SEEC FORM 20

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

RECEIVED FOR FILING

TOWN CLERK'S OFFICE EAST HAVEN, CONN.

gravino, cerc

Do Not Mark in This Space For Official Use Only

TOWN CLERK

COVER PAGE

I. NAME OF COMMITTEE									
Big Steve for Mayor									
2. TREASURER NAME	Apiro Valorio (S. p. 1920) Maria de la Sala de Sala de Sala								
First Linda		МІ		_{Last} Hennes	sev				Suffix
3, TREASURER ADDRESS			ang abawa				en da centin		
Street Address	<u> </u>		City				State	Zip C	
34 Columbus Avenue		in a service and a service of the se	East	Haven			СТ	065	
4. ELECTION/REFERENDUM DATE: (mm/dd/yyyy)	5. OFFICE SOUG	HT (Comple	te only if	Candidate	Committee)			6. DIST	RICT NUMBER
11/05/2019	Mayor								
7: CANDIDATE NAME (Complete only if	Candidate or Explorato	Control of the contro	-274-2324 254 25	(34 52,73 ,6			\$114.37 ST		0.00
First Big Steve		MI		_{Last} Tracey					Suffix
8. TVPE OF REPORT (Check One Box)				1250 500					
O January 10 filing	7th day prece	ding prima	rv	€ 7th	day preceding referendur	n ()]	nitial Cont	ribution o	r Disbursement
• April 10 filing	O30 days follow			_	days following referendur	n -	PACs ONLY))	
	-	-		O De:			Amendmen		
July 10 filing	7th day prece			_		1	ype of Rep	oort:	
October 10 filing	12th day prec (State Central Ca			() Ter	mination	-			
OPrimary OElection	O45 days follow not held in No		on						
9. PERIOD COVERED		\$ 61				30.00			
	Beginning Da	ite			Ending Date				
	01/01/2019	····	_	thru	03/31/2019				
id. CERTIFICATION	Alexandra (per executiva) Comprehensi (per executiva)		ner ser						
I hereby certify and state, under posterior by the pe	penalties of false briod covered is	statement, true, accu	, that a irate a	ll of the nd con	information set forth oplete.	on this Ite	mized Car	mpaign F	inance
Lunda III			Linda	C Heni	nessey			04/09/	2019
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)	And the Control of th	PRINT	TNAME	OF SIGNER		_	DATE	(mm/dd/yyyy)
	ยาบอกลัง ร้องประกัดเกิดเรียก	yane api							
A person who is	found to have kn	nowingly a	ind wil vil nen	lfully vi	olated any provisions o imprisonment or both.	of the cam	paign fine	ance stati	utes

Page 1 of 17

SEEC FORM 20

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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) Big Steve for Mayor	TYPE OF REPORT April 10 Filing	
big steve for mayor	COLUMN A	COLUMN B
·	This Period	Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00
12. Balance on hand at the beginning of Reporting Period	0.00	
13. Contributions Received from Individuals (Sections A and B)	250.00	
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)	5000.00	
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)	5250.00	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	5250.00	
19. Expenses Paid by Committee (Section P)		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	5250.00	
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)		

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I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve for Mayor			April 10 Filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$				
B. Itemized Co	ntril	butions from Individ	duals				
Last Name	I	First	A station of months in the first in the state of the	na dressupping	934	MI	
Hennessey	I	Linda					
Residential Street Address	City			State	Zip	Code	
34 Columbus Avenue	t Haven		СТ	06	512		
Principal Occupation		Name of Employer					
Homemaker							
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?		/, Am		f Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	r branches	e contractor? Yes No Legislative					
Method of Contribution:		Date Received	Aggregate Contributions	\dashv			
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Orde	1	0.00				
Last Name	J	l First		!		МІ	
Gravino	!	Stacy					
Residential Street Address	City			State	Zip	Code	
132 Vista Drive	East	t Haven		СТ	06	512	
Principal Occupation		Name of Employer				at T	
Town Clerk		Town of East Haver	1				
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?					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 If yes, indicate which brateful of government the contration.	anch o	or branches	te contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	1			
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money	y Orde	er 03/16/2019	0.00				
Last Name	[]	First				МІ	
Braffman	i	Elaine					
Residential Street Address	City			State	Zip	Code	
229 Kneeland Road	Nev	w Haven		СТ	06	512	
Principal Occupation		Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?				y, Am		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes 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							
Method of Contribution:	Aggregate Contributions						
Cash Personal Check Credit/Debit Card Payroll Deduction OMone	y Orde	er 03/20/2019	0.00				
SUB:	тот	AL Section B — This	Page 250.00				
TOTA	Lof	additional Section B I	Pages 0.00				
TOTAL OF ALL CONTRIBUTIONS FROM							
		olumn A of Summury Page					

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMI	TTEE Provide Complete .	Name as Registered wi	uh Filing Reposit	tory)			TYPE OF R	BPORT .		
		C1. C	ontributio	ns fro	om Otl	her Commi	ttees	0 6 5 0		
Name of Committee						Name of Treasur	er			
Address	440-49-38-40-40-40-40-40-40-40-40-40-40-40-40-40-			Is this	is contrib t reported	ution associated f in Section L1? If yes, list	with an Oyes O	lNo	Amount o	f Contribution
City		State	Zip Code	Di	ate Receiv		Aggregate Contribution	ns		
Name of Committee				1		Name of Treasur	er	<u>F</u>		
Address	PPER PURPLE PARTIES AND			Is this	is contrib t reported	ution associated I in Section L1? If yes, list)No	Amount o	f Contribution
City		State	Zip Code	Da	ate Receiv	red	Aggregate Contribution	ns		
Name of Committee	***************************************	<u> </u>	<u>t</u>	<u></u>		Name of Treasur	ег			
Address				Is this event	is contrib t reported	l in Section L1?	with an Yes Yes	No	Amount o	f Contribution
City		State	Zip Code	Da	ate Receiv		Aggregate Contribution	ns .		
	C2. Re	imbursement	s or Surpl	us Dis	stribu	tions from	other Committ	ees		
Name of Committee	AN AND WATER TO AN AND AND			***************************************		Name of Treasur		3.0% 2000 1000 1000 1000 1000 1000 1000 10	d parasi lad roman	
Address				(City				State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimburseme	ent for shared e	xpense	OSu	rplus Distributio	yn		Amount	t of Receipt
Description							The second secon			
Name of Committee						Name of Treasur	er			:
Address				(City				State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimburser	ment for shared	1 expens	se Os	Surplus Distribu	tion		Amount	of Receipt
Description		,								
					ieryri, chilli Mariatri	C — This I				
						Section C P				
	Chief Chillian Albair, Mail and Landon Annail Chillian Committee for	ALL COMMITT C1 + C2) (Enter to		Carlo mention of the contract	government to the construction		Charles (1995) (1995)			

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Repositor	ייי)) 1	TYPE OF I	REPORT	
n.	7 222.7		Tari Davida				
Name of Lender	Loans r	transportation was been	ed this Period Source of Loan:			30,275,66,23	Date of Receipt
			Bank Candid			Committee	
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: Bank Candid	date 🔘 l	Individual	Other Committee	Date of Receipt
Street Address	City	F			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				1_		<u>'</u>	Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: Bank Candid	date O	Individual	Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City	<u></u>			State	Zip Code	
			TOTAL SECTIO	ON D			
E. Receipts from Entities other tha	n Indivi	duals c	or Other Comm	ittees	(Referen	dum Committe	es ONLY)
Name of Entity							
Street Address				Date Re	ccived		Amount Received
City	S	State	Zip Code	Aggreg	ate Contribu	utions	
Name of Entity							
Street Address				Date Re	ceived		Amount Received
City	S	State	Zip Code	Адугеда	ate Contrib	utions	
Name of Entity	<u> </u>		<u></u>	<u>-L</u>		<u> 1</u>	
Street Address	***************************************			Date Re	ceived		Amount Received
City	E	State	Zíp Code	Aggreg	ate Contribu	ations	
			TOTAL SECTION	ON E			

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NAME OF COMMITTEE (P)	rovide Complete Name as Regist	ered with Filing R	tepository)			TYPE	OF REPORT
T, A	amount Transferred	from Affil	iated Bu	siness '	Treasury (Busin	⊥ ess Entity	y Committees ONLY)
Date of Receipt	Is this transaction associ- event reported in Section	iated with an	PYes No	- research de la Calendaria	st Event #		Amount
Date of Receipt	Is this transaction association event reported in Section		SYes No	If yes, lis	ist Event#		Amount
Date of Receipt	Is this transaction associ- event reported in Section		8Yes No	If yes, lis	ist Event #		Amount
Date of Receipt	Is this transaction associ- event reported in Section		8Yes No	If yes, lis	ist Event #		Amount
				T	OTAL SECTION	rranga k∏si vas	
	sferred from Affilia			r Other	· Organization '	•	ry (Organization Committees ONLY)
Date of Receipt		Date of Receipt	•			Date of Re	eceipt
Amou	int		A	rmount	1144974		Amount
				TO	TAL SECTION C		
		<u> </u>		-	No. of the Control of	POSSESSES OF B	
H.	. Personal Funds of	the Candi	date Rec	eived t	his Period <i>(Can</i>	didate Co	onmittees ONLY)
Date of Receipt	Method of payment:	Tipping, manager	Seminate of the service of the servi	302000 (000	96)900000000000000000000000000000000000	etal sea y	Amount
03/20/2019	⊙ Cash	O F	Personal Che	ack	Credit/Debit Co	lard	5000.00
Date of Receipt	Method of payment:			·	L	,	Amount
<u></u>	O Cash	O F	Personal Che	ek 	Credit/Debit Ca	ard	
Date of Receipt	Method of payment:						Amount
	○ Cash	O P	Personal Che	eck	Credit/Debit Co	ard	
Date of Receipt	Method of payment:						Amount
	○ Cash	O P	Personal Che	eck	Credit/Debit Ca	ard	
SWARD CONTROL OF THE				1	TOTAL SECTIO	ΝΉ	5000.00
ALL SECTION SE	***************************************						
		I. An	onymou	s Contr	ributions	As Story	
amour	or Public Act 11-48, nt. If a committee in mediately remit the	receives ar e contributi	n anonyı tion to th	mous co	contribution, the	e campa	aign treasurer shall

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Repository)	TYP	E OF RI	PORT		
			erenterik		a valosis	
The state of the s	om Deposits in Authorized Accour	0.000000000				
Name of Institution		Date	Received			Amount
Street Address	City	State	Zi	p Code		
Name of Institution		Date	Received			Amount
Street Address	City	State	Zi	p Code		
	TOTAL SECTIO	ŊĴ	'		<u> </u>	
K. Miscellaneous Mo	netary Receipts not Considered Co	ntri	butior	i S		
Name			Date of	Fransaction		Amount Received
Street Address	City	Sta	te	Zip Code		
Description						
Name			Date of	ransaction		Amount Received
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	Transaction		Amount Received
Street Address	City	Sta	16	Zip Code		Y
Description				I		
	TOTAL SECTION K				l	
SUMMARY OF OTHER	MONETARY RECEIPTS (Sectio	ns D	throu	gh K)		
Total Loans Received this Period (Section D)						
Total Receipts from Entities other than Individuals or Oth	er Committees (Section E)	+				
Total Amount Transferred from Affiliated Business Treas	ury (Section F)	+				
Total Amount Transferred from Affiliated Labor Union or	r Other Organization Treasury (Section G) +				
Total Amount of Personal Funds of the Candidate Receive	d this Period (Section H)	+				
Total Amount of Interest from Deposits in Authorized Acc	counts (Section J)	+				
Total Miscellaneous Monetary Receipts not Considered Co		+	04 244 C C C C C C C C C C C C C C C C C			
(Add Sections D through	Total of Other Monetary K) (Enter total on Line 15, Column A of Summar					

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT							
	Lī, Even	t Information			deserge de ch					
Event # Date of Event Letter	Description			Was this a fur O Yes	ndraising event?					
Location: Street Address	<u></u>	City		State	Zip Code					
Subpart 1: (All Committee Was this event hosted at a	•	OYes (If yes, go to Section LS Associated with a Hou purchases made by host	se Party and complet	te required infor						
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No								
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$						
Were there purchases of a sign associated with this		mittees other than Exploratory OYes (If yes, go to Section La or on a Sign and comp	Purchases of Advert		Program Book					
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	\$							
			Control of the Charles							
Event # Date of Event Letter	Description			Was this a fur Oyes	ndraising event?					
Location: Street Address		City		State	Zip Code					
Subpart 1: (All Committee Was this event hosted at a	· ·	Yes (If yes, go to Section L5 Associated with a Hou purchases made by host	se Party and complet	te required infor	1					
Did this fundraiser includ of up to \$200 or items do	le goods or services donated by a business entity nated 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 with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Rec	eipts here.)	\$						
	nittees, Municipal Candidates and Political Community advertising space in a program book or on a fundraiser?	nittees other than Exploratory Yes (If yes, go to Section La or on a Sign and comp	Purchases of Adver		Program Book					
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	cipts here.)	\$						
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page							
		ion L1—Subpart 3 <i>(Town Commit</i> ipts from Food Purchases —								
		TOTAL of additional Section	Lt Pages							
		IPTS FROM SMALL PUI Line 16a, Column A of Summary								

	ublic Act 11-48, effect al purchases from a co							
NAME OF COMMITTEE	(Provide Complete Name as Register	ed with Filing Reposito	ליח		TYPE OF REPO	रा		
	1.3 Purchase	s of Advertisin	g in a Proor	am Book or a	on a Sign			
Name of Purchaser		× × 1.1.5 (× 1.1.9.1)	:b::::::::::::::::::::::::::::::::::::			Purchas	se Made By:	45 × 54 × 55 × 55 × 55 × 55 × 55 × 55 ×
						_	siness Entity	Other
							lividual/Sole P	-
Street Address			City				State	Zip Code
			NI-V					
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise	Amount of Sig	gn Purchase
Name of Purchaser				•		Purchas	se Made By:	
						O Bu	siness Entity	Other
						O Inc	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise	Amount of Sig	gu Purchase
Name of Purchaser	<u> </u>					Purchas	se Made By:	
						ОВи	siness Entity	Other
						Olno	dividual/Sole P	roprietorship
Street Address	WI-177		City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	200	 Amount of Sig	m Purchase
Date Received	Even #	Aggregate i tirchases	ioi Ali Evelles	Amount of Fi	ogram Ad Furenz	isc	Amount of Si	gn rui chase
Name of Patchaser						Purchas	se Made By:	
ryanic of Faichase)							siness Entity	(Other
							dividual/Sole P	•
Street Address		•	City			C) III	State	Zip Code
			51,					
							<u> </u>	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise	Amount of Si	gn Purchase
Name of Purchaser					·	Parchae	se Made By:	
Traine of Friedrises						_	se Made By. Isiness Entity	Other
						_	iividual/Sole P	
Street Address			City	······································			State	Zip Code
2.000								
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise	Amount of Sig	gn Purchase
							<u> </u>	
	SUBTOTAL Section L3 T	otal Purchases of	Advertising in	Program Book-	—This Page			
	SUBTOTAL Secti	ion L3 Total Purc	hases of Adver	tising on a Sign	— This Page			
			TOTAL of	additional Sect	ion L3 Pages			
TOTA	L OF ALL PURCHASES O			RAM BOOK or				

NAME OF COMMITTE	E (Provide Complete Name as Re	gistered with Filing Repos	ilory)	TYPE OF REI	ORT		
		r Kind Donatio	ne Not Consid	ered Contributions		20012A 112A 217	
Name of Donor		i-itilia Dollatio	nsavor Consid	ered Contributions		/25/ 25/ 25/ 25/	
Street Address			City			State	Zip Code
							'
	I D CD					<u></u>	<u> </u>
Donation Given By: Business Entity	Description of Donation				Fair I	Market Va	lue of Donation
O Individual	-						
O Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
O sole i rophetorship					-		
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation) CD
Business Entity	Beautipoon of Bonation				Pair I	viarket va	lnc of Donation
OIndividual	D . D	15		Agreement Volum for this Event			
OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor		•					
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation		I		Fair i	L Market Va	lue of Donation
Business Entity							
OIndividual	Date Received	Event #		Aggregate Value for this Event			
O Sole Proprietorship							
Name of Donor							
							_
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation		1		Fair I	Market Va	lue of Donation
Business Entity							
O Individual	Date Received	Event #		Aggregate value for this Event	 		
Sole Proprietorship							
		SI	JBTOTAL Secti	on L4—This Page			
		то	TAL of addition	al Section L4 Pages			
TOT	AL OF ALL IN-KIND D						
		mer ividi on Eme 2.	is Countries Of Su	mmary Page Totals)			
				•			

NAME OF COMMITTEE (Prov	ide Complete Name as Registered with Filing Reposito	ry)		TYPE OF REI	PORT	
L5. I	n-Kind Donations Not Considered	d Contributions Associa	ted with a H	Iouse Part	y	
Name of Host		· · · · · · · · · · · · · · · · · · ·	committee?	Supporting mo)	e candidate or
Street Address	A STATE OF THE STA	City	19,700,00		State	Zip Code
Description of Donation				Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
Name of Host	Vicinity of the second of the		committee?	Supporting mo Yes O No mplete Itemiza)	e candidate or lendum L5
Street Address		City	1		State	Zip Code
Description of Donation				Fair Mar	ket Value o	l of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	osi/candidate			
Name of Host			committee?	Supporting mo Yes O No mplete Itemiza)	e candidate or
Street Address	A100/40 (99100)	City	1	, 	State	Zip Code
Description of Donation		*		Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
Name of Host			committee?	supporting mo OYes ONe mplete Itemiza)	e candidate or
Street Address	1/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	City			State	Zip Code
Description of Donation		***************************************		Fair Mar	ket Value o	I Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this ha	ost/candidate			
	SI	UBTOTAL Section L5 —	This Page			
	ТО	TAL of additional Section	L5 Pages			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Lin	CONSIDERED CONTRI te 22, Column A of Summary				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE Provide Complete	Name as Rej	istered with i	aling Repository)			TYPE O	REPORT		
	ton described and Miles	7829000000000000000000000000000000000000		erer Kasta by				A 200 100 100 100 100 100 100 100 100 100	
			M. In-Kind	Contri	butions				
Name									
Street Address				Cit	V			State	Zip Code
Olice, Alaksus					,				
Type of contributor: Committee	Date Recei	ved	Aggregate Contributi	ons	Description of In-Kind	Contribution			
Ondividual / Sole Proprietorship Oother									
Is contributor a lobbyist, spouse,					for a chief executive of				
or dependent child of a lobbyist? O No		itributor or t t more than		sociated	with have a contract with have a contract with have a contract with the contract with the contract with the contract with have a contract with his	in said mu	nicipality		Market Value Contribution
Is this contribution associated with an	Yes No		tor a principal of a s indicate which brai		actor or prospective st	ate contrac	tor? QYes		
event reported in Section L1? If yes, list Event #									
Name	i							· · · · · · · · · · · · · · · · · · ·	
Street Address			-14994	Cit	у	•••		State	Zip Code
	T		T		Lo and the second	61 x 11 x1			
Type of contributor: Committee Ondividual / Sole Proprietorship Other	Date Recei	ved	Aggregate Contributi	ions	Description of In-Kind	Contribution			
	Ifcont	ibution is in	ever of \$400 to	. candidat	e for a chief evecutive	afficer of:	a municipality T	Fair	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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? Yes No									
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches									
If yes, list Event #Name		of gove	rnment the contract	is with:	Executive	CLegisia	ntive		
rvanie									
Street Address				Cit	у			State	Zip Code
Type of contributor: Committee	Date Recei	ved	Aggregate Contribut	ions	Description of In-Kind	Contribution	1	•	
Olindividual / Sole Proprietorship Other									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/she is		te for a chief executive I with have a contract to Yes No				Market Value s Contribution
Is this contribution associated with an	O Yes	Is contribu	tor a principal of a		ractor or prospective st	ate contrac	tor? Yes		
event reported listed in Section L1? If yes, list Event #	O No		indicate which brai rnment the contract		anches Executive	C Legisla	ntive ONo		
		rks as strag	SUBTO	TAL Se	ction M — This Pa	gc			
	si tij Krisi		TOTAL	f additie	onal Section M Pag	es			
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS (E	Suter (otal on Line 2.	3, Column	A of Summary Page T	otals)			
	N	Refun	lable Deposit	to Tel	ephone Compai	iv		(5. fe 16.)	
Last Name of Individual			Firs	Calling Processing of	f Angel de la company de la co	y ¥ n subshika ka	MI	Date Depos	it Made
Residential Street Address			City			State	Zip Code		Amount of
									Deposit
Name of Telephone Company						1	Lumman	\dashv	
					•				
Street Address			City		WHIMAB T	State	Zip Code	\dashv	
TOTAL SI	ECTION	l N (Enter	total on Line 24, C	olumn A	of Summary Page Tot	als)			

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	
	D. Evnançae	Paid by Committee		
Name of Payee	t. Expenses	zaw pj Commutee	Date of Payment	Method of Payment: O Check # O Debit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	•	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Ilemization in Addendum P Required u. None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) 🚺 Indeper		
Name of Payce			Date of Payment	Method of Payment: Check # Debit Card DEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
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Name of Payce			Date of Payment	Method of Payment: Check # Debit Card DEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	<u>'</u>	Event #	Amount
Expenditure # ((f 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 cor	ure) 🔘 Indepe		
Name of Payee	LUCYMPAGE		Date of Payment	Method of Payment: Check # Debit Card EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind con	ıre) 🔘 Indepe		
		SUBTOTAL Section P -	This Page	
		OTAL of additional Sect		
	TOTAL OF ALL EXPI (Enter total on Lin	ENSES PAID BY COI ie 19, Column A of Summar	YIM ITTUE y Page Totals)	

IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	TEE (Provide Complete Name as Registe	red with Filing Repository)	TYPE OF REPORT	javes variencei			
Name of Payee (<i>Nume of V</i>	$\mathbf{Q}_{m{\epsilon}}$ endor, Person or Entity who candidate pa	Campaign Expenses Paid by id directly)	Candidate Date of Payment		bursement claimed?		
Street Address		City		State	Yes No		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Name of Payee (Name of V	Vendor, Person or Entity who candidate pa	id directly)	Date of Payment	Is reimbursement claimed? O Yes O No			
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Name of Payee (Name of	Vendor, Person or Entity who candidate pa	id directly)	Date of Payment	Is reimbursement claimed? Yes No			
Street Address		City	·	State	Zip Code		
Purpose of Expenditure (by code)	diture Description Event #				Amount		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		id directly)	Date of Payment	Is reimbursement claimed? Yes No			
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	1	Event #		Amount		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		id directly)	Date of Payment	ls reimbursement claimed? Yes No			
Street Address	· · · · · · · · · · · · · · · · · · ·	City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		id directly)	Date of Payment	Is reimbursement claimed? O Yes O No			
Street Address	A MANUAL PROPERTY OF THE PROPE	City	ALCO A DOMESTICA CONTROL CONTR	State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
		SUBTOTAL Sect	ion Q — This Page				
		TOTAL of addition	al Section Q Pages				
	TOT	AL OF ALL EXPENSES PAID I (Enter total on Line 26, Column A of					

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposit	(יניס	TYPE OF REPO	DRT	escuest (Cuest, Coestoes
erozalisha eso shifta	R. Expenses Incur	red on Committee	Credit Card		
Name of Issuing Insti	fution	Type of Credit Card: O Visa O Ma	ster Card Discover O	American Express	Other:
Name of Vendor, Person o	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 Requi	enditure)	elow" is checked) Independent Organization ()A () B ()	с Ор	
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
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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
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		SUBTOTAL Section	R—This Page		
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i e i ro	TAL OF ALL EXPENSES INCURRED C (Enter total on	ON COMMITTEE C Line 27, Column A of Sur	REDIT CARD mnary Page Totals)		

NAME OF COMMET	EE (Provide Complete Name as Ragistered with Filing Reposit	(orv)	TYPE OF REPORT	r			
A TALLE GEOGRAPHICE	Sept. As recognition of substitution to the substitution of the su						
eni evet evil tele	S. Expenses Incurred by Co	mmittee but Not P	aid During this Period				
Name of Creditor					Date Incurred		
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 expected Coordinated without reimbursement sought (in-kin)	penditure)	olow" is checked) Independent Organization: OA	Op			
Name of Creditor				Date Incu	urred		
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 Requirement None of the below Coordinated with reimbursement sought (joint expectation) Coordinated without reimbursement sought (in-kin)	penditure)	elow" is checked) Independent Organization: A B C	OB			
Name of Creditor				Date Inci	ırred		
Street Address	Alexander Annual Control of the Cont	City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#		mount Incurred Estimate or Actual)		
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		SUBTOTÁL Se	ction S-This Page				
		TOTAL of addition	al Section S Pages		•		
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE D (Enter total	URING THIS PERIOI on Line 28, Column A of S	OBUT NOT PAID Summary Page Totals)				
	Previously reported	Expenses Unpaid and	still Outstanding				
	TOTAL OF ALL EXPENSES INCUR (Enter total o	RED BY COMMITTE in Line 28a, Column A of S	E BUT NOT PAID cummary Page Totals)				
	ме 18 г. с. е. ш. в на продолжите объе причен 1900 г. г. на замина выполняваря и 1912 г. и из до до до до 25 г. дала						

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor	לינ		TYI	'E OF RE	PORT		4.00
	T. Itemization of Reiml)U)	rsements and Second	dary Pag	yees			
Last Name of Worker/Consultant		Fir	rst	·	MI Date of Payment to Ven Person or Entity			
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Reimburse t Section P:	Committee W	Vorker/Consultant as
			ı		Chec			oit Card OEFT
Street Address of Vendor, P	erson 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 Requir None of the below Coordinated with reimbursement sought (joint expe		_		00) (
	Coordinated without reimbursement sought (in-kind	cor	ntribution) Organiz	zation; o A	овс	СОВ		
Last Name of Worker/Cons	ultant	Fin	rst			MI	Date of P Person or	ayment to Vendor, Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	_				n Section P:	_	Vorker/Consultant as
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event#				Amount
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Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					n Section P:		Vorker/Consultant as
Street Address of Vendor, F	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 Requir None of the below Coordinated with reimbursement sought (joint expe	ndit	iure) 🔘 Indepe	ndent 🔿	O C) O		
			SUBTOTAL Section T —	– This Pa	ge			
		T	OTAL of additional Sect	ion T Pag	es			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	ХC	DRICERS AND CONS	ULTAN'	rs			