo	······································	Firs Lo	orraine				MI	
Residential Street Address 138 Townsend Avenue	City N	· .			State CT	Zip Co		
Principal Occupation Assistant			Name of Employer Weight Watchers			<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$\frac{4}{2}\$ does contributor or business he/valued at more than \$5,000?	400 to a /she is a	cano	didate for a chief executive intended with have a contract Yes No	e officer of a municipality with said municipality		Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  Is contributor a principal of If yes, indicate which of government the contributor of government the government the government the government t	branch	or b	oranches	te contractor? Yes	_			
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction Mo			Date Received 08/17/2019	Aggregate Contributions				
Last Name Harris-Cirillo		Firs Ja	anis				MI	
Residential Street Address 175 South End Road, Unit 7	City E		Haven		State CT	Zip C 065	ode 512	
Principal Occupation Flight Attendant	•		Name of Employer American Airlines		,			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?					7, Amo		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08222019C  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 O Legislative								
Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Date Received 08/22/2019  Aggregate Contributions 300.00								
SU	/ <b>ВТО</b> ′	TAl	L Section B — This	Page 1,500.00			•	
тот	[AL o	f ad	ditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li	ROM II ine 13,	NDI Colu	VIDUALS (Sections A mn A of Summary Page 1	A + B) Totals)				

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

NAME OF COMP Big Steve Trace	MITTEE (Provide Comple Cey For Mayor	ete Name as Registered v	with Filing Repos	itory)			TYPE OF REPOR	т eding Pri	mary	
		C1. (	Contributio	ons f	rom Ot					
Name of Committee						Name of T	reasurer			
Address				Is ev	this contrib ent reported	ution assoc d in Section If ye	A	mount of	Contribution	
City	- Andrews	State	Zip Code		Date Receiv	ed.	Aggregate Contributions			
Name of Committee			I		<u> </u>	Name of T	reasurer			
Address				Is ev	this contrib ent reporte	d in Section	ciated with an Yes No n L1? zs, list Event #	_ A	mount of	Contribution
City		State	Zip Code		Date Recei		Aggregate Contributions			
Name of Committee					· L	Name of T	reasurer			
Address	Is this contribution associated with an Yes No event reported in Section L1?  If yes, list Event #				A	Amount of Contribution				
City		State	Zip Code		Date Recei		Aggregate Contributions			
Name of Committee	C2.	Reimburseme	its or Surp	olus ]	Distribu	Name of	om other Committees Treasurer			
Address					City	<u> </u>			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimburset	ment for shared	l exper	nse OS	urplus Dist	ribution		Amount	of Receipt
Description										
Name of Committee						Name of	Freasurer			
Address					City				State	Zip Code
Date Received    Expenditure # (if applicable)   Payment Type				pense C	Surplus D	istribution		Amount	t of Receipt	
Description										,
			SUBT	OTA	VL Section	on C—	This Page			
				\$540 Brees	AND DESCRIPTION	The Agent	1 C Pages			
	TOTAL O	F ALL COMMI ons C1 + C2) (Ente	TTEE CON	TRII 14, C	BUTION	S AND R Summary	ECEIPTS Page Totals)			
1 ( 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Съссия									

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

NAME OF COMMITTEE (Provide Complete Name as Big Steve Tracey For Mayor	Registered with Filing Repository	))		7	th Day	Preceding F	rimary
	D. Loans R		ed this Period				
Name of Londer			Source of Loan: OBank O Cand	didate 🔘 I	ndividual	Other Committee	Date of Receipt
Street Address	City	I		S	tale	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: OBank O Can	didate O	ndividua	Other Committee	Date of Receipt
Street Address	City			5	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: OBank O Can	ndidate O	Individua	d Other	Date of Receipt
Street Address	City				State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)				<u> </u>			O Yes O No Amount Received
Street Address	City				State	Zip Code	
			TOTAL SECT	TION D			
			an and Arbeit same property from	10 to			
E. Receipts from Entiti	es other than Indivi	duals	or Other Com	mittees	(Refere	ndum Committ	ees ONLI)
Street Address				Date R	eceived		Amount Received
City		State	Zip Code	Aggreg	gate Contri	butions	-
Name of Entity							
Street Address				Date R	eceived		Amount Received
City		State	Zip Code	Aggre	gate Contri	butions	_
Name of Entity				Date R	leceived		Amount Received
Street Address							A A COMPANIE A STOCKET OU
City		State	Zip Code	Aggre	gate Contr	ibutions	
l			A contraction with the second of the	AND A STATISTICS	Carrie		

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

NAME OF COMMITTEE Big Steve Tracey F	(Provide Complete Name as Registered	l with Filing Repository)			FREPORT  ay Preceding Primary		
	Amount Transferred fr	on Affiliated Rusin	es Tragenry (Rusi	and the second second			
Date of Receipt				ress Emily	Amount		
Date of Receipt	Is this transaction associate event reported in Section L	🗷 🔭	es, list Event#				
Date of Receipt	Is this transaction associate event reported in Section L		es, list Event#		Amount		
Date of Receipt	Is this transaction associate event reported in Section L		es, list Event#		Amount		
Date of Receipt	ls this transaction associate event reported in Section L		res, list Event#		Amount		
			TOTAL SECTIO	NF			
G. Amount T			ther Organization		y (Organization Committees ONLY)		
Date of Receipt	D	ate of Receipt		Date of Re	ceipi		
A	Amount	Amount			Amount		
			TOTAL SECTION	G			
	H. Personal Funds of the	ne Candidate Receiv	ed this Period (Ca	indidate Co	mmittees ONLY)		
Date of Receipt	Method of payment:				Amount		
08/26/2019	<b>●</b> Cash	O Personal Check	O Credit/Debit	Card	1,885.00		
Date of Receipt	Method of payment:				Amount		
	○ Cash	Personal Check	O Credit/Debit	: Card			
Date of Receipt	Method of payment:				Amount		
	OCash	Personal Check	Credit/Debit	Card			
Date of Receipt	Method of payment:				Amount		
	OCash	O Personal Check	O Credit/Debi	Card			
			TOTAL SECT	ON H	1,885.00		
		I. Anonymous (	ontributions				
an	Per Public Act 11-48, a nount. If a committee re immediately remit the	eceives an anonymo	ous contribution, t State Elections Er	he camp	aign treasurer shall		

I. MONETARY RECEIPTS (Sections A-K)

	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Sig Steve Tracey For Mayor						
bly Steve Hacey For Mayor		<u> </u>		Preceding Pri			
	J. Interest from Deposits in Authorized		ate Recei	ved	Amount		
Name of Institution							
Street Address	City	State	<b>3</b>	Zip Code			
Name of Institution		I D	ate Recei	ved	Amount		
Street Address	City	Stat	e	Zip Code			
	TOTAL	SECTION	J				
K. M	iscellaneous Monetary Receipts not Consid	dered Con	ribut	ions			
Name Paulina Katz				of Transaction 1/30/2019	Amount Received		
Street Address	City		State	Zip Code	50.00		
26 Glendale Place	Branford		CT	06405			
Description Donor lost check, adding \$50.00	back into system, will issue new check #113						
Name			Date	of Transaction	Amount Received		
			State	Zip Code			
Street Address	City	•	State	Zip Code			
Description							
			Date	of Transaction	Amount Received		
Name					Amount received		
Street Address	City		State	Zip Code			
Description							
•			ln.	erdia			
Name			Date	e of Transaction	Amount Received		
Street Address	City		State	Zip Code			
Description							
	TOTAL SEC	CTION K	50.0	0			
SUMMA	RY OF OTHER MONETARY RECEIPT	S (Sections	D th	rough K)			
Total Loans Received this Period (Sec		~ (~					
	n Individuals or Other Committees (Section E)		+				
Total Amount Transferred from Affili			+				
	iated Labor Union or Other Organization Treasury	(Section G)	+				
	ne Candidate Received this Period (Section H)		+				
			+				
	its in Authorized Accounts (Section J) its not Considered Contributions (Section K)		+				
i Total Missallangous Monetary Receiv	es not l'ancidered i antribillant (Necliab IX)						

#### II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Big Steve Tracey For May	e Complete Name as Registered with Filing Repository) OF		7th Day Preced	ing Primary	
		Information			
Event # Descri Date of Event Letter 08222019 C Car	ption Indidate Meet and Greet			Was this a fur	ndraising event?
Location: Street Address		City		State	Zip Code
990 Foxon Road		East Haven		СТ	06513
Subpart 1: (All Committees) Was this event hosted at a person	onal residence?	Yes (If yes, go to Section L: Associated with a Hot purchases made by hos  No	ise Party and complet	e required infor	mation for any
Did this fundraiser include good of up to \$200 or items donated	ds or services donated by a business entity by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		not Considered	Contributions
Was this fundraiser a tag sale, a with purchases from an individual	nuction, or other sale of donated items ual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$	
Subpart 2: (Party Committees, Were there purchases of advert sign associated with this fundra	, Municipal Candidates and Political Comn ising space in a program book or on a niser?	nittees other than Exploratory  Yes (If yes, go to Section L  or on a Sign and com	3 Purchases of Advert	tising Space in a ation.)	Program Book
Subpart 3: (Town Committees Did your committee sell food of gathering held within the state	r beverage at a fair or similar mass	OYes (If yes, enter Total Rec	reipts here.)	\$	
Event # Described Describe	iption			O Yes	ndraising event
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal subpart 1:	onal residence?	OYes (If yes, go to Section L Associated with a Hopurchases made by hos	use Party and complet	te required info	rmation for any
Did this fundraiser include goo of up to \$200 or items donated	ds or services donated by a business entity by an individual of up to \$100?	O Yes (If yes, go to Section I and complete required O No		not Considered	Contributions
Was this fundraiser a tag sale, with purchases from an individ	auction, or other sale of donated items lual of up to \$100?	O Yes (If yes, enter Total Re	ceipts here.)	. \$	
Subpart 2: (Party Committees Were there purchases of advert sign associated with this fundre	, Municipal Candidates and Political Comn tising space in a program book or on a aiser?	mittees other than Exploratory Yes (If yes, go to Section I	Committees) 3 Purchases of Adver plete required inform		a Program Book
Subpart 3: (Town Committees Did your committee sell food of gathering held within the state	or beverage at a fair or similar mass	OYes (If yes, enter Total Red	ceipts here.)	\$	
SUBTOTAL Section L1-	-Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page		
	SUBTOTAL Sect Total Rece	tion L1—Subpart3 <i>(Town Comm</i> cipts from Food Purchases —	ittees ONLY) This Page		
		TOTAL of additional Section	n Li Pages		
	TOTAL OF ALL RECE	CIPTS FROM SMALL PU in Line 16a, Column A of Summan	RCHASES y Page Totals)		

Per Public Act 11-48, effective January 1, 2012 committees are n individual purchases from a committee tag sale, auction, or a sale of	o longer required to itemize small donated items. Section L2. removed
COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
or Mayor	7th Day Preceding Primary

Big Steve For Mayor  7th Day Preceding Primary									
	13 Purchases	of Advertisin	g in a Progra	m Book or on a Sign					
Name of Purchaser	Lo. I Gi Chase.	, vi tau į vi tayli			Purchas	e Made By:			
					Business Entity Other				
Donald Cretella					OInd	lividual/Sole P	roprietorship		
Street Address			City		. <del>.</del> . –	State	Zip Code		
1087 Broad Street			Bridgeport			СТ	06604		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase .	Amount of Si	ga Purchase		
08/04/2019	08/04/2019 08222019C 250.00 250.00								
Name of Purchaser					l		<u> </u>		
Donna Richo					1 =	•	_		
Street Address			City			State	Zip Code		
67 Charnes Drive			East Haven		Purchase Made By: Business Entity Other Individual/Sole Proprietorship State Zip Code CT O6604  Purchase Made By: Business Entity Other Individual/Sole Proprietorship State Zip Code CT O6513  Purchase Made By: Business Entity Other Individual/Sole Proprietorship State Zip Code CT O6513  Purchase Made By: Business Entity Other Individual/Sole Proprietorship State Zip Code CT O6516  Purchase Made By: Business Entity Other Individual/Sole Proprietorship State Zip Code CT O6473  Purchase Made By: Business Entity Other Individual/Sole Proprietorship State Zip Code CT O6473  Purchase Made By: Business Entity Other Individual/Sole Proprietorship State Zip Code CT O6473  Purchase Amount of Sign Purchase  Purchase Amount of Sign Purchase  Amount of Sign Purchase  Amount of Sign Purchase		06513		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase		
08/08/2019	08222019C	250.00		250.00					
Name of Purchaser		•			1 _	_			
Albert DeMattie					1 -	-	_		
Street Address			City		1	· · · · · · · · · · · · · · · · · · ·			
79 Anderson Avenue			West Haven			CT	06516		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	iase	Amount of Si	gn Purchase		
08/20/2019	08222019C	250.00		250.00					
					Purcha	se Made Bv:			
Name of Purchaser					i	=	Other		
Leonard Fasano					_	lividual/Sole I	Proprietorship		
Street Address			City			1	1 1		
7 Sycamore Lane		•	North Haven			"'	004/3		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purchase Amount of Sign			gn Purchase		
8/21/2019	08222019C	250.00		250.00					
Name of Purchaser		<u> </u>			Purcha	se Made By:	_		
Leonard Fasano					1 =	-	•		
Street Address			City		1				
7 Sycamore Lane			North Haven		Purchase Made By:  Business Entity Other  Individual/Sole Proprietorshi  State Zip Code  CT 06473				
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Purc	hase	Amount of S	ign Purchase		
8/21/2019	08222019C	500.00		250.00					
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page					1,250.00				
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					e e				
TOTAL of additional Section L3 Pages					5,200.00				
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				6,450.00					
		(Linter tytut on	MINE LUC, CUIUMN	is of premium a rige round.					

Section L3. ADDITIONAL PAGE 9a of 17

NAME OF COMMITTEE (	Provide Complete Name as Registere	ed with Filing Reposito	ry)		TYPE OF REPOR				
Big Steve Tracey for Mayor 7th Day Preceding Primary									
	L3. Purchases	of Advertisin	ig in a Prograi	n Book or o	on a Sign				
Name of Purchaser				Purchase Made By:					
Frank Kolb						_	•	_	
					O ind				
Street Address 8 Erico Drive			City East Haven						
9 EUCO DUAG									
Date Received	Event #	Aggregate Purchases	for All Events		ogram Ad Purcha	se A	Amount of Sig	n Purchase	
08/22/2019	08222019C			250.00					
Name of Purchaser						_	=	_	
Leonard Fasano						_		•	
						<b>○</b> Ind	1	,,i,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Street Address			City North Haven			Purchase Made By: Business Entity Other Of512    Purchase Made By:   State			
7 Sycamore Lane						<del></del>	<u> </u>		
Date Received	Event #	Aggregate Purchases	for All Events		ogram Ad Purcha	se /	Amount of Sig	gn Purchase	
08/19/2019	08222019C	750.00		250.00					
Name of Purchaser		<u> </u>		<u> </u>		Purchas	e Made By:		
Alphonse Ippolito						Ξ	Business Entity Other		
Alphoriso appointo						OInd	1	T	
Street Address			City					_	
6 Branford Woods Ro		Branford				<u> </u>	00400		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pa	ogram Ad Purcha	ise	Amount of Si	gn Purchase	
08/19/2019	1								
Name of Purchaser						_	· ·		
Frank Pullano						_			
			City			Ulnd	T		
Street Address 777 Mount Carmel Av	enue		North Haven				1	1	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purchase Amount of Sign			gn Purchase		
08/14/2019	08222019C	250.00		250.00		-			
				<u> </u>		Purchas	e Made Bv:		
Name of Purchaser						_	•	Other	
Alex Vigliotti						_		•	
Street Address			City				State	J -	
26 Griffing Pond Road	d		Branford			<u></u>	Business Entity Other Individual/Sole Proprietorship State Zip Code CT 06473  Amount of Sign Purchase  Business Entity Other Individual/Sole Proprietorship State Zip Code CT 06405  Amount of Sign Purchase  Business Entity Other Individual/Sole Proprietorship State Zip Code CT 06473  Amount of Sign Purchase  CT 06473  Amount of Sign Purchase  Urchase Made By: Business Entity Other Individual/Sole Proprietorship State Zip Code CT 06473  Amount of Sign Purchase  Urchase Made By: Distinct Sign Purchase  CT 06405  Amount of Sign Purchase		
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of P	rogram Ad Purchs	ise .	Amount of Si	gn Purchase	
08/21/2019	08222019C	250.00		250.00					
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page 1,						250.00			
	SUBTOTAL Secti	ion L3 Total Pur	chases of Advertis	sing on a Sign	— This Page	,			
TOTAL of additional Section L3 Pages 3,					,950.0	50.00			
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)					,200.0	00			
		Enter total on	Line ive, Commit.	r oj vammarj	- "60 3 01010/				

Section L3. ADDITIONAL PAGE 9b of 17

NAME OF COMMITT Big Steve Tracey f	EE (Provide Complete Name as Re	gistered with Filing Reposit	ory)	TYPE OF REPORTED THE TYPE OF T		g Primary	
La Clave Hadey		aces of Advertisi	ng in 9 Progr	ram Book or on a Sign			
Name of Purchaser	L3. Furei	iases of Auverusi	ng in a i rogi	am book of on a cign	Purcha	se Made By:	ere in the expansion by a building
				Business Entity Other			
Alex Vigliotti					OIn	dividual/Sole P	roprietorship
Street Address 26 Griffing Pond Road			City Branford			State CT	Zip Code 06405
				haea [	Amount of Si	an Purchasa	
Date Received 08/21/2019	Event # 08222019C	500.00	Aggregate Purchases for All Events Amount of Program Ad Purc 250.00			Amount of Si	gn I tiltuast
Name of Purchaser					1 _	se Made By:	
Alex Vigliotti					1 =	isiness Entity dividual/Sole P	
Street Address			City			State	Zip Code
26 Griffing Pond F	load		Branford			CT	06405
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purc	hase	Amount of Si	gu Purchase
08/21/2019	08222019C	750.00		250.00			· · · · · · · · · · · · · · · · · · ·
Name of Purchaser					i	se Made By:	Othor
Alex Vigliotti					Business Entity Other O Individual/Sole Proprietorship		
Street Address			City		10	State	Zip Code
26 Griffing Pond Road			Branford			СТ	06405
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purc	hase	Amount of Si	gu Purchase
08/21/2019	08222019C	1,000.00		250.00			
Name of Purchaser					١ ـ	ise Made By:	Out
Jay Malcynsky					1 -	usiness Entity dividual/Sole I	
Street Address			City			State	Zip Code
29 Ten Acre Road			New Britain			CT	06512
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purc	hase	Amount of Si	gn Purchase
08/22/2019	08222019C	250.00		250.00			
Name of Purchaser					Purcha	ise Made By:	_
Alphonse Ippolito					1	usiness Entity dividual/Sole I	OOther Proprietorship
Street Address			City			State	Zip Code
6 Indian Woods R	oad		Branford		<del></del>	СТ	06405
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program Ad Purc	hase	Amount of Si	ign Purchase
08/19/2019	08222019C	500.00		250.00			
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page					1,250.00		
	SUBTOTAL	Section L3 Total Pur	chases of Adver	rtising on a Sign — This Page			
TOTAL of additional Section L3 Pages					2,700.00		
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)					3,950.00		

\_of 17 Section L3. ADDITIONAL PAGE

NAME OF COMMITTEE (	Provide Complete Name as Registere Nayor	ed with Filing Reposito	ny)	TYPE OF REPO 7th Day Pre		Primary		
		s of Advertisin	g in a Progra	m Book or on a Sign				
Name of Purchaser					Purchase	Made By:	· ·	
Alphonse Ippolito					Business Entity Other			
Albitotiae ibbotito					OInd	ividual/Sole P	·	
Street Address City						State	Zip Code	
6 Indian Woods Road			Branford			СТ	06405	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase A	Amount of Sig	gn Purchase	
08/20/2019	08222019C	750.00		250.00				
Name of Purchaser					I 🕳	e Made By:	<b>~</b>	
Wayne Moras					_	siness Entity ividual/Sole P	Other roprietorship	
Street Address			City		1.	State	Zip Code	
2891 State Street			Hamden			СТ	06517	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase	
08/22/2019	08222019C	250.00		200.00		•		
Name of Purchaser					1 -	e Made By:		
Vincent Candelora					1 -	siness Entity lividual/Sole P	Other roprietorship	
Street Address			City		<u> </u>	State	Zip Code	
405 Sea Hill Road			North Branfor	rd		СТ	06471	
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purch	iase	Amount of Si	gn Purchase	
08/20/2019	08222019C	250.00		250.00				
Name of Purchaser					1 _	e Made By:		
Ronald Nault					1 -	siness Entity Iividual/Sole F	Other	
Street Address			City		10	State	Zip Code	
21 Bayberry Lane			Guilford				06437	
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Purchase Amou		Amount of Si	ount of Sign Purchase	
08/22/2019	08222019C	250.00		250.00				
Name of Purchaser		<u> </u>			1 _	se Made By:	_	
Richard Onofrio					1	siness Entity Iividual/Sole I	Other Proprietorship	
Street Address			City		10-	State	Zip Code	
53 Salvatore Drive			North Haven			СТ	06473	
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Purc	nase	Amount of Si	gn Purchase	
08/22/2019	08222019C	250.00		250.00				
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page					1,200.00			
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page								
TOTAL of additional Section L3 Pages					1,500.00			
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN					2,700.00			
		(Enter total on	Line 16c, Column	A of Summary Page Totals)				

Section L3. ADDITIONAL PAGE 9d of 17

NAME OF COMMITTEE Big Steve Tracey for M	(Provide Complete Name as Registere MayO1	ed with Filing Reposito	(נינ	TYPE OF RE 7th Day F		ding F	⊃rimary	
		of Advertisin	ng in a Progra	m Book or on a Sign				
Name of Purchaser			:O (==;::::===============================		Pu	rchase N	Made By:	
Kathleen Burns					•	Busin	ess Entity	Other
Tatricon barris						) Indiv	idual/Sole Pr	
Street Address			City			- 1	State	Zip Code
260 Elm Street			Noank				CT	06340
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	rchase	Ai	mount of Sig	n Purchase
08/21/2019	08222019C 250.00 250.00							
Name of Purchaser		<u> </u>			۔ ا		Made By:	_
Lynn Sedlak					- 1 7		ness Entity	Other
			Lai				idual/Sole Pr	oprietorship Zip Code
Street Address			City Rocky Hill				State CT	06067
35 Cold Sprind Road							<u> </u>	00007
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	rchase	Aı	mount of Sig	n Purchase
08/23/2019	08222019C	250.00		250.00				
Name of Purchaser		1					Made By:	_
H. Craig Leroy					- 1 -	Business Entity Other Oldividual/Sole Proprietorship		
Street Address			City				State	Zip Code
82 Whetton Road			West Hartfor	d			СТ	06117
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	rchase	A	mount of Sig	n Purchase
08/24/2019	08222019C	250.00		250.00				
Name of Purchaser							Made By:	
Jonathan Gavin						Business Entity Other OIndividual/Sole Proprietorship		
Street Address		india WP	City			- 1	State	Zip Code
81 Green Lane			Durham				CT	06422
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	rchase	A	mount of Sig	n Purchase
08/19/2019	08222019C	250.00		250.00				
Name of Purchaser		<u> </u>			Pu	irchase l	Made By:	
John Gesmonde							ness Entity	OOther
			1					roprietorship
Street Address			City			J	State	Zip Code 06472
2 Maltby Lane			Northford	Northford				
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	rchase	A	mount of Sig	gn Purchase
08/19/2019	08222019C			250.00				
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page					1,2	1,250.00		
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					e			
TOTAL of additional Section L3 Pages					250	250.00		
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN				1,5	1,500.00			
(Enter total on Line 16c, Column A of Summary Page Totals)					ــــالا			

Section L3. ADDITIONAL PAGE 9e of 17

Pe indiv	er Public Act 11-48, el	a committee tag s	sale, auction,	or a sale of d	onated items	$S_{\epsilon}$ . $S_{\epsilon}$	ection L2.	removed
	TEE (Provide Complete Name as R	egistered with Filing Reposit	ory)		TYPE OF REPOR		- Dul	
Big Steve Tracey					7th Day Prec	edin	3 Primary	
	L3. Purcl	nases of Advertisi	ng in a Progr	ram Book or o				
Name of Purchaser							se Made By:	Other-
Felix Anastasio,	Jr.					_	isiness Entity dividual/Sole P	Other
			City			<u>Um</u>	State	Zip Code
Street Address 12 Pleasant Drive	е		North Have	n			СТ	06473
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purchas	se	Amount of Si	ign Purchase
08/22/2019	08222019C	į		250.00				
Name of Purchaser						Purcha	se Made By:	
Name of Purchaser						Ови	siness Entity	Other
						Oine	dividual/Sole F	Proprietorship
Street Address			City				State	Zip Code
ı								
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purchas	se	Amount of Si	ign Purchase
TARE TODOLÍOIS					-			
						Dba	se Made By:	
Name of Purchaser						_	usiness Entity	Other
						_	dividual/Sole I	-
Street Address			City			<u> </u>	State	Zip Code
Steet Address								
		I a series	- C- All Ft-	Amount of Dec	gram Ad Purcha	<u></u>	Amount of S	ign Purchase
Date Received	Event #	Aggregate Purchase	es for An Events	Amount of Fre	gram Au I diena		Amount of S	ign i uremase
Name of Purchaser						Purcha	ise Made By:	
Tiulio of Luciano					-	$O_{B_1}$	usiness Entity	Other
						Oln	dividual/Sole l	Proprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Pro	gram Ad Purcha	se	Amount of S	ign Purchase
Name of Purchaser						Purcha	se Made By:	
Times of a minimum						Ов	usiness Entity	Other
						Oīn	dividual/Sole	Proprietorship
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchase	es for All Events	Amount of Pro	ogram Ad Purcha	se	Amount of S	ign Purchase
	SUBTOTAL Section	L3 Total Purchases o	of Advertising in	n Program Book -	— This Page 2	50.00	O	
	SUBTOTAL	Section L3 Total Pu	rchases of Adve	rtising on a Sign -	This Page			,
			TOTAL	of additional Secti	on L3 Pages			
	OTAL OF ALL PURCHAS	SES OF ADVERTISE	NG IN A PROC	GRAM BOOK or	ON A SIGN			
		(Enter total o	n Line 16c, Colu	mn A of Summary	rage 10tais)			

# II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	E (Provide Complete Name as	Registered with Filing Reposite	ory)		TYPE OF REPO			
Big Steve Tracey For Mayor				7th Day Preceding Primary				
	L4.	In-Kind Donation	s Not Consi	dered Contribu	tions			
Name of Donor							•	
Big Steve Tracey								
Street Address			City				State	Zip Code
58 Edgar Street			East Ha	aven			СТ	06512
Donation Given By:	Description of Donation					Fair I	/Iarket Val	ue of Donation
O Business Entity	Water Bottles and	Pill Holders for Town	n Senior Day	y Giveaways		200.	00	
● Individual	Date Received	Event #		Aggregate Value fo	r this Event			
O Sole Proprietorship	08/24/2019							
Name of Donor	1				<del> </del>			
								•
Street Address			City				State	Zip Code
<b></b>								
Donation Given By:	Description of Donation					Fair I	l Market Val	ue of Donation
Business Entity	Dosenphon of Busines							
Oindividual	Date Received	Event #		Aggregate Value fo	r this Event			
O Sole Proprietorship								
Name of Donor								
1,444								
Street Address			City				State	Zip Code
	•							
Donation Given By:	Description of Donation					Fair 1	Market Val	ue of Donation
OBusiness Entity	Bushipman of Dominia							
OIndividual	Date Received	Event #		Aggregate Value fo	or this Event			
O Sole Proprietorship								
Name of Donor								
Manic of Donor								
Street Address			City				State	Zip Code
Shoot Marves								
D. C. C. D.	Description of Donation					Fair	Market Val	lue of Donation
Donation Given By:  O Business Entity	Description of Donation							
O Individual	Date Received	Event#		Aggregate value fo	r this Event			
O Sole Proprietorship								
					000.00		<del></del>	
		SU	BTOTAL Sec	tion L4 — This Pag	e 200.00			
		TO	rat of edditi	onal Section L4 Pag	p.g.			
		10	LAL OI AUGILI			•		
TO	TAL OF ALL IN-KINI	DONATIONS NOT	CONSIDERE	D CONTRIBUTION	vs			
		(Enter total on Line 21	, Column A of S	Summary Page Tota	ls)			

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT		
Big Steve Tracey For Mayor					eceding	Primary	
L5. I	n-Kind Donations Not Considere	d Contributions Associa	ted with a I	Iouse Part	у		
Name of Host			Is this event s committee?		re than on	e candidate or endum L5	
Street Address		City			State	Zip Code	
Description of Donation				Fair Marl	ket Value o	f Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate				
Name of Host			committee?	supporting mo Yes O No implete Itemiza	)	e candidate or	
Street Address		City			State	Zip Code	
Description of Donation				Fair Marl	ket Value o	f Donation	
				1			
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this hi	ost/candidate				
Name of Host			committee?	supporting mo Yes O No implete Itemiza	)	e candidate or endum L5	
Street Address		City			State	Zip Code	
Description of Donation				Fair Marl	ket Value o	f Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate				
Name of Host		<u> </u>		supporting mo OYes ONo mplete Itemiza	<b>)</b>		
Street Address		City		:	State	Zip Code	
Description of Donation				Fair Mar	ket Value o	f Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate				
	\$	UBTOTAL Section L5 —	This Page				
	ro	TAL of additional Section	L5 Pages				
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Lin	CONSIDERED CONTRI	BUTIONS Page Totals)				

# III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete in Big Steve Tracey For Mayor	Vame as Reg	gistered with	Filing Repository)				r REPORT y Preceding F	rimary	
			M. In-Kind Con	tri	butions				
Name			**********			•			
Street Address				City	,			State	Zip Code
	Date Recei		Aggregate Contributions	<u> </u>	Description of In-Kind (	ontribution	1	<u> </u>	
Type of contributor: OCommittee  Individual / Sole Proprietorship OOther	Date Recei	vçu	Aggregate controllions		Sowing and a series of				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does cor	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?  Yes  No			y Fair Market \ of this Contrib				
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	Is contribu	ntor a principal of a state of indicate which branch of ternment the contract is with	r bra	actor or prospective stanches  Executive		O No I		
Name									
Street Address				City	•			State	Zip Code
Type of contributor: OCommittee Individual / Sole Proprietorship OOther	Date Recei	ved	Aggregate Contributions	I	Description of In-Kind	Contributio	<b>h</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co	ribution is in entributor or at more tha	n excess of \$400 to a canor business he/she is associ in \$5,000?	ated	e for a chief executive with have a contract w Yes No	officer of ith said m	a municipality, unicipality		Market Value s Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	If yes,	ator a principal of a state of indicate which branch of transent the contract is with	r bra	actor or prospective stanches  Executive	_	O <sub>No</sub>		41
Name						·			
Street Address				Cit	y			State	Zip Code
Type of contributor: OCommittee  Individual / Sole Proprietorship OOther	Date Recei	ived	Aggregate Contributions	.1	Description of In-Kind	Contributio	n		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in ontributor of at more tha	n excess of \$400 to a canor business he/she is associ	lidat ated	e for a chief executive with have a contract v  Yes No	officer of ith said n	a municipality, nunicipality		Market Value s Contribution
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	8 Yes No	Is contribu	an account of a state of indicate which branch or comment the contract is wi	r bra	actor or prospective st	_	O <sub>No</sub>		
If yes, list Event #				4,525	ction M — This Pa	SSG		<del></del>	
			TOTAL of ad	ditio	onal Section M Pag	es			
TOTAL OF ALL IN-KIND CON	TRIBU'	TIONS (	Enter total on Line 23, Col	umi	A of Summary Page To	otals)			
	N	. Refun	dable Deposit to '	Гel	ephone Compai	y			
Last Name of Individual			First				МІ	Date Depo	sit Made
Residential Street Address	<u>, , , , , , , , , , , , , , , , , , , </u>		City			State	Zip Code		Amount of Deposit
Name of Telephone Company	<u>.</u>					<u></u>			
Street Address			City			State	Zip Code		
						I	1	ļ	

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

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NAME OF COMMIT Big Steve Tracey	TEE (Provide Complete Name as Registered with Filing Repository) y For Mayor		TYPE OF REPORT 7th Day Precedin	g Primar	У
	P. Expenses	Paid by Committee			
Name of Payee TicketPrinting.co	om		Date of Payment 08/01/2019	Method of Check	k#
		Los		O Debit State	Card OEFT Zip Code
Street Address 22 South Centra	I Avenue	City Harlowton		MT	59036
Purpose of Expenditure (by code) PRNT	Description Tickets for Fundraiser		Event # 08222019C	65.61	Amount
Expenditure # (f/applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OA OB OC D					
Name of Payee Signs on the Che	eap.com		Date of Payment 08/12/2019	Method of Check	< #
Street Address 11525A Stonehollow Drive, Suite 100		City Austin		State TX	Zip Code 78758
Purpose of Expenditure (by code) A-SIGN	ose of Expenditure Description Event # Campaign Lawn Signs			393.1	Amount 3
Expenditure # (if applicable)					
Name of Payee	Coordinated without reimbursement sought (in-kind contr		Date of Payment	Method of	*
Dirt Cheap Signs.com			08/12/2019	Check	Card OEFT
Street Address 7301 Bar K Ranch Road		City Lago Vista		TX	Zip Code 78645
Purpose of Expenditure (by code) A-SIGN	Description Campaign Lawn Signs		Event #	134.3	Amount 3
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to  None of the below Coordinated with reimbursement sought (joint expendit) Coordinated without reimbursement sought (in-kind con	ure) O Indeper			
Name of Payee Spectrum Marke	eting Companies		Date of Payment 08/13/2019	Method of Chec O Debi	k# t Card <b>()</b> EFT
Street Address 95 Eddy Road,	Suite 101	City Manchester		State NH	Zip Code 03102
Purpose of Expenditure (by code) A-WEB	Description Online Digital Ads		Event #	407.	Amount 25
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	nre) O Indepen			
		SUBTOTAL Section P -	-This Page 1,000.32		
	TC	OTAL of additional Secti	on P Pages 21,222.07		
	TOTAL OF ALL EXPI (Enter total on Lin	ENSES PAID BY COM	MMITTEE 22,222.39  Page Totals)		

## Section P. ADDITIONAL PAGE

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Big Steve Tracey For Mayor				7th Day Preceding	g Primar	у		
	P. Expenses	Paid by Committee						
Name of Payee Anedot.com			Date of Paymer 07/22/201		Method of Payment: O Check #			
Street Address		City		· · · · · · · · · · · · · · · · · · ·	O Debit State	Card ©EFT Zip Code		
1920 McKinney	Avenue	Dallas			TX	75201		
Purpose of Expenditure (by code) BNK	Description online donation charge	Event #			10.30	Amount		
Expenditure # (If applicable)								
Name of Payee ConnCans Porta	ible Restrooms			Date of Payment 07/31/2019	Method of I	#106		
Street Address		City Guilford			O Debit State CT	Card OEFT Zip Code 06437		
105 Whitfield Str	eet	Guilloru	_		0,	00407		
Purpose of Expenditure (by code) FUND	Description Portable restrooms for outside fundraiser		Event #	9 32019B	212.7	Amount		
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  Independent Organization A O B O C O D								
Name of Payee			Date of Payment	Method of	•			
Minute Man Pre	ss	07/12/2019			Check Debit	Card OEFT		
Street Address 330 Main Street		City East Haven			State CT	Zip Code 0512		
Purpose of Expenditure (by code) PRNT	Description Campaign Handouts		Event #	¥	33.40	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or concomment of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contro	ommittee) re) O Indepe	ndent					
Name of Payee Robert Ranfone				Date of Payment 07/18/2019	Method of Check Debit	<sub>k#</sub> 107		
Street Address		City			State	Zip Code		
44 Iver Avenue		East Haven			СТ	06512		
Purpose of Expenditure (by code) RMB	Description Candidate Endorsement Celebration		Event	#	294.00	Amount O		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee) re) O Indeper	ndent	DA OB OC OD				
	S	SUBTOTAL Section P -	— This	Page 550.40				

#### Section P. ADDITIONAL PAGE 130 of 17

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYP	E OF REPORT					
Big Steve Trace			7th	Day Preceding	g Primai	у			
	P. Expenses	Paid by Committee							
Name of Payee Minuteman Press			l l	of Payment 30/2019	Method of O Check O Debit	k#			
Street Address		City			State	Zip Code			
330 Main Street	:	East Haven			СТ	06512			
Purpose of Expenditure (by code)	Description Handouts for Campaign	Event #			Description			286.1	Amount 9
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD								
Name of Payer Big Steve Trace	у		I	of Payment 07/2019	Method of Check	<sub>c#</sub> 108			
Street Address 575 Main Street		City East Haven			State CT	Zip Code 06512			
Purpose of Expenditure (by code) RMB	Phones for campaing call center	enter Event #			375.1	Amount			
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  Independent Organization A O B C D									
Name of Payee Date of Payment				•	Method of Check				
Seasons		08/	22/2019	Debit					
Street Address 990 Foxon Roa	d	East Haven			State CT	Zip Code 06513			
		Eyent #				Amount			
Purpose of Expenditure (by code) FNDR	Description Meet and Greet the Candidate		082220	19C	6,22	Amount 0.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) ure)	endent	Ов Ос Ов					
Name of Payee Spectrum Marke	eting Companies		i	of Payment /15/2019	O Chec	k#			
Street Address 95 Eddy Road,	Suite 101	City Manchester	4	,	State NH	Zip Code 03102			
Purpose of Expenditure (by code) A-DM	Description Campaign Mailer		Event #		1,756	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	ommittee) re) O Indeper	ndent	Эв Ос Ор					
		SUBTOTAL Section P -	— This Page	8,637.29					

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#### Section P. ADDITIONAL PAGE 13C of 17

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Big Steve Trace	y for Mayor			7th Day Preceding	g Primar	у	
	P. Expenses	Paid by Committe	e				
Name of Payee				Date of Payment	Method of I		
Shore Publishin	g, LLC			08/21/2019	Check Debit		
Street Address	,	City			State	Zip Code	
724 Boston Pos	t Road, #202	Madison			СТ	06443	
Purpose of Expenditure (by code) A-NEWS				#	945.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization A B C D					,	
Name of Payee				Date of Payment	Method of I	-	
Spectrum Marke	eting Companies			08/21/2019	O Check		
Street Address		City			State	Zip Code	
95 Eddy Road,	Suite 101	Manchester			NH	06716	
Purpose of Expenditure (by code) A-DM	Expenditure Description Primary Absentee Ballot Application Mailer Package			1,690	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below"	is checke	ed)	]		
ig apparative)	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e) 🚺 Indepe	_	A O B O C O D			
Name of Payee Date of Payment					Method of I	•	
Spectrum Mark	eting Companies			08/23/2019	Check Debit		
Street Address		City			State	Zip Code	
95 Eddy Road,	Suite 101	Manchester			NH	06716	
Purpose of Expenditure (by code) A-DM	Description Campaign Mailer #2		Event	#	1,756	Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below'	' is checi	ked)			
((f applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	re) 🔘 Indep	oendent	Da Ob Oc Od			
Name of Payee	O coordinates visitori remotivos	Olgai	nzauon	Date of Payment	Method of	Payment:	
· -	eting Companies			08/29/2019	O Check		
	•	City			O Debit State	Card © EFT Zip Code	
Street Address 95 Eddy Road,	Suite 101	Manchester			NH	06716	
Purpose of Expenditure (by code)	Description GOTV Mailer		Event	1#		Amount	
A-DIVI	GOT V IVIANO		<u> </u>		1,756.	00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ommittee) re) O Indep	endent	OA OB OC OD			
	•	SUBTOTAL Section P	— Thi	s Page 6,147.60			

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## Section P. ADDITIONAL PAGE

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Big Steve Tracey for Mayor					7th Day Preceding Primary			
	P. Expenses	Paid by Com	mittee					
Name of Payee Facebook				- 1	Date of Payment 08/04/2019	Method of Payment: O Check # O Debit Card EFT		
Street Address 1 Hacker Way		City Menlo Park				State CA	Zip Code 94025	
Purpose of Expenditure (by code) A-WEB	Description Social Media Advertisment		I	Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or cor  Coordinated with reimbursement sought (joint expenditure  Coordinated without reimbursement sought (in-kind contri	mmittee)	Independe	ent on <b>O</b> /	а Ов Ос Ор			
Name of Payee 24 Hour Wristba	nds.com				Date of Payment 08/16/2019	Method of P Check Debit C	#	
Street Address 14550 Beechnut	t Street	City Houston				State TX	Zip Code 77083	
Purpose of Expenditure (by code) A-OTH	Description Shopper Tote Bags for Campaign Giveawa	У		Event#		Amount 636.79		
Expenditure # (if applicable)								
Name of Payee  Anedot.com  Date of Payment  08/15/2019					Method of P Check Debit (	#		
Street Address 1920 McKinney	Avenue	City Dallas				State TX	Zip Code 75201	
Purpose of Expenditure (by code) BNK	Description Online Donation Fees		[1	Event #		4.30	Amount	
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the control	ommittee) re)	Independ	ent ion	а Ов Ос Ор			
Name of Payer Anedot.com				Date of Payment 8/26/2019		Method of F O Check O Debit	#	
Street Address 1920 McKinney	Avenue	City Dallas				State TX	Zip Code 75201	
Purpose of Expenditure (by code) BNK	Description Online Donation Fees			Event#		148.70	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent OrganizationOA OB OC OD							
	S	SUBTOTAL Sec	ction P —	This	Page 800.12			

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## Section P. ADDITIONAL PAGE 130 of 17

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	U.	

Hacker Way   Description   Social Media Advertising   Social Media Advertising   Social Media Advertising   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Organization A B C D D				
Name of Payee Facebook Street Address 1 Hacker Way Purpose of Expenditure # (fiv code) A-WEB Social Media Advertising Name of Payee Facebook Street Address 1 Type of Expenditure # (firapplicable) Social Media Advertising Sure Address 1 Type of Expenditure # (firapplicable) Social Media Advertising Sure Address 1 Hacker Way  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (in-kind contribution) Sure Address 1 Hacker Way  Description Social Media Advertising So	7th Day Preceding Primary			
Street Address 1 Hacker Way  Description Social Media Advertising  Expenditure # (frapplachable) Nome of the below (does not involve another candidate or committee) Coordinated without reimbursement sought (in-kind contribution)  Name of Payee Facebook  Street Address 1 Hacker Way  Description Social Media Advertising  Expenditure # (frapplachable) None of the below (does not involve another candidate or committee) Coordinated without reimbursement sought (in-kind contribution)  Name of Payee Facebook  Street Address 1 Hacker Way  Description Social Media Advertising  Description Social Media Advertising  Description Social Media Advertising  Description Social Media Advertising  Type of Expenditure (temization in Addendum P Required unless "None of the below" is checked) One of the below (does not involve another candidate or committee) Coordinated without reimbursement sought (in-kind contribution)  Name of Payee Facebook  Type of Expenditure (temization in Addendum P Required unless "None of the below" is checked) One of the below (does not involve another candidate or committee) Coordinated without reimbursement sought (in-kind contribution)  Name of Payee Facebook  Type of Expenditure (temization in Addendum P Required unless "None of the below" is checked) One of the below (does not involve another candidate or committee) Coordinated without reimbursement sought (in-kind contribution)  Name of Payee Facebook  Type of Expenditure (temization in Addendum P Required unless "None of the below" is checked) One of the below (does not involve another candidate or committee) One of the below (does not involve another candidate or committee) One of the below (does not involve another candidate or committee) One of the below (does not involve another candidate or committee) One of the below (does not involve another candidate or committee) One of the below (does not involve another candidate or committee) One of the below (does not involve another candidate or committee) One of the below (does not involve another c				
State   City   Menlo   Park   City   Menlo   Park   CA	#			
Social Media Advertising   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Type of Expenditure (Itemization in Addendum P Required unless "None of the b	Zip Code 94025			
Expenditure # (# graphicable)   Type of Expenditure (Hemization in Addendum P Required unless "None of the below" is checked)   None of the below (does not involve another candidate or committee)   Organization   A B C D Detection	Amount			
Facebook  Sireet Address 1 Hacker Way  Purpose of Expenditure (by code) A-WEB  Expenditure # (lf applicable)  Name of Payee  Facebook  Street Address 1 Hacker Way  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  Coordinated with reimbursement sought (in-kind contribution)  Name of Payee  Facebook  Street Address 1 Hacker Way  Description  Social Media Advertising  City  Name of Payee  Facebook  Street Address 1 Hacker Way  Description  Social Media Advertising  City  Menlo Park  City  Menlo Park  City  Menlo Park  State  CA  A B C D D  Check # Opebit City  Organization  Organization  A B O C D  State  Orleack # Opebit City  Organization  Organization  A B O C D  State  Orleack # Opebit City  State  CA  A State  CA  CA  CA  CA  CA  CA  CA  CA  CA  C				
1 Hacker Way    Description   Social Media Advertising	#			
Description   Social Media Advertising   13.66	Zip Code 94025			
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Name of Payee Facebook  Street Address 1 Hacker Way  Purpose of Expenditure (by code) A-WEB  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated without reimbursement sought (in-kind contribution)  Purpose of Expenditure # (If applicable)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (in-kind contribution)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  None of the below (does not involve another candidate or committee) Coordinated without reimbursement sought (in-kind contribution)  None of the below (does not involve another candidate or committee) Coordinated without reimbursement sought (in-kind contribution)  None of the below (does not involve another candidate or committee) Coordinated without reimbursement sought (in-kind contribution)  None of the below (does not involve another candidate or committee) Coordinated without reimbursement sought (in-kind contribution)  None of the below (does not involve another candidate or committee) Coordinated without reimbursement sought (in-kind contribution)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (in-kind contribution)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (in-kind contribution)	Amount			
Facebook  Street Address 1 Hacker Way  Purpose of Expenditure (by code) A-WEB  Social Media Advertising  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  O7/29/2019  State CA  State CA  State CA  35.00				
1 Hacker Way    Purpose of Expenditure (by code)   A-WEB   Description   Social Media Advertising	#			
Purpose of Expenditure (by code)  A-WEB  Social Media Advertising  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD	Zip Code 94025			
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OA OB OC OD	Amount			
Date of Payment Method of Pa				
Petonito's Pastry and Cupcake Shop  08/19/2019  Ocheck #  Debit C	# Card OEFT			
Street Address 190 Main Street East Haven City East Haven CT	Zip Code 06512			
Purpose of Expenditure (by code) FOOD Cookie Trays for visit to Senior Center Event # A	Amount			
Expenditure # (If applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  Independent Organization A B OC D				
SUBTOTAL Section P — This Page 208.66				

#### SEEC FORM 20 Revised January 1815

## Section P. ADDITIONAL PAGE

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	of	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Big Steve Tracey for Mayor				7th Day Preceding Primary			
	P. Expenses	Paid by Committee					
IC Designs 08/19/2019					Method of Payment: O Check # O Debit Card OEFT		
Street Address 454 Main Street		City East Haven	·		State CT	Zip Code 06512	
Purpose of Expenditure (by code) A-SIGN	Description Campaign Lawn Signs		Event #		Amount 1597.50		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or con  Coordinated with reimbursement sought (joint expenditure  Coordinated without reimbursement sought (in-kind control	nmittee)	ndent ationOA	A Ов Ос Ор			
Name of Payee Lorraine DiAdan	no		- 1	Date of Payment 08/30/2019	Method of Payment:  Check # 112		
0		City			O Debit (	Card OEFT Zip Code	
Street Address 138 Townsend A	venue	New Haven			СТ	06512	
Purpose of Expenditure (by code) REF	Description Exceeded Donation Limit		Event #		Amount 200.00		
Expenditure # (If applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  Independent Organization A O B O C O D							
Name of Payee Daniel Ranfone				Date of Payment 08/30/2019	Method of F Check Debit	# <u>111</u>	
Street Address 38 Sunnyside D	rive	City Northford			State CT	Zip Code 06513	
Purpose of Expenditure (by code) REF	Description Exceeded Donation Limit	<u></u>	Event #		Amount 1,000.00		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below (does not involve another candidate or ex Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) re)   O Indepen	endent zation	A OB Oc Od			
Name of Payee Nicholas Nesi				Date of Payment 08/30/2019	Method of I Check Debit	#110	
Street Address 3 Linden SHRS		City Branford				Zip Code 06405	
Purpose of Expenditure (by code) REF	Description Event #  Exceeded Donation Limit				Amount 500.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A B C OD						
		SUBTOTAL Section P –		0 007 F0			

# Section P. ADDITIONAL PAGE 13g of 17

Revised January 2018  NAME OF COMMIT	ITEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF RE	PORT			
Big Steve Trace			7th Day F	receding?	J Primai	ry	
	P. Expenses	Paid by Committee	•				
Name of Payee			Date of Paymer	nt	Method of	~	
Spectrum Marke	eting Companies		08/30/201	19	O Check	t Card OEFT	
Street Address		City			State	Zip Code	
95 Eddy Road,	Suite 101	Manchester			NH	06716	
Purpose of Expenditure	Description		Event #	ļ		Amount	
(by code) A-DM	GOTV Postcards				257.8	19	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control						
Name of Payee Spectrum Marke	eting Companies		Date of Paymer 08/30/201		Method of O Check O Debit	k#	
Street Address 95 Eddy Road,	Suite 101	City Manchester			State NH	Zip Code 06716	
Purpose of Expenditure	Description		Event #		<b></b>	Amount	
(by code) A-WEB	On-line digital ads				500.25		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" h	checked)				
(if applicable)	None of the below (does not involve another candidate or concentrated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contract)	ıre) 🔘 İndeper	ndent zatioi <mark>O A O B O</mark>	с Ов			
Name of Payee			Date of Paymer		Method of	Payment:	
Paulina Katz			08/30/20	19	Check	t Card OEFT	
Street Address 26 Glendale Pla	ace	City Branford		State		Zip Code 06405	
Purpose of Expenditure (by code) REF	Description Exceeded cash donation limit-replace lost	t check #103	Event #		Amount		
- U #	T		in already		50.0	U	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind con	committee) ture)   Indepe		)c Op			
Name of Payee			Date of Payme			f Payment:	
Citizens Bank			08/30/20	19	O Chec	t Card	
Street Address 263 Hemingway	y Avenue	City East Haven			State CT	Zip Code 06512	
Purpose of Expenditure (by code) BNK	Description Returned check and fee		Event #		220.0	Amount	
Expenditure # (if applicable)	None of the below (does not involve another candidate or co	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure)  Independent					
		SUBTOTAL Section P -	This Page 1,02	28.14			
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## Section P. ADDITIONAL PAGE 13h of 17

13h	of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Big Steve Tracey for Mayor 7th					7th Day Precedir	ng Prima	ry	
	P. Expenses	Paid by C	ommittee					
Name of Payce					Date of Payment	Method of	Payment;	
USPS					08/30/2019	O Chec	k#	
						Debit		
Street Address 175 Main Stree	t, Ste. 2	East Have	en			State	Zip Code 06512	
Purpose of Expenditure	Description			Event	#		Amount	
(by code) POST	Stamps for postcards					280.0		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	ommittee) re)	O Indepen	dent _	A OB OC OD			
Name of Payee					Date of Payment	Method of	•	
AT + T					08/30/2019	O Check # O Debit Card O EFT		
Street Address	O. C. C.	City				State	Zip Code	
935 West Main	oueet	Branford				CT	06405	
Purpose of Expenditure	Description	1		Event f	#	1	Amount	
<sup>(by code)</sup> MISC	Additional minutes for phones used for car	mpaign calli	ing			215.60		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of i	the below" is	checkei	d)			
(y applications)	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind contra	re)	O Independ		A O B O C O D			
Name of Payee			<u> </u>		Date of Payment	Method of		
Deluxe Busines	s Products				07/01/2019	O Check		
Street Address PO Box 64468		City St. Paul		,		State MN	Zip Code 55164	
		<u> </u>		Event #	<i>y</i>		1	
Purpose of Expenditure (by code) BNK	Deposit Only Stamp for Checks			Dvoice :	<b>,</b>	56.76	Amount 3	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of	the below" is	check	ed)	7		
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) ire)	O Indeper	ndent		<u> </u>		
Name of Payce	O cool aniated without connected using the control of the control		O Organiz	ation	Date of Payment	Method of	Payment:	
Name of Payco						O Chec	k#	
		16.				O Debit		
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event	#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un		the below" is	checke	ed)			
	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	ге)	O Indepen		а Ов Ос Ор			
		SUBTOTAL						

## IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Big Steve Tracey for Mayor			TYPE OF REPORT 7th Day Preced	TYPE OF REPORT  7th Day Preceding Primary			
		). Campaign Expenses Paid by C	andidate				
Name of Paves (Name of )	Vendor, Person or Entity who caudidate		Date of Payment	Is reimbursement	claimed?		
				Q Yes C	) No		
0		City		State Zip Coo	de		
Street Address		City		Journ 1			
				<u> </u>			
Purpose of Expenditure (by code)	Description		Event #	Amoun	τ		
Name of Payee (Name of	Vendor, Person or Entity who candidate	paid directly)	Date of Payment	ls reimbursement	t claimed?		
, ,				O Yes C	) No		
Street Address		City		State Zip Coo	de		
Succe Address							
Purpose of Expenditure	Description		Event #	Amoun	ıt		
(by code)							
N CD A	Vandar Damou or Entity who condidete	nold directly)	Date of Payment	Is reimbursemen	t claimed?		
Name of Payee (Name of	Vendor, Person or Entity who candidate	pun unvery /			) No		
Street Address		City		State Zip Co	de		
Purpose of Expenditure (by code)	Description	•	Event#	Amoun	ıt		
Nome of Payee (Name of	Vendor, Person or Entity who caudidate	naid directly)	Date of Payment	Is reimbursemen	t claimed?		
rianic of Layeo (Name by	,	•		O Yes C	) No		
Ot A library		City		State Zip Co	de		
Street Address							
			To the		. 4		
Purpose of Expenditure (by code)	Description		Event #	Amour	11		
(0) 0000)							
Name of Payee (Name of	Vendor, Person or Entity who candidate	paid directly)	Date of Payment	Is reimbursement claimed?			
			4	O Yes O No			
Street Address		City		State Zip Co	rde		
Datest Address							
			Event #	Amour	ıf		
Purpose of Expenditure (by code)	Description		1	***************************************	••		
· ·							
Name of Payee (Name of	Vendor, Person or Entity who candidate	paid directly)	Date of Payment	Is reimbursemen			
				O Yes (	ON C		
Street Address		City		State Zip Co	de		
	Describe		Event#	Amour	1t		
Purpose of Expenditure (by code)	Description						
		SUBTOTAL Section	on Q — This Page				
		TOTAL of additiona	l Section Q Pages		*		
	77	OTAL OF ALL EXPENSES PAID B					
		(Enter total on Line 26, Column A of S	ummary Page Totals)				

## IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTE Big Steve Tracey	EE (Provide Complete Name as Registered with Filing Re for Mayor	pository)	TYPE OF REPO 7th Day Pre	ORT eceding Prima	ry
	R. Expenses Inc	curred on Committee	Credit Card		
Name of Issuing Insti	tution	Type of Credit Card:  Visa Mas	ster Card ODiscover O	American Express	Other:
Name of Vendor, Person of	or Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Rd None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	t expenditure)	low" is checked)  ndependent  rganization  A  B  OC	СОР	
Name of Vendor, Person	or Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R R  None of the below  Coordinated with reimbursement sought (join  Coordinated without reimbursement sought (i	t expenditure) [	ndependent	СОР	
Name of Vendor, Person	or Entity			Date of T	ransaction
Street Address	And the second s	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum R R  None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought (i	t expenditure)	independent Organization.OA OB Oc	с Ов	
		SUBTOTAL Section I	R — This Page		
		TOTAL of additional Se	ction R Pages		
TC	TAL OF ALL EXPENSES INCURREI (Enter total	O ON COMMITTEE CI on Line 27, Column A of Sum	REDIT CARD mary Page Totals)		

NAME OF COMMIT	TEE (Provide Complete Name as Registered wi	ith Filing Repository)	TYPE OF REPOR	Т	
Big Steve Trace			7th Day Pred	eding Prima	ry
	S. Expenses Incur	red by Committee but Not Paid I	During this Period		
Name of Creditor		<u> </u>		Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	1	ount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adde None of the below Coordinated with reimbursement see Coordinated without reimbursement	endum S Required unless "None of the below" in Independent (joint expenditure) Organi ont sought (in-kind contribution)		ОЪ	!
Name of Creditor	1			Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	,	ount Incurred timate or Actual)
Expenditure # (f applicable)	Type of Expenditure (Itemization in Adde None of the below Coordinated with reimbursement so Coordinated without reimbursement	endum S Required unless "None of the below" independent (joint expenditure)  Organiant sought (in-kind contribution)		OÞ	
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		ount Incurred timate or Actual)
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Adde None of the below Coordinated with reimbursement standard without reimbursement	endum S Required unless "None of the below" ought (joint expenditure) ought (in-kind contribution)  Organi		Ор	
		SUBTOTAL Section	S-This Page		
		TOTAL of additional Sec	tion S Pages		
TOTAL OF ALL I	EXPENSES INCURRED BY COM	MITTEE DURING THIS PERIOD BUT (Enter total on Line 28, Column A of Summa	「NOT PAID ary Page Totals)		
	Previous	ly reported Expenses Unpaid and still O	utstanding		
	TOTAL OF ALL EXPENS	SES INCURRED BY COMMITTEE BU (Enter total on Line 28a, Column A of Summa	T NOT PAID  Try Page Totals)		

NAME OF COMMITTE Big Steve Tracey	EE (Provide Complete Name as Registered with Filing Reposito for Mayor	ary)			PE OF RE	PORT Preceding	r Prima	nv	
Dig 313.13335,	T. Itemization of Reim	Lavenanto	4 Cagany	<u> </u>		10000		y Harris	
Last Name of Worker/Cons		First	and Second	ОИГУ Га	yees	мі	Date of	Payment to	lendor.
Last Ivame of worker/cons	autant	rust				MI	Person		Cirioi,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u></u>	4		reported in	to Reimburse in Section P:	_		
					Che	ck #		bit Card	O EFT
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requi	penditure)	O Indepen	is checked)  indent O	О В	ОСОВ			
Last Name of Worker/Cons	ultant	First				МІ	Date of Person o	Payment to V or Entity	endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u>-</u>				o Reimburse n Section P; ck #	_		sultant as
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kine)	enditure)	e of the below" is  Indeper	ndent ()	ОВС	) О			
Last Name of Worker/Cons	ultant	First				MI	Date of Person o	Payment to V or Entity	endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant		<del></del>			o Reimburse n Section P: ck #	_		sultant as
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description	<u></u>		Event #				Amount	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	enditure)	O Indepen	·	О C	)   O			
		SUBTOTA	L Section T —	- This Pag	je.				
		TOTAL of ac	Iditional Section	on T Page	es				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS ,	AND CONST	ULTANI	rs				