## **SEEC FORM 20**

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

RECEIVED FOR FILING

Stary gravino, CCT C
Do Not Mark in This Space For Of TOWN CLERK

### **COVER PAGE**

1. NAME OF COMMITTEE								
Big Steve Tracey for Mayo	or							
2. TREASURER NAME					<u>.</u>			
First		MI	Last				·	Suffix
Linda			Hen	nessey				
3. TREASURER ADDRESS								
Street Address		City	y East Ha		:	State CT	Zip Co	)6512
34 Columbus Avenu	and the color of the control of the color of		La distribuição	Santona notan nasa 1880 amawa				
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	CE SOUGHT (Complete only if Candidate Committee)  6. DIST						
(mm/dd/yyyy) 11/05/2019	Mayor	(if applicabl						
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	ry Committee)						
First		MI	Last					Suffix
"Big" Steve			Tra	cey	Artenia Van	v w 5.55 to 50 sAntobooks		
8. TYPE OF REPORT (Check One Box)		V7 1 10 10 10 10 10 10 10 10 10 10 10 10 1						
☐ January 10 filing	☐ 7th day preced	ling primary	☐ 7th	day preceding referendum	_	itial Cont ACs ONLY)		r Disbursement
☐ April 10 filing	☐ 30 days follow	□ 30 days following primary □ 45 days following referendum □ Amendment to						
☐ July 10 filing	☐ 7th day preced	☐ 7th day preceding election ☐ Deficit Type of Report:						
☐ October 10 filing		☐ 12th day preceding election  (State Central Committees Only)						
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days follow not held in No							
9. PERIOD COVERED				ereeboorg veets gevolge veets		4.00		
	Beginning Da	te		Ending Date				
·	01/01/2020		thru	02/07/2020				
10. CERTIFICATION								
I hereby certify and state, under policional Disclosure Statement for the pe					nis <b>Item</b>	ized Car	npaign F	inance
TREASURED OR DESIGNATIVE TREASURE	er (signature)			nnessey OF SIGNER			DATE (	11/2020
TREASUR OR DEFOTT TREASUR	C C C C C C C C C C C C C C C C C C C	FAI	TALL TANKE	OF BIGHER			אוני (	mmuaryyyy)
A person who is				olated any provisions of the imprisonment or both.	е сатр	aign fina	mce statu	ites

Page 1 of 17

#### **SEEC FORM 20**

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

## **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Big Steve Tracey for Mayor	Termination	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	41.71	
13. Contributions Received from Individuals (Sections A and B)		
14. Receipts from Other Committees (Sections C1 and C2)	150.00	191.71
15. Other Monetary Receipts (Sections D through K)	570.81	762.52
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	720.81	762.52
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	762.52	762.52
19. Expenses Paid by Committee (Section P)	762.52	762.52
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	0.00	0.00
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind 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)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Big Steve Tracey for Mayor			Termination			
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
B. Itemized Cor	ıtribı	utions from Individ	iuals			
Last Name	Fir	rst				MI
Residential Street Address	City			State	Zip C	Code
Principal Occupation		Name of Employer				
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?			, Amo	ount of	f Contribution	
Is this contribution associated with an event reported in Section L1?	ich or t	branches	e contractor?			
x y 500, 100 21 700 11	C 13 WILL	Date Received	Aggregate Contributions	-		
Method of Contribution;  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order		56 - g			
Last Name	Fir	ret				МІ
Last Maint	"					
Residential Street Address	City			State	Zip C	Code
Principal Occupation		Name of Employer				<del></del>
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 can is assoc	ndidate for a chief executive ciated with have a contract  Yes No	e officer of a municipality with said municipality	, Ame	ount of	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  If yes, indicate which bra of government the contraction of government the contraction.	nch or	branches	e contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions			
□Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order					
Last Name	Fi	rst				МІ
Residential Street Address	City			State	Zip (	Code
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 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	e officer of a municipality with said municipality	, Am	ount o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a fixed by the section L1?  If yes, list Event #  Of government the contract of government the government the government the government the contract of government the government of government the government the government the government of government of government the government of government the government of government the government of government of government the government of government	nch or i	branches	e contractor?			
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	Date Received	Aggregate Contributions			
		L Section B — This	Page			
		dditional Section B I			•	
TOTAL OF ALL CONTRIBUTIONS FROM	1 IND	IVIDUALS (Sections A	\ + B)			
(Enter total on Line	13, Col	umn A of Summary Page	Totals)			

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

NAME OF COMMIT Big Steve Trace	TEE (Provide Complete y for Mayor	Name as	Registered wi	h Filing Reposito	(עניו				TYPE OF REPORT Termination		The second secon	
			C1, C	ontribution	ıs fro	m Oth	ier Comm	ittees				
Name of Committee	8.00 8.00 9.00 10 10 10 10 10 10 10 10 10 10 10 10 1	***********	en er	anagara ng jaman mana a maga	alian anggaranga	New years of province of the con-	Name of Treasu	ırer	***************************************			and the second s
	Republican Tov	vn Co	ommitte	е			Eduardo					
Address 193 Thompso	on Street, Unit	Α			Is this event	s contribit t reported	ition associated in Section L1' If yes, lis	?	n □ Yes □ No #		50.00	Contribution
City	····		State	Zip Code	Da	ate Receiv	ed	Aggre	gate Contributions			
East Haven			СТ	06513		02/0	5/2020		150.00			
Name of Committee							Name of Treasu	ırer				
Address	Autobilian William Control of the Co						s contribution associated with an Yes No reported in Section L1?  If yes, list Event #					Contribution
City			State	Zip Code	Da	ate Receiv			gate Contributions	-		
Name of Committee				<u> </u>			Name of Treasu	<u>І</u> штег				
Address	Is this contribution associated with an Yes event reported in Section L1?  If yes, list Event #						Ā	Amount of	Contribution			
City			State	Zip Code	D	ate Receiv						
	Co D	oimbu	reamant	s or Surpli	ıc Di	etriku	ione from	other	Committees			
Name of Committee		ennou	ii seniene	s or our pro	4.5.		Name of Treas					
Address						City					State	Zip Code
						i						
Date Received	Expenditure # ()( applicable)	Pay	ment Type								Amount	of Receipt
		□R	Reimburseme	ent for shared ex	kpense	□Su	rplus Distribut	ion				
Description												
Name of Committee							Name of Treas	urer				
							Type tex	d hen	3			
Address						City				11112	State	Zip Code
Date Received	Expenditure # (If applicable)	Pa	yment Type								Amount	of Receipt
			Reimburse	ment for shared	expens	se 🗆	Surplus Distrib	oution				
Description	<u> </u>											
				SUBTO	TAL	Section	ı C — This	Page	150.00			
				TOTAL	of add	litional	Section C	Pages	50 10 10 10 10 10 10 10 10 10 10 10 10 10			
	TOTAL OF			TEE CONTI								
	ALUIDOC (OCCIONS	<u></u>	A) (Diller: II	com va zanu. 17	, 00181	12. UJ L						

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

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Reposito	(ערוכ		TY	PE OF I	EPORT	
Big Steve Tracey for Mayor				Te	ermina	ation	
D	. Loans	Receive	ed this Period				
Name of Lender		Calculate Street	Source of Loan;	g sweet gregories	erestante	ego (16), megyel hari karihisa na 18 mara a husia da	Date of Receipt
			☐ Bank ☐ Candida			Committee	·
Street Address	City			Sta	ite	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City			St	State Zip Code		
Name of Lender			Source of Loan:  Bank Candida	ate 🔲 Inc	dividual	☐ Other Committee	Date of Receipt
Street Address	City			Sta	ate	Zip Code	Is there a Cosigner or Guarantor of this loan?  ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)					•		Amount Received
Street Address	City			St	iate	Zip Code	
Name of Lender			Source of Loan:  Bank Candid	late 🔲 In	dividual	Other	Date of Receipt
Street Address	City			Sta	ate	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City			Si	tate	Zip Code	
			TOTAL SECTIO	ON D			
E. Receipts from Entities other the	an Indiv	iduals (	or Other Commi	ittees (A	Referen	dum Committe	es ONLY)
Name of Entity							
Street Address				Date Rece	eived		Amount Received
City		State	Zip Code	Aggregat	e Contrib	ntions	
Name of Entity		I					i
Street Address				Date Reco	eived		Amount Received
City		State	Zip Code	Aggregat	e Contrib	utions	
Name of Entity			£	<u></u>			I
Street Address				Date Rece	eived		Amount Received
City		State	Zip Code	Aggregat	te Contrib	utions	
		1	TOTAL SECTION	ON E			<u>.                                    </u>

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

NAME OF COMMITTEE (Pro			TYPE OF REPORT Termination				
Big Steve Tracey for	da erengenses (6-eg) (4-e) volto (5e vos electro						
P. An	nount Transferred		description (con-	(Cost Not And Cost (Cost (Cost (Cost		ess Entity	Committees UNLY) Amount
Date of Receipt	Is this transaction associ- event reported in Section		☐ Yes ☐ No	If yes, list E	ent#		Autouit
Date of Receipt	Is this transaction associ- event reported in Section		☐ Yes ☐ No	If yes, list E	rent#		Amount
Date of Receipt	Is this transaction associ event reported in Section		☐ Yes ☐ No	If yes, list E	ent#		Amount
Date of Receipt	Is this transaction associ event reported in Section		☐ Yes ☐ No	If yes, list E	vent#		Amount
				тот	AL SECTION	(F	
						····	
G Amount Troops	formed from Affilia	ted Labor	Ilnion o	r Other O	rganization	Treasu	ry (Organization Committees ONLY)
Date of Receipt	terreu from Altma	Date of Receipt				Date of Re	
		·					•
Amoun	ıt	Amount					Amount
				TOTA	LSECTION	G	
H	Personal Funds of	the Candi	date Rec	reived this	Period (Can	didate Co	ommittees ONLY)
Date of Receipt	Method of payment:						Amount
	☐ Cash	п	Personal Ch	eck	☐ Credit/Debit (	Card	
Date of Receipt	Method of payment:		1 crsonur en		El Gledia Book		Amount
	☐ Cash		Personal Ch	ieck	☐ Credit/Debit (	Card	
Date of Receipt	Method of payment:						Amount
	☐ Cash		Personal Ch	eck	☐ Credit/Debit (	Card	
Date of Receipt	Method of payment:						Amount
	☐ Cash		Personal Ch	ieck	☐ Credit/Debit (	Card	
				то	TAL SECTIO	H NC	
		I. Aı	nonymot	ıs Contrib	utions		
amoun	Public Act 11-48, t. If a committee mediately remit th	receives a e contribu	an anony tion to t	mous cor	tribution, th lections Ent	ie camp	aign treasurer shall

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Repository)	TYP)	E OF RE	PORT				
Big Steve Tracey for Mayor		Ter	Termination					
J. Interest fr	om Deposits in Authorized Ac	counts						
Name of Institution		Date	Received		Amount			
Street Address	City	State	Zi	p Code				
Name of Institution		Date	Received	F	Amount			
Street Address	City	State	Zij	o Code				
	TOTAL SEC	CTION J	No science of science of					
K. Miscellaneous Mo	netary Receipts not Considere	ed Contri	butior	ıs				
Name United Illuminating				Transaction 1/2020	Amount Received 570.81			
Street Address	City	Sta		Zip Code				
100 Marsh Hill Road  Description	Orange	C	<u> </u>	06477				
Refund of deposit for electricity for headqu	uarters							
Name	· · · · · · · · · · · · · · · · · · ·		Date of	Fransaction	Amount Received			
	1	1.5.		17' O. I.				
Street Address	City	Sta	te	Zip Code				
Description								
Name			Date of	Transaction	Amount Received			
Street Address	City	Sta	te	Zip Code				
Description			•					
Name			Date of	Fransaction	Amount Received			
Street Address	City	Sta	ite	Zip Code				
Description	I .	<b>,</b>						
	TOTAL SECTIO	NK 5	70.8°	1				
SUMMARY OF OTHER	MONETARY RECEIPTS (S	ections D	throu	igh K)				
Total Loans Received this Period (Section D)								
Total Receipts from Entitics other than Individuals or Otl	ner Committees (Section E)	+						
Total Amount Transferred from Affiliated Business Treas		+						
Total Amount Transferred from Affiliated Labor Union o	r Other Organization Treasury (Sec	tion G) +						
Total Amount of Personal Funds of the Candidate Receive		+	<u> </u>					
Total Amount of Interest from Deposits in Authorized Ac	counts (Section J)	+						
Total Miscellaneous Monetary Receipts not Considered C	ontributions (Section K)	+		570.81				
(Add Sections D through	Total of Other Mon K) (Enter total on Line 15, Column A of S			570.8	31			

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Big Steve Tracey for	Mayor		Termination						
	L1, Event	Information							
Event #	Description			Was this a fir	draising event?				
Date of Event Letter				□ Yes	□ No				
		12:							
Location: Street Address		City		State	Zip Code				
Subpart 1: (All Committ	ees)								
Was this event hosted at a		☐ Yes (If yes, go to Section L:	5 In-Kind Donations n	ot Considered (	Contributions				
		Associated with a Hot purchases made by hos			mation for any				
	•	□ No	it(s) for food, beverage a	mu mvitations. j					
Did this fundraiser includ	e goods or services donated by a business entity	☐ Yes (If yes, go to Section L	4 In-Kind Donations n	ot Considered (	Contributions				
	nated by an individual of up to \$100?	and complete required							
		□ No							
	sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Rec	eipts here.)		<del></del>				
with purchases from an in	dividual of up to \$100?	□ No	<del></del>	\$					
Subscrit 2. (Banta Carre	Committagel								
Were there purchases of a	nittees, Municipal Candidates and Political Comn Advertising space in a program book or on a	Yes (If yes, go to Section L.		ising Space in a	Program Book				
sign associated with this			plete required informa	tion.)	-				
		□ No							
Subpart 3: (Town Comm		Use (If was onter Total Boo	olata boro \						
	food or beverage at a fair or similar mass state with this fundraiser?	☐ Yes (If yes, enter Total Rec		\$					
Surrey Hard Hard	<b>2.11.2</b> (1.21.2 <b>2.2.2 2.11.2 2.11.2</b>	□ No		<u> </u>					
				3-250 - 18-re					
Event #	Description	Section 2019-21 (\$200) (2000 Eq. (1005) (2000 E00) (2000 E00)		Was this a fire	draising event?				
Date of Event Letter				□ Yes	□ No				
		T		L					
Location: Street Address		City		State	Zip Code				
Subpart 1: (All Committe	ees)				1				
Was this event hosted at a		Yes (If yes, go to Section L.							
		Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)							
		□ No	(S) for food, beverage a	and mirradons.;					
Did this fundraiser includ	e goods or services donated by a business entity	☐ Yes (If yes, go to Section L	4 In-Kind Donations r	ot Considered	Contributions				
of up to \$200 or items do	nated by an individual of up to \$100?	and complete required							
		□ No							
	sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Rec	eipts here.)	<b>6</b>					
with purchases from an ir	idividual of up to \$100?	□ No		\$					
Subpart 2: (Party Comm	ittees, Municipal Candidates and Political Comm		Committees)						
Were there purchases of a	dvertising space in a program book or on a	☐ Yes (If yes, go to Section L:	3 Purchases of Adverti		Program Book				
sign associated with this i	fundraiser?	or on a Sign and com	plete required informa	tion.)					
Subpart 3: (Town Comm	ittee OM V	□ 140							
	ood or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Rec	eints here.)						
gathering held within the				\$					
		□ No							
SUBTOTAL Section	n L1—Subpart 1 ( <i>All Committees</i> ) Total Receipts fro	om Sale of Donated Items —	This Page						
	nimanii a 2	on I to a to a firm of the	(According to the Control of the Con						
		on L1—Subpart 3 <i>(Town Commi</i> t pts from Food Purchases —							
		TOTAL of additional Section	ı Lı Pages						
	TOTAL OF ALL RECE	PTS FROM SMALL PUI	RCHASES						
	(Enter total on	Line 16a, Column A of Summary	Page Totals)						

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

				001004004/044004004004V		<b>.</b>		
Big Steve Tracey for N	(Provide Complete Name as Registere Alaytor	ed with Filing Reposito	ry)		TYPE OF REPORT	CI MARKO		
big Steve Tracey for I		s of Advertisir	a in a Progra	m Rook or e	c No 100 Marie Ville Albertin Burger (a.c.)			
Name of Purchaser	Lo. 1 ul chase:	s of Auvertish	ig in a riogra	III DOOK OI (	m a orgu	Purchase	e Made By:	
Trumo of t monasor							siness Entity	☐ Other
							ividual/Sole P	
Street Address			City			<u> </u>	State	Zip Code
oucet /suuresa			chy					- <b>,</b>
						-		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se /	Amount of Si	gn Purchase
Name of Purchaser						Purchase	e Made By:	
						☐ Bus	siness Entity	☐ Other
						☐ Ind	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
	Γ	I	C. All C.	1			11 - C C!	Doughass
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se /	Amount of Sig	in Purchase
Name of Purchaser				······································		Purchas	e Made By:	
						☐ Bu	siness Entity	Other
						☐ Ind	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
To	F#	Aggregate Purchases	for All Fivents	Amount of Dr	ogram Ad Purcha		l Amount of Si	In Purchase
Date Received	Event #	Aggregate 1 menases	IOI AII EYCIUS	Amount of 11	ogram Au Turcha	130		gn i urchase
Name of Purchaser						Purchas	e Made By:	
						□ Bu	siness Entity	☐ Other
						☐ Ind	ividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se .	Amount of Si	gn Purchase
					•			~
Name of Purchaser							e Made By:	
							siness Entity	Other
						☐ Ind	ividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se	Amount of Si	gn Purchase
			userages, essentiated in the second					
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in I	rogram Book	— This Page			
	SUBTOTAL Secti	on L3 Total Purc	hases of Adverti	sing on a Sign	—This Page			
			TOTAL of	additional Sect	ion L3 Pages			
TOTAL	L OF ALL PURCHASES O	F ADVERTISIN	G IN A PROGR	AM BOOK or	ON A SIGN	***		
		(Enter total on	Line 16c, Column	A of Summary	Page Totals)			

NAME OF COMMITTE	E (Provide Complete Name a	s Registered with Filing Repository)			TYPE OF REPOR	<b>r</b>		
Big Steve Tracey	for Mayor				Termination			
	L4	. In-Kind Donations N	ot Conside	red Contribu	tions			
Name of Donor								
Street Address			City				State	Zip Code
						•		
Donation Given By:	Description of Donation					Fair !	Market Val	ue of Donation
☐ Business Entity ☐ Individual				· · · · · · · · · · · · · · · · · · ·				
☐ Sole Proprietorship	Date Received	Event #		Aggregate Value fo	or this Event			
Name of Donor								
							<b>,</b>	
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair l	Market Val	ue of Donation
☐ Business Entity								
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value fo	r this Event			
						<u> </u>		
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair l	Market Val	ue of Donation
☐ Business Entity								
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value fo	or this Event			
□ 30te Froprictoratio								
Name of Donor								
								·
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair l	Market Val	ue of Donation
☐ Business Entity								
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for	r this Event			
Boto Freprictorship	:							
		SUBTO	OTAL Section	L4—This Page	2			
		TOTAL	of additional	Section L4 Page	es l			
			arnesses e	AMEDINI WAS				
TOI	AL OF ALL IN-KIND	DONATIONS NOT CON (Enter total on Line 21, Col	SIDEKED CO umn A of Sum	JINTKIBUTION mary Page Total	(S)			
			one en la company de la co					

NAME OF COMMITTEE (Prov	ide Complete Name as Registered with Filing Reposito	ry)		TYPE OF REPORT			
Big Steve Tracey for M				Termination			
L5. I1	n-Kind Donations Not Considered	d Contributions Associa	ted with a H	Iouse Part	y		
Name of Host			committee?		Ċ	e candidate or endum L5	
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 h	ost/candidate				
Name of Host			committee?		Ö	e candidate or endum L5	
Street Address		City			State	Zip Code	
Description of Donation		1		Fair Mar	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>		committee?		0	e candidate or endum L5	
Street Address		City			State	Zip Code	
Description of Donation		····		Fair Mar	ket Value o	f Donation	
Event #	Aggregate Value of this Event—all hasts	Aggregate Value of all Events—this h	ost/candidate				
Name of Host			committee?		0	e candidate or endum L5	
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 h	ost/candidate				
	S	UBTOTAL Section L5 —	This Page				
		TAL of additional Section					
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Lin	CONSIDERED CONTRI ne 22, Column A of Summary					

### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Registered	with Filing Re	pository)			<u> </u>	REPORT				
Big Steve Tracey for Mayor		Albert State Manager Wilde	Access to the second second second		uže voda na post termino da vodija voda, viž	Termi	nation		Scowscower Convention		
		<b>M.</b> ]	In-Kin	d Contri	butions						
Name											
								La	18: 0.1		
Street Address				City	,			State	Zip Code		
	Date Received	Aggreg	ate Contrib	utions	Description of In-Kind	Contribution					
Type of contributor: Committee	Date Received	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	are contro	acrons	Description of In-Italia	Communion	•				
☐ Individual / Sole Proprietorship ☐ Other	70 . 11 ./		C\$400.4-	1:1-4-	S	- CC C -	i-i1i+-				
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?		r or business	s he/she is		for a chief executive of with have a contract with the contract wi			Fair Market Val of this Contribut			
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?											
Name			**************************************								
Street Address				City	/			State	Zip Code		
				:							
Type of contributor:  Committee	Date Received	Aggreg	ate Contrib	outions	Description of In-Kind	Contribution			<b>1</b>		
☐ Individual / Sole Proprietorship ☐ Other											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		or or busines	ss he/she i		e for a chief executive with have a contract v				Market Value Contribution		
Is this contribution associated with an	L			a state contr	actor or prospective st	ate contrac	tor?				
event reported in Section L1?  If yes, list Event #	□ No If	<i>yes</i> , indicate government	which b	ranch or bra			□No				
Name											
				······································				16/.	17:- C-4:		
Street Address				Cit	y			State	Zip Code		
Type of contributor:	Date Received	Aggreg	ate Contrib	outions	Description of In-Kind	Contribution	1				
☐ Individual / Sole Proprietorship ☐ Other											
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution does contribut valued at more	or or busines	ss he/she i	o a candidat is associated	e for a chief executive with have a contract v  Yes No	officer of with said m	a municipality, unicipality		Market Value Contribution		
Is this contribution associated with an				a state contr	actor or prospective st	ate contrac	tor?				
event reported listed in Section L1?  If yes, list Event #	□ No   If	res, indicate government	e which b	ranch or bra			□ No				
			SUBT	OTAL Se	ction M — This Pa	ge					
			TOTAL	of additio	nal Section M Pag	es					
	CODEDITION	6 -									
TOTAL OF ALL IN-KIND CON						ter transcription					
	N. Ref	undable	Depos	it to Tel	ephone Compai	ny					
Last Name of Individual			F	irst			MI	Date Deposi	t Made		
Residential Street Address			City			State	Zip Code		Amount of		
									Deposit		
Name of Telephone Company			<u> </u>			1	<u></u>	_			
at telephone company								***************************************			
Street Address			City			State	Zip Code	$\dashv$			
							<u> </u>	<u> </u>			
TOTAL SI	ECTION N (E	nter total on	Line 24,	Column A	of Summary Page Tot	als)					

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

SEEC FORM 20 Revised January 2015

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Big Steve Tracey for Mayor			Termination	Termination		
	P. Expenses	Paid by Committee				
Name of Payee Date of			Date of Payment	Method of I		
Beer Exchang	ge		02/06/2020	□ Check		
Street Address		City	<b>L</b>	State	Zip Code	
656 Silver San	ds Road	East Haven		СТ	06512	
Purpose of Expenditure	Description		Event #		Amount	
(by code) MISC	Election night gathering			750.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is c	checked)			
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditur ☐ Coordinated without reimbursement sought (in-kind contr		ent ion; OAOBOCOD			
Name of Payee			Date of Payment	Method of I		
East Hav	en Republican Town Committee		02/06/2020	☐ Check #166☐ Debit Card☐ EFT		
Street Address		City		State	Zip Code	
193 Thompso	n Street, Unit A	East Haven		ст	06513	
Purpose of Expenditure (by code)	Description		Event #		Amount	
SRPLS	Money left from campaign			12.52		
Expenditure #	Type of Expenditure (Hemization in Addendum P Required un	less "None of the below" is c	hecked)			
(if applicable)	☐ None of the below					
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contri		ent ion: OAOBOCOD			
Name of Payee Date of Payment				Method of I	ayment:	
				Check		
Street Address		City		State Debit	Card DEFT Zip Code	
Purpose of Expenditure	Description		Event #		Amount	
(by code)						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	ulass "Nona of the helow" is	checked	-		
(if applicable)	None of the below	mess wone of the velow is	cnechedy			
	Coordinated with reimbursement sought (joint expenditu					
	☐ Coordinated without reimbursement sought (in-kind cont	ribution) 🔲 Organiza	tion: o A o B o C o D	1		
Name of Payee			Date of Payment	Method of I	-	
		l a		☐ Debit		
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
(by cour)						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checked)	1		
(д аррисате)	☐ None of the below					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control		tion: OAOBOCOD			
	٤	SUBTOTAL Section P —			····	
	ТО	TAL of additional Section	on P Pages			
	TOTAL OF ALL EXPE	NSES PAID BY COM				
and a separate per a menutation per			auto altatitute			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT							
Big Steve Tracey for Mayor				Termination			
Bigbive Tracey f Big BigSteve Tr	or Mayor O. Campaign Ex	penses Paid by Candi	idate				
	endor, Person or Entity who candidate paid directly)	. ♣ internet e entreje in gevennejn de elekt ¥ liguejk unde romente	todination areas	Date of Payment	Is reimb	ursement claimed?	
					☐ Yes ☐ No		
Street Address City					State	Zip Code	
Spect Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			Amount	
(0) 0000)							
Name of Payee (Name of V	l endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	ursement claimed?	
				Yes 🗀 1			
Street Address		City	<u> </u>		State	Zip Code	
Sittet Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			Amount	
(0) (000)							
Name of Payee (Name of V	l 'endor, Person or Entity who candidate paid directly)		<u> </u>	Date of Payment	Is reimb	ursement claimed?	
						Yes □ No	
Street Address		City			State	Zip Code	
						, ·	
						<u> </u>	
Purpose of Expenditure (by code)	Description		Event #	Event #		Amount	
,							
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?		
						Yes 🔲 No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event #			 Amount	
(by code)	Description					· Allio Will	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?		
					"	Yes 🔲 No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event #			l Amount	
(by code)	·						
21 62 61 61			<u> </u>	Date of Payment	to oriente	ursement claimed?	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Fayment			
						Yes 🔲 No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description	1	Event #		•	Amount	
(by code)							
SUBTOTAL Section Q — This Page							
TOTAL of additional Section Q Pages							
		PENSES PAID BY CA					
	(Enter total on 1	Line 26, Column A of Summary	y Page T	Totals)			

# IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTE Big Steve Tracey	BE (Provide Complete Name as Registered with Filing Repository) for Mayor	TYPE OF REPORT  Termination					
R. Expenses Incurred on Committee Credit Card							
Name of Issuing Institu		Type of Credit Card:	ait Caru				
ITAINE VI IGGUING ARCTIT	Non -	□ Visa □ Master Card □ Discover □ American Express □ Other:					
Name of Vendor, Person or	Entity	<u></u>		Date of Tra	nsaction		
Street Address		City		State	Zip Code		
			(manuscript and manuscript and manus				
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (If applicable)	Type of Expenditure (Hemization in Addendum R Required u  None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ure) 🔲 Indeper					
Name of Vendor, Person or	Entity			Date of Transaction			
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (if applicable)	is checked)  ndent  zation: O A O B O C O D						
Name of Vendor, Person or	Entity			Date of Tra	nsaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required u	unless "None of the below" i	s checked)	-			
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditu ☐ Coordinated without reimbursement sought (in-kind con		ndent zation: OAOBOCOD				
	SUI	BTOTAL Section R — T	This Page				
	TOTA	AL of additional Section	R Pages				
ТО	FAL OF ALL EXPENSES INCURRED ON C (Enter total on Line	COMMITTEE CREDI 27, Column A of Summary I					

NUMB OF ON OWNER	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Big Steve Trac		Termination					
Big Clove Tide	S. Expenses Incurred by Com	mittee hut Not Paid		- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15			
Name of Creditor	g. Dapenses mentred by Com-		Daning this 1 Orlow	Date Incu	rred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	Event #			Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required  None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind expending Coordinated without reimbursement sought)	☐ Indep	is checked) endent ization: O A O B O C O				
Name of Creditor				Date Incu	rred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum S Required  None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	☐ Indeperiture) ☐ Organi		D			
Name of Creditor				Date Incu	rred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)		
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum S Required  None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought without reimbursement sought (in-kind coordinated without reimbursement sought without reimbursement sought without reimburse	☐ Indeperiture) ☐ Organi	,	D			
		SUBTOTAL Section	S-This Page				
	7	FOTAL of additional Sec	ction S Pages				
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	ING THIS PERIOD BU' Line 28, Column A of Summa	F NOT PAID ary Page Totals)				
	Previously reported Exp	enses Unpaid and still O	outstanding				
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Liv	) BY COMMITTEE BU ne 28a, Column A of Summa					

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor)	)		TYPE OF	REPORT		
Big Steve Tracey for Mayor				Termination			
T. Itemization of Reimbursements and Secondary Payees							
Last Name of Worker/Const	First			MI	Date of Paym Person or En	nent to Vendor, tity	
Name of Vendor, Person or			repor	nent to Reimburse ted in Section P: Check #	Committee Worl		
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City		I		State Zi	p Code
Purpose of Expenditure (by code)	Description		Ever	nt#		An	10unt
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require  None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	nditure)	of the below" is che	t	3 °C ° D		
Last Name of Worker/Cons	altant	First			MI	Date of Payn Person or En	nent to Vendor, tity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			repor	nent to Reimburse ted in Section P: Check #		ker/Consultant as
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City				State Zi	p Code
Purpose of Expenditure (by code)	Description		Ever	nt#		An	nount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require  ☐ None of the below ☐ Coordinated with reimbursement sought (joint exper ☐ Coordinated without reimbursement sought (in-kind	nditure)	☐ Independen	nt	3 ° C ° D		
Last Name of Worker/Cons	ultant	First			МІ	Date of Payn Person or En	nent to Vendor, tity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				repor	nent to Reimburse rted in Section P: Check #		ker/Consultant as
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City				State Zi	ip Code
Purpose of Expenditure (by code)	Description		Ever	nt #		An	nount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Require  None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	nditure)	of the below" is che  Independen  Organization	ıt	3 o C o D		
		SUBTOTAL	Section T — Ti	nis Page			
		TOTAL of ad	ditional Section	T Pages			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VORKERS A	ND CONSUL	TANTS		·	