#### **SEEC FORM 20**

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

# RECEIVED FOR FILING

Page 1 of 17

TOWN CLERK'S OFFICE EAST HAVEN, CONN.



**COVER PAGE** 

1. NAME OF COMMITTEE										
Big Steve Tracey for Mayor				, <u>, , , , , , , , , , , , , , , , , , </u>						
2. TREASURER NAME										
First		MI	Last							Suffix
Linda			Henn	essey						
3. TREASURER ADDRESS										
Street Address		Cit	y				State		Zip Co	de
34 Columbus Avenue		E	ast Hav	en			CT		065	12
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete or	ily if Candid	ite Committee)						LICT NUMBER
(mm/dd/yyyy) 11/5/2019	Mayor							(if app	vlicable)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)								4.1
First		MI	Last							Suffix
Big Steve			Trac	∍у						
8. TYPE OF REPORT (Check One Box)										·
O January 10 filing	O7th day preced	ding primary	O7	h day preceding	referendum		nitial Cont		ion or	Disbursement
O April 10 filing	O30 days follow	ving primary	O4:	days following	referendum		Amendmen			
July 10 filing	O7th day preced	ding election	OD	eficit		T	ype of Rep	ort:		
October 10 filing	12th day prece		OT	ermination		_				
O24 Hour Independent Expenditure Primary Election	O45 days follow not held in No									
9. PERIOD COVERED		-								
	Beginning Da	te		Ending	Date					
-	Аргіі 1, 2019		thru	June 30, 2	019					
10. CERTIFICATION										
I hereby certify and state, under p Disclosure Statement for the per					set forth on thi	is Iten	nized Can	npaiş	gn Fi	nance
Land CH		Li	nda Hen	nessey				07.	/02/2	.019
TREASURER OR DEPUTY TREASURE	R (SIGNATURE)	PR	IMAN TNI	OF SIGNER				DA	ATE (n	nm/dd/yyyy)
				· · · · · · · · · · · · · · · · · · ·						
A person who is				iolated any pro imprisonment		camp	oaign fina	nce s	statut	es

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

SUMN	IA	RV	PA	$\mathbf{GE}'$	$\mathbf{FOT}_{\ell}$	ALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Big Steve Tracey for Mayor	July 10 Filing	
	COLUMN A This Period	COLUMN B Aggregate
<ol> <li>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</li> </ol>		0.00
12. Balance on hand at the beginning of Reporting Period	5,250.00	
13. Contributions Received from Individuals (Sections A and B)	17,615.00	22,865.00
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D through K)	250.00	250.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	10,800.00	10,800.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	28,665.00	33,915.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	33,915.00	33,915.00
19. Expenses Paid by Committee (Section P)	3056.44	3056.44
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	30,858.56	30,858.56
21. In-Kind Donations not Considered Contributions Received (Section L4)	300.00	300.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
23. In-Kind Contributions Received (Section M)	185.75	185.75
24. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	

#### 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				July 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 0.0	00		· · · · · · · · · · · · · · · · · · ·	
			***************************************				
		tions from Individ	luals				
Last Name Nesi	Firs	icholas				МІ	
	City				State	Zip Code	
3 Linden Shores	Brant	ford			СТ	06405	ı
Principal Occupation		Name of Employer				1	
Attorney		Action Law Group	<b>)</b>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associ	iated with have a contract  OYes  No	with said	d municipality		ount of Cor	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes   Is contributor a principal of a significant which brain of government the contraction of government the contraction of the section of government the contraction of the section of government the contraction of government the contraction of the section of the	ach or bi	ranches Executive	OLeg	islative			
Method of Contribution:	. 0. 1	Date Received	05 5	te Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Firs	04/02/2019	1,00	0.00		М	
Last Name Rasini		arbara				IVI	
	City				State	Zip Code	
216 Laurel Street, #510	East	Haven			CT	06512	
Principal Occupation		Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loes contributor or business he/she valued at more than \$5,000?					Amo	ount of Cor	itribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of a If yes, indicate which brain of government the contraction.	nch or b	oranches n: Executive	O Leg	islative • No	_		
Method of Contribution:	- 1			te Contributions			
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		04/03/2019	25.0	U		М	
Last Name Cianelli	Firs	eter				tAII.	
Residential Street Address	City	-			State	Zip Code	
310 Short Beach Road	East	Haven			CT	06512	<u>}</u>
Principal Occupation		Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is assoc	didate for a chief executive inted with have a contract Yes No	e officer with sai	of a municipality d municipality		ount of Cor	itribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No If yes, indicate which brain of government the contract	nch or b	ranches	e contrac	●No			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	Date Received 04/03/2019	Aggrega 100.0	te Contributions			
SUBT	COTA	L Section B — This	Page	1125.00			
TOTAL	of ad	ditional Section B P	ages	16,490.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	A INDI 13, Colu	VIDUALS (Sections A mn A of Summary Page	(+ B)	17,615.00			

SEEC	<b>FORM</b>	2
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#### Section B ADDITIONAL PAGE 3a of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Big Steve Tracey for Mayor	July 10 Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$			
B. Itemized Con	ntributions from Indiv	ziduals .		
Last Name	First Jo-Ann		MI	
Vigorito	City		State Zip Code	
Residential Street Address 75 Redwood Drive, Uni #1405	East Haven		CT 06513	
Principal Occupation	Name of Employer			
NA	NA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes Office Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a contra	oct with said municipality	100.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Section L1?  One is contributor a principal of a section L1?  If yes, indicate which brain of government the contract	et is with: OExecutiv	e OLegislative No		
Method of Contribution:	Date Received Order 04/07/2019	Aggregate Contributions 100.00		
●Cash	First 04/07/2019	100.00	Тмі	
Last Name	Daniel			
Scarpellino Residential Street Address	City		State Zip Code	
2 Mansfield Grove Road	East Haven		CT 06512	
Principal Occupation	Name of Employer	1	.1	
Restaurant Owner	Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No No Valued at more than \$5,000?	to a candidate for a chief execut is associated with have a contra Yes • No	ct with said municipality	y, Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ct is with: Executive	ve ( Legislative		
Method of Contribution:	Date Received	Aggregate Contributions		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		100.00	1)4	
Last Name	First Mark		MI	
DiLungo Residential Street Address	City	*** **********************************	State Zip Code	
18 Caputo Road	Northford		CT 06472	
Principal Occupation	Name of Employer			
Electrician	DFG Electric Co	o. Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes N	act with said municipality	ty, Amount of Contribution	
ls this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	ct is with:	ve Legislative		
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received v Order 04/07/2019	Aggregate Contributions 100.00		
	,			
	FOTAL Section B — Th			
	L of additional Section E			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Section 13, Column A of Summary Pages)	s A + B) ge Totals)		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		·	TYPE OF REPORT		
Big Steve Tracey for Mayor		July 10 Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	eriod ONLY L SECTION A	\$			
B. Itemized Con	ntributio	ns from Individ	luals		
Last Name	First				MI
Diadamo	Kevi	n		1	2: 0 1
	City New Ha	wen		State	Zip Code 06515
360 Fountain Street, #15 Principal Occupation	L	me of Employer			00010
Assistant Clerk			cut Judicial Brancl	า	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a candida	te for a chief executive	officer of a municipalit	y, Amo	unt of Contribution
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	is associate	d with have a contract to OYes ONo	with said municipality	25.0	00
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Section L1?  Yes Is contributor a principal of a section L1?  If yes, list Event # 04072019A	nch or bran	ches _	OLegislative Yes		
Method of Contribution:	1	te Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		4/07/2019	25.00		
Last Name	First	a. <del></del>			MI ,
Ranfone	City	ert		State	Zip Code
Residential Street Address 44   Ver Avenue	East Ha	ven		CT	06512
Principal Occupation		me of Employer			<u> </u>
Retired	R	etired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Yes of \$400 does contributor or business he/she valued at more than \$5,000?	to a candida is associate	te for a chief executive d with have a contract Yes No	officer of a municipalit with said municipality		unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Is contributor a principal of a If yes, indicate which bra of government the contra	inch or bran ict is with:	ches Executive	Legislative No		
Method of Contribution:		]	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		)4/07/2019	1000.00		
Last Name	First	berly			MI
Coppola Residential Street Address	City	Dealy		State	Zip Code
284 Short Beach Road	East Ha	aven		CT	06512
Principal Occupation	Na	me of Employer		J	
911 Dispatcher	Т	own of Madison	Police Departmer	nt	
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Summer of				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of a If yes, indicate which brain of government the contract	nch or bran ct is with:	ches Executive	O Legislative		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money		te Received 4/07/2019	Aggregate Contributions 50.00		
		Section B — This			
		tional Section B P	* "6"		
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVI	DUALS (Sections A A of Summary Page 2	(+B)	· · ·	

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#### Section B ADDITIONAL PAGE 3c

of <u>17</u>

TOTAL OF ALL CONTRIBUTIONS FRO	OM INI		A + B)				
		dditional Section B		15,045.00			
TIPS	втот	AL Section B — This	Page	70.00			
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	iey Order	04/07/2019	10.0	0			
If yes, list Event # 04072019A of government the cont  Method of Contribution:	. aut 15 W	Date Received	<del></del>	te Contributions	1		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes   Is contributor a principal of   If yes, indicate which book of government the contributor.	ranch or	branches	_	●No			
or dependent child of a lobbyist?  No does contributor or business he/sl valued at more than \$5,000?	he is asso	Ociated with have a contract Yes No	with sai	d municipality	ļ	.00	
Parts Manager  (s contributor a lobbyist, spouse, Yes If contribution is in excess of \$40	00 to a ca	 	e officer	of a municipalit	/, Am	ount of	Contributio
Principal Occupation		Name of Employer  Diamond Marine					
240 Short Beach Road	Las	st Haven			СТ	065	012
Residential Street Address	City	6.1.1			State	Zip C	
Gargano		Robert					
Last Name		irst				I	MI
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMon	ey Order	1	10.0				
If yes, list Event # 04072019A of government the cont Method of Contribution:	ract is w	ith: Executive  Date Received		islative te Contributions	_		
s this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of If yes, indicate which b	ranch or	branches		(•) No			
or dependent child of a lobbyist?  No does contributor or business he/sl valued at more than \$5,000?	ne is asso	ociated with have a contract OYes No	with said	l municipality		.00	
s contributor a lobbyist, spouse, Yes If contribution is in excess of \$40	0 to a ca	ndidate for a chief executiv	e officer	of a municipality	, Am	ount of	Contributio
Principal Occupation  Counter Sales		Bender Plumbing					
16 School Street	Brai	nford Name of Employer			U1	004	100
Residential Street Address	City	nford			State CT	Zip Co 064	
Balsamo		John					M. ·
ast Name	- 1	irst					MI
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order	04/03/2019	50.00	ס			
If yes, list Event # 04072019A of government the contribution:	LACE IS TYL	Date Received		e Contributions	-		
event reported in Section L1? No If yes, indicate which br	anch or	branches	OLeg	<b>⊙</b> No			
valued at more than \$5,000?  Is this contribution associated with an   Yes Is contributor a principal of a		OYes ONo			50.	00	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh	0 to a car re is asso	ciated with have a contract	e officer with said	of a municipality I municipality			Contributio
Research Analysti		State of Connecti					
Principal Occupation		Name of Employer					
54 East Street	Wol	cott			CT	067	16
Cleary  Lesidential Street Address	City				State	Zip Co	de
ast Name		rst Sean				1	MI
		utions from Indivi	duals	· · · · · · · · · · · · · · · · · · ·	· .		MI
(See instructions for definition of Small Contributor)	SUBT	OTAL SECTION A					
A. Total Contributions from Small Contributors-Recei	ved th	is Period ONLY	\$				
Big Steve Tracey for Mayor				July 10 Filing			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TIFE	F REPORT			

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Revised Jan	suery 2015	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Big Steve Tracey for Mayor	July 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$			
B. Itemized Con	ntributions from Indivi	duals		
Last Name	First Travis		MI	
DiGiovannantonio	City		State Zip Code	
Residential Street Address 128 Hughes Street	East Haven		CT 06512	
Principal Occupation	Name of Employer	<u> </u>		
NA	NA			
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?	is associated with have a contract OYes No	with said municipality	Amount of Contribution 20.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Section L1?  Yes No Is contributor a principal of a lifyes, indicate which brain of government the contraction.	ct is with: OExecutive	OLegislative No		
Method of Contribution:	Date Received v Order 4/7/2019	Aggregate Contributions		
●Cash	First	20.00	MI	
Last Name Musco	Greg			
Residential Street Address	City		State Zip Code	
217 Short Beach Road	East Haven		CT 06512	
Principal Occupation	Name of Employer			
Inspector	Westport Precision			
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 candidate for a chief executive is associated with have a contract Yes • No	re officer of a municipality t with said municipality	Amount of Contribution 20.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	act is with:	Legislative • No		
Method of Contribution:	Date Received	Aggregate Contributions		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		20.00	MI	
Last Name	Ann		1411	
Residential Street Address	City		State Zip Code	
34 Evening Star Drive	Seymour		CT 06483	
Principal Occupation	Name of Employer			
NA	NA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	o to a candidate for a chief executive is associated with have a contractive Yes • No	ve officer of a municipality t with said municipality	Amount of Contribution 20.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of a If yes, indicate which brate of government the contra	act is with: Executive	O Legislative		
Method of Contribution:	Date Received v Order 4/7/2019	Aggregate Contributions 20.00		
● Cash	y Order   4/1/2019	20.00		
SUB	TOTAL Section B — This	s Page 60.00		
	L of additional Section B			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections 13, Column A of Summary Page	A + B) Totals)		

SEEC	FORM	20
Revised Jan	war 2015	

#### Section B ADDITIONAL PAGE 3e

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE O	F REPORT			
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
R. Itemized Co	ontribu	tions from Individ	iuals		-		
Last Name	First		<u>:</u>				MI
Diotaiuto	Ar	ndrew					
Residential Street Address	City	11			State	Zip C	
6 Edgar Street	⊨ast	Haven			СТ	065	)   2
Principal Occupation		Name of Employer Frontier Commun	ication	•			
Cable Repair	\ <u>\</u>				/ Am	aunt of	Contribution
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?	e is associ	iated with have a contract OYes No	with said	municipality	25.		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes   Is contributor a principal of a If yes, indicate which bra of government the contra	anch or bi	ranches	OLegis	lative No			
Method of Contribution:		Date Received		: Contributions			
ORash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		04/07/2019	25.00			<del> '</del>	
Last Name	Firs						MI .
Diotaiuto	City	oanne			State	Zip C	ode.
Residential Street Address		Haven			CT	1 -	512
6 Edgar Street Principal Occupation		Name of Employer			L		
Restaurant Worker		The Breakfast No	ok				
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 cand te is associ	I didate for a chief executive iated with have a contract Yes No	e officer of with said	of a municipality municipality		ount of	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of If yes, indicate which broof government the contributor.	ranch or b	oranches	O Legi	slative • No			
Method of Contribution:	O1	Date Received 04/07/2019	Aggregate 25.00	e Contributions			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	ey Order Firs		25.00				MI
Last Name Anastasio		Christopher					М
Residential Street Address	City	Hoven			State	Zip C	<sup>Code</sup> 513
19 South Dale Street	East	Haven Name of Employer				00	013
Principal Occupation		Yale University					
Gardener  Is contributor a lobbyist, spouse.  O Yes If contribution is in excess of \$40	10 to a con		e officer	of a municinalit	v I Am	ountai	Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/st valued at more than \$5,000?	he is assoc	ciated with have a contract  Yes  No	t with said	I municipality		.00	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of If yes, indicate which by of government the contributor.	ranch or b	oranches h: O Executive	CLegi	slative •No			
Method of Contribution:	.au ()=d==	Date Received 04/07/2019	Aggregat 25.00	e Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order	04/0//2019	25.00				
SUF	втота	L Section B — This	Page	75.00			
		lditional Section B		14,910.00			
TOTAL OF ALL CONTRIBUTIONS FRO	M IND	IVIDUALS (Sections	A + B)				

SEEC	FORM	2
Revised Jan	2015 augs 2015	

#### Section B ADDITIONAL PAGE 3f of 2

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Section B ABBITION							
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				F REPORT			
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A			\$				
B. Itemized Co.	ntribu	tions from Individ	luals				
ast Name	Firs	t				············	MI
Laurello	C	lem				_	
Residential Street Address	City				State	Zip C	
24 Brookfield Road	East	Haven			СТ	Ub	512
Principal Occupation		Name of Employer	C				
Owner		SCS Systems, LL		of a municipality		wat of	Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	iated with have a contract OYes No	with said	l municipality	, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes   Is contributor a principal of a If yes, indicate which bra of government the contra	nch or b	ranches	OLegi	slative No			
Method of Contribution:		Date Received	00 5	e Contributions			
● Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	04/07/2019	25.00	)			1
ast Name	Fire						MI
Moon ·		harles			State	Zip (	ode.
Residential Street Address	City	Haven			CT	1 -	512
14 Edward Street	Lasi	Name of Employer				1 **	
rincipal Occupation  Janitor		MCCO					
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves valued at more than \$5,000?	) to a can e is assoc	didate for a chief executive stated with have a contract Yes No	e officer with said	of a municipality I municipality		ount o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No If yes, indicate which broad of government the contributor of government the contributor a principal of a section L1?	anch or l	branches h: Executive	O Leg	gislative No			
Method of Contribution:		Date Received 04/07/2019	25.0	te Contributions			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Order Fir	<u>L.                                    </u>	20.0				MI
Last Name		Bob					
Cubellotti Residential Street Address	City				State	Zip	Code
55 Bishop Street	East	t Haven			СТ	06	512
Principal Occupation		Name of Employer					
President		RALCO Inc.					
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 car e is asso	ndidate for a chief executive ciated with have a contract Yes No	ve officer t with sai	of a municipalit d municipality	l l	ount o	f Contributio
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Section L1?  Yes Is contributor a principal of a lifyes, indicate which broof government the contributor of government the contributor.	anch or	branches	OLeg	ctor? Yes islative			
Method of Contribution:	ev Order		25.0				
● Cash	y Ordel	0.110712010	1 -0.0	1			
		L Section B — This		75.00			
TOTA	L of a	dditional Section B	Pages	14,835.00			
TOTAL OF ALL CONTRIBUTIONS FRO	M IND	IVIDUALS (Sections umn A of Summary Page	A + B) Totals				

SEEC FORM 20 Revised January 2015

## Section B ADDITIONAL PAGE 3g of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Big Steve Tracey for Mayor	July 10 Filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  St	d this Period ONLY JBTOTAL SECTION A	\$			
B. Itemized Con	tributions from Indivi	duals			
Last Name	First			MI	
Cubellotti	Sandra		64-4-	7 in Code	
Residential Street Address	ity East Haven		State CT	Zip Code 06512	
33 Distriby Street	Name of Employer				
Principal Occupation Teacher	Lulac				
Is contributer a labbuist groupe Over If contribution is in excess of \$400 to	a candidate for a chief executive	ve officer of a municipality	Amou	nt of Contribution	
or dependent child of a lobbyist? No does contributor or business he/she is valued at more than \$5,000?	s associated with have a contract  Yes  No	with said municipality	25.0	0	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A.  Yes No Is contributor a principal of a st If yes, indicate which bran of government the contract		No No			
Method of Contribution:	Date Received	Aggregate Contributions			
●Cash	Order 04/07/2019	25.00			
Last Name	First			MI	
Inzitari	Len		C1	Zip Code	
Residential offect Address	<sup>City</sup> East Haven		State CT	06512	
175 Southend Road, Unit F39 Principal Occupation	Name of Employer		<u> </u>		
Law Clerk	Action Law Grou	р			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lif contribution is in excess of \$400 to does contributor or business he/she is	s associated with have a contrac	ve officer of a municipality t with said municipality		ent of Contribution	
valued at more than \$5,000?	Yes No	ate contractor? OYes	25.0	90	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Section L1?  If yes, list Event # 04072019A	ch or branches t is with: Executive	Legislative • No			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		25.00		МІ	
Last Name	First Richard, Jr.			***	
Caponera  Residential Street Address	City		State	Zip Code	
19 Thomas Court	East Haven		СТ	06513	
Principal Occupation	Name of Employer				
Accountant	Knights of Colun	nbus			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Or dependent child of a lobbyist?  Or No  Or dependent child of a lobbyist?  Or No  Or No  Or dependent child of a lobbyist?  Or No  Or	to a candidate for a chief executi is associated with have a contract Yes No	ve officer of a municipality it with said municipality	7, Amoi	ant of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No If yes, indicate which bran of government the contract		Legislative • No			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 04/07/2019	25.00			
SUBT	OTAL Section B — Thi	s Page 75.00			
TOTAL	of additional Section B	Pages 14,760.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line is	I INDIVIDUALS (Sections 13, Column A of Summary Page	A + B) Totals)			

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## Section B ADDITIONAL PAGE 3h of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  \$\\$ SUBTOTAL SECTION A \$							
B. Itemized Cor	ntribu	tions from Indivi	duals				-
Last Name	Firs					.,	MI
Travisano		atricia			0. 4	Zip C	11-
Residential Street Address	City	t Haven			State CT	1 '	516
271 Richmond Avenue	VVESI	Name of Employer		•	<u> </u>		
NATURE Description							
Substitute Secretary  Is contributor a lobbyist, spouse.  O Yes If contribution is in excess of \$400	to a can				Amo	unt of	Contribution
or dependent child of a lobbyist?    No does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract	with said	municipality	25.0		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of a second reported in Section L1?  No No Second Report	nch or b	oranches	te contract Legi:	● No			
Method of Contribution:		Date Received	Aggregate	Contributions			
●Cash	Order	04/07/2019	25.00	)			
Last Name	Fire						MI
Chase		dward				1 2: (	- 1-
Residential Street Address	City	: Haven		i	State CT	Zip (	.oge 512
5 Pondview Terrace	Lasi	Name of Employer					
Principal Occupation		Forbes Fuel					
Cashier  Is contributor a lobbyist, spouse.  O Yes If contribution is in excess of \$400	to a can		e officer	of a municipality	Amo	unf o	f Contribution
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract  Yes  No	t with said	municipality	25.	00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No No If yes, indicate which brain of government the contra	anch or	branches	. O Leg	islative • No			
Method of Contribution;		Date Received	1	e Contributions			
OPersonal Check		04/07/2019	25.0	J			М
Last Name	Fi	rst Robert					IATT
Sand	City	TODOR			State	Zip	 Code
Residential Street Address 501 Thompson Street	1 "	t Haven			CT	06	3513
Principal Occupation	1	Name of Employer		4.4		l,	
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	) to a car e is asso	ndidate for a chief execution ciated with have a contract Yes No	t with said	of a municipality I municipality	, Am		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Is contributor a principal of a If yes, indicate which bra of government the contra	anch or	branches th: Executive	Leg	islative			
Method of Contribution:	O-d-	Date Received 04/07/2019	Aggrega 25.00	te Contributions	***************************************		
OPersonal Check	200	L Section B — Thi		75.00			
		dditional Section B		14,685.00			
TOTAL OF ALL CONTRIBUTIONS FRO	M IND	OIVIDUALS (Sections lumn A of Summary Page	A + B) e Totals)				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$						
B. Itemized Con	ıtribu	tions from Individ	luals				
Last Name	First					MI	
Sand	Jo	oan					
Residential Street Address	City			State	Zip C		
501 Thompson Street	Last .	Haven		СТ	06:	513	
Principal Occupation		Name of Employer				:	
Retired		Retired	CC			200	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is associ	iated with have a contract OYes No	with said municipality	25,0	Amount of Contribution 25,00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes   Is contributor a principal of a s   If yes, indicate which brancof government the contraction of government the contraction.	ich or bi	ranches	e contractor? Yes  OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	04/07/2019	25.00				
Last Name	Firs	t				ΜI	
Travisano	· М	larie				N	
Residential Street Address	City			State	Zip (		
234 Washington Avenue	West	Haven		CT	06	516	
Principal Occupation		Name of Employer					
NA		NA					
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 cand is associ	didate for a chief executive inted with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or b	oranches	te contractor?  Ye.  No  Legislative	3			
Method of Contribution:		Date Received	Aggregate Contributions				
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	04/07/2019	25.00				
Last Name	Fire			-		MI	
Jefferson	IV	/lichael				A	
Residential Street Address	City			State	1 '	Code	
290 Bellevue Road	New	Haven		СТ		5511	
Principal Occupation		Name of Employer					
Attorney		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of 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 of the contract of Yes No	e officer of a municipality with said municipality	ty, Ame 25.		f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or b	oranches h: O Executive	Legislative • No				
Method of Contribution:	0.1	Date Received 04/05/2019	Aggregate Contributions 25.00				
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	04/05/2019	25.00				
SUBT	ГОТА	L Section B — This					
TOTAL	Lofad	lditional Section B l	Pages 14,610.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M IND 13, Colu	IVIDUALS (Sections Aumin A of Summary Page	A + B) Totals)				

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

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
B. Itemized Con	itributions	from Individ	luals				
Last Name	First						MI
Purcell	Beth			15	State	Zip Co	ode
Residential Sweet Address	<sup>City</sup> East Havel	า		1	CT	065	
23 Jeffrey Road  Principal Occupation		f Employer					
Finance Manager	Yale	University					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 t does contributor or business he/she is valued at more than \$5,000?	is associated wj	or a chief executive th have a contract Yes No	e officer of a with said m	municipality, unicipality	Amoi 30.0		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Section L1?  No Is contributor a principal of a section L1?  No of government the contraction of government the contraction.	ich or branches	_	e contractor	● No			
Method of Contribution:	Date Re	ceived	Aggregate C	ontributions			
●Cash ○Personal Check ○Credit/Debit Card ○Payroll Deduction ○Money	Order 04/0	7/2019	30.00				
Last Name	First						MI
Giordano	Joseph City				State	Zip C	ode
Residential Street Address  22 Gordon Street	East Have	n			CT	1	512
Principal Occupation	Name o	f Employer		L		<b>!</b>	
Electrician	On-	Site Electric					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is associated wi	or a chief executive th have a contract Yes No	e officer of with said m	a municipality, unicipality	Amo 30.0		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of a section L1?  If yes, list Event # 04072019A	nch or branche	s Executive	C Legisla	etive No			
Method of Contribution:	Date Re		Aggregate C	ontributions			
OPersonal Check		07/2019	30.00				м
Last Name  Doing	First Susan						1411
Doing Residential Street Address	City				State	Zip C	I Code
8 Wilford Road	Branford	No.			CT	06	405
Principal Occupation	Name	of Employer					
Retired	Reti						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 does contributor or business he/she valued at more than \$5,000?	is associated w	or a chief executive the have a contract Yes No	e officer of with said n	a municipality nunicipality	Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of a If yes, indicate which brace of government the contraction.	nch or branche ct is with:	S Executive	Clegisla	etive •No			
Method of Contribution:  Date Received Aggregate Contributions  Occart Operated Operated Operation Operati							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney					<u> </u>		
SUBT	TOTAL Sec	tion B — This	Page 1	00.00			
TOTAL	L of additio	nal Section B	Pages 1	4,510.00			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDU	ALS (Sections .	A + B) Totals)				

SEEC FORM 20 Restant January 2015

## Section B ADDITIONAL PAGE 3k of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF	REPORT				
Big Steve Tracey for Mayor			July 10 Filing					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A			\$					
B. Itemized Con	ıtribut	ions from Individ	luals					
Last Name	First						MI	
Helley		bert				7 in C	oda	
Resultinal Succi Addiess	City State Zip Code CT 06512							
44 Iver Avenue		Name of Employer						
Principal Occupation		Retired						
Retired  Is contributor a lobbyist, spouse,  O Yes If contribution is in excess of \$400 to			e officer o	f a municipality,	Amo	unt of	Contribution	
or dependent child of a lobbyist?  No  does contributor or business he/she valued at more than \$5,000?	is associa	ted with have a contract OYes No	with said	municipality		40.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of a s If yes, indicate which bram of government the contract	nch or bra	anches	OLegis	lative No				
Method of Contribution:	1	Date Received	l	Contributions				
●Cash		04/06/2019	40.00				1.0	
Last Name	First						MI	
Muir		ive		<u> </u>	State	Zip (	Code	
Kesidential Street Address	City Fast I	-laven			CT	1 -	512	
144 Coe Avenue	<u> </u>	Name of Employer				<u> </u>		
Principal Occupation  Bail Bondsman		DiAdamo and Tra	асеу Ва	il Bonds				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 does contributor or business he/she	to a cand	idate for a chief executiv	e officer of	of a municipality	, Amo	ount o	f Contribution	
valued at more than \$5,000?		UYes ● No			50.	.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	anch or bi act is with	ranches ; Executive	O Legi	slative No				
Method of Contribution:	- 1			Contributions				
OPersonal Check		04/07/2019	50.00				MI	
Last Name	First	ohn					I WA	
Hines	City	/( H )			State	Zip	Code	
Residential Street Address 24 Douglass Avenue	1 1	Haven			СТ	06	3512	
Principal Occupation	1	Name of Employer	,		<u></u>	<u>l</u>		
Retired		Retired						
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 cano e is associ	lidate for a chief executivated with have a contract Yes No	ve officer t with said	of a municipality I municipality		ount o	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	ranches _		<b>●</b> No				
Method of Contribution:		Date Received		e Contributions				
ORash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		04/07/2019	50.00				<u> </u>	
		L Section B — Thi		140.00	· .			
		ditional Section B		14,370.00				
TOTAL OF ALL CONTRIBUTIONS FROM	M INDI e 13, Colu	VIDUALS (Sections mn A of Summary Page	A + B)   Totals)					

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## Section B ADDITIONAL PAGE 31 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
B. Itemized Con	atribu	tions from Indivi	duals			· · · · · · · · · · · · · · · · · · ·	
Last Name	First	-					MI
Tornberg		ian	<u></u>		State	Zin (	Code
Residential Street Address				CT	1 -	451	
33 Raymond Drive Principal Occupation	***	Name of Employer		<u> </u>		l	
Vice President		Key Bank					
Ves If contribution is in excess of \$400	to a cand	lidate for a chief executiv	e officer o	f a municipality,	Amo	ount o	f Contribution
or dependent child of a lobbyist?  No  does contributor or business he/she valued at more than \$5,000?	is associ	iated with have a contract  Yes  No	with said	municipality	50.	00	
Yes Is contributor a principal of a	state con	tractor or prospective sta	te contract	or? QYes		-,-	
event reported in Section L1? No If yes, indicate which brai	nch or bi ct is with	ranches : OExecutive	Legis	● No lative			
If yes, list Event # 04072019A of government the contract  Method of Contribution:		Date Received	Aggregate	Contributions			
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	04/07/2019	50.00				
Last Name	Firs	st					MI
DePalma	Já	amie					·
Residential Street Address	City				State	1 -	Code
3 Lynwood Place	East	Haven			CT	UC	3512
Principal Occupation		Name of Employer	~				
Receptionist		The Orthopedic (		fisis alita	T 4		f Cantaibution
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?	e is assoc	iated with have a contrac Yes No	t with said	municipality		.00	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q4072019A  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	anch or t act is wit	branches h: Executive	Legi	slative No			
Method of Contribution:		Date Received		Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone		04/07/2019	50.00	)			MI
Last Name	Fir	·st .ouis					IVII
Anastasio	City	Juis			State	Zip	Code
Residential Street Address	1 1	t Haven			СТ	1 -	6512
108 Prospect Place Ext.		Name of Employer			<u>L</u>		
Principal Occupation Retired		Retired					
Ves If contribution is in excess of \$400	0 to a can	didate for a chief execution	ve officer	of a municipality	, Am	ount	of Contribution
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	e is assoc	ciated with have a contract Yes No	t with said	municipality		.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of a If yes, indicate which become of government the contributor of government the contributor.	anch or i	branches th: Executive	e 🔾 Legi	slative • No			
Method of Contribution:  Date Received Aggregate Contributions  One of Contribution:  One of Contribution:  Date Received Od/07/2019  50.00							
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone  STIR		L Section B — Thi	1	150.00	<u> </u>		
		dditional Section B		14,220.00		-	
TOTAL OF ALL CONTRIBUTIONS FRO	M IND	IVIDUALS (Sections	A + B)	.,		······································	
(Enter total on Line	e 13, Col	lumn A of Summary Pag	e Totals)				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			ТҮРЕ О	F REPORT		
Big Steve Tracey for Mayor			July 1	0 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A			\$			
B. Itemized C	ontrib	outions from Indivi	duals			- 1140
Last Name		irst				М
Finkle	(	Cathy				
Residential Street Address	City			:	State CT	Zip Code 06512
91 Angela Drive	Las	st Haven				00012
Principal Occupation		Name of Employer				
NA SOLUTION OF THE PROPERTY OF	001		officer	of a municipality		ount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	he is asso	ociated with have a contract  Yes  No	with said	municipality	50.	•
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes   Is contributor a principal of If yes, indicate which be of government the cont	ranch or	branches _	OLegi	slative No		
Method of Contribution:		Date Received	1	e Contributions		
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Ordei	r 04/07/2019	50.00	)		
Last Name	ı	rirst				MI
Sande		Leonard			T C4-4-	Zin Code
Residential Street Address	City	est Haven			State	Zip Code 06516
365 Benhaus Hill Road		Name of Employer				00070
Principal Occupation		Green Crete				
Laborer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of the contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?	00 to a ca	andidate for a chief executive	ve officer t with said	of a municipality I municipality		ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of If yes, indicate which to of government the contributor apprincipal of Is co	branch o		: O Leg	islative • No		
Method of Contribution:		Date Received	1	e Contributions		
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMor			50.0	U		MI
Last Name Chiaramonte	3	<sup>First</sup> Ralph				M
Residential Street Address	City				State	Zip Code
60 Edgar Street	Ea	st Haven			СТ	06512
Principal Occupation		Name of Employer				
Construction		LIUANA Local #4				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	100 to a c she is ass	candidate for a chief executi sociated with have a contract Yes • No	ve officer et with sai	of a municipalit d municipality		ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Section L1?  No If yes, indicate which to of government the contribution of government the contribution associated with an event reported in Section L1?	branch o	with: O Executive	: OLeg	islative		
Method of Contribution:  Date Received Aggregate Contributions  Only Operated Check Occadit/Debit Card Operated Deduction Omoney Order 04/07/2019  50.00						
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	1.5.5		7	150.00	<u> </u>	
		AL Section B — Thi				
		additional Section B		14,070.00		
TOTAL OF ALL CONTRIBUTIONS FR	OM IN	DIVIDUALS (Sections	A + B)			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Big Steve Tracey for Mayor			July 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A			\$			
B. Itemized Con	ntributi	ons from Individ	luals			
Last Name	First					MI
Tracey	Mic	helle				
Residential Street Address	City	-1155		State	Zip C	
31 River Road						
Principal Occupation	1	rame of Employer Yale University				
Dean's Assistant		-	officer of a municipali	tu Am	ount o	f Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is associate	ed with have a contract OYes No	with said municipality	50.	_	i Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes   Is contributor a principal of a s   If yes, indicate which brancof government the contract	nch or brai	nches _	contractor? Ye No Legislative			
Method of Contribution:	D	ate Received	Aggregate Contributions			
●Cash	y Order	04/07/2019	50.00			
Last Name	First					MI
Fiondella	Pet	ter	•	T .		
Residential Street Address	City	I		State CT	1 '	Code 5512
8 Cecelia Drive	East H					1012
Principal Occupation		Name of Employer PMR Cleaning & I	Power Washing			
House Cleaner		<u> </u>		itu   4		f Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candic is associat	ted with have a contract  Yes  No	with said municipality	50	.00	a Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Section L1?  If yes, list Event # 04072019A  Is contributor a principal of a lf yes, indicate which bra of government the contra	anch or bra	anches	O Legislative	o o		
Method of Contribution:	1	Date Received	Aggregate Contributions			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	04/07/2019	50.00			
Last Name	First	minio				MI
Scarpellino		minic		State	Zin	Code
Residential Street Address	City	(en		NY		7030
333 River Street	<u> </u>	Name of Employer			`	
Principal Occupation	1	Self				
Roofing  Is contributor a lobbyist, spouse,  Yes If contribution is in excess of \$400			e officer of a municipal	ity, Am	iount (	of Contribution
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	e is associa	ted with have a contract Yes No	with said municipality	50	.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or bra	anches Executive	O Legislative			
Method of Contribution:	į.	Date Received 04/07/2019	Aggregate Contributions 50.00			
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	<u> </u>					
SUB	TOTAL	Section B — This	rage 150.00			
TOTA	L of add	litional Section B I	Pages 13,920.00	1		
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIV	TDUALS (Sections A on A of Summary Page	A + B) Totals)			

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#### Section B ADDITIONAL PAGE 30

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
R Itemized (	ontril	outions from Indivi	duals				
Last Name		rirst	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		MI
Hennessey		Tom					
Residential Street Address	City				State CT	Zip C	
34 Columbus Avenue	⊨as	st Haven			<u> </u>	008	)
Principal Occupation		Name of Employer  AF Forbes Inc.					
Owner  Is contributor a lobbyist snouse.  O Yes If contribution is in excess of \$4	100 to a a		ue officer	of a municipality	d m	aunt af	Contribution
or dependent child of a lobbyist?  No  does contributor or business he/s valued at more than \$5,000?	she is ass	ociated with have a contractory of the ociated with havin	t with said	municipality	50.		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Section L1?  No Yes Is contributor a principal of If yes, indicate which is of government the contributor apprincipal of Is contributor apprinc	branch o	contractor or prospective star r branches vith: Executive	OLegi	slative No			
Method of Contribution:		Date Received	ı	e Contributions			
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo			50.00	)			2.07
Last Name		First					МI
Hennessey	L	Linda	·		State	Zip C	ode
Residential Street Address	City	st Haven			CT	1 '	512
34 Columbus Avenue		Name of Employer					
Principal Occupation Homemaker		NA					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$4 does contributor or business helevalued at more than \$5,000?	400 to a c	andidate for a chief execution coincided with have a contract Yes No	ve officer et with said	of a municipality I municipality		ount of	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of If yes, indicate which of government the contributor of government the contributor as principal of Is contri	branch o	with: Executive	e 🔘 Leg	islative ( No			
Method of Contribution:	O 1	Date Received	1	te Contributions			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMO			50.0	U			МІ
Last Name Dattilo		First Michael				T ====	
Residential Street Address	City	-:1£I			State	1 1	Code 437
130 Lower Road	Gl	uilford				100	407
Principal Occupation		Name of Employer  Country Squire					
Hair Dresser  Is contributor a lobbyist, spouse.  Yes If contribution is in excess of \$	400 4		na officer	of a municipalit	3/ Am	ount o	f Contribution
or dependent child of a lobbyist?  No does contributor or business he valued at more than \$5,000?	/she is as	sociated with have a contrac Yes No	ct with sai	d municipality		.00	Communication
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contributor approach is the second of the seco	branch o	with:	e OLeg	islative • No			
Method of Contribution:	oner Ord	Date Received ler 04/07/2019	50.0	te Contributions			
● Cash Personal Check Credit/Debit Card Payroll Deduction OM	олсу Ога	07/01/2010	1 55.0				
		TAL Section B — Thi		150.00	<i></i>		· · · · · · · · · · · · · · · · · · ·
тот	ΓAL of	additional Section B	Pages	13,770.00			
TOTAL OF ALL CONTRIBUTIONS FR	ROM IN	DIVIDUALS (Sections	A + B)				<del></del>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
B. Itemized Cor	trib	utions from Indivi	duals				МІ
Last Name	' "	Antoinette					
Acampora Residential Street Address	City				State	Zip (	Code
173 Russo Avenue, Unit 608	•	t Haven			CT	06	512
Principal Occupation		Name of Employer		· · · · · · · · · · · · · · · · · · ·		.1	
Manager		Brothers Harley D	Davidso	n			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract OYes No	with said	municipality	60.		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of a significant which brain of government the contract	nch or	branches th: OExecutive	OLegi	slative No			
Method of Contribution:		Date Received	1 00 0	e Contributions			
●Cash ○Personal Check ○Credit/Debit Card ○Payroll Deduction ○Money			60.00	)			T. r
Last Name	1	<sub>irst</sub> Steve					MI
Williams	City	Steve			State	Zip	Code
Residential Street Address		nford			СТ	1 '	3405
62 Alps Road Principal Occupation		Name of Employer					
Food Service		Self					
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 is asso	ndidate for a chief executive ciated with have a contract Yes No	ve officer t with said	of a municipality I municipality		ount 6	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or	th: Executive	: O Leg	islative • No			
Method of Contribution:		Date Received	i	e Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney			100.	00			МІ
Last Name	1	irst Robert					1***
Schumitz	City	1100011			State	Zip	Code
Residential Street Address 173 Borrmann Road	1	st Haven			СТ	0	6512
Principal Occupation		Name of Employer					
NA .		NA					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	to a ca	andidate for a chief execution ociated with have a contract Yes No	ve officer at with said	of a municipality		.00	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No No Is contributor a principal of a If yes, indicate which bra of government the contra	inch or	thranches ith: O Executive	e () Leg	islative • No			
Method of Contribution:  Date Received Aggregate Contributions							
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone			7.				
SUB'	TOT	AL Section B — Thi	s Page	185.00			
TOTA	Lofa	additional Section B	Pages	13,585.00			
TOTAL OF ALL CONTRIBUTIONS FROM	M INI	DIVIDUALS (Sections olumn A of Summary Page	A + B) e Totals)				

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## Section B ADDITIONAL PAGE 3q of 17

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
B. Itemized Con		itions from Individ	duals				MI
Last Name	Firs	inda					1411
Simoni	City				State	Zip C	ode
Residential Street Address 25 Charnes Drive	•	Haven			СТ	06	513
Principal Occupation		Name of Employer					
Investigator		State of Connecti	cut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  Is contributor a principal of a state contractor or prospective state contractor?  Yes			Amo	Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Section L1?  Of government the contraction of government the government the government the government the government the government of government the government of government the government of government the government of government the government that government the government of government of government the government of government the government of government the government of government of government the government of governmen	nch or b	oranches n: OExecutive	OLegis	lative No			
Method of Contribution:	. Ol	Date Received 04/07/2019	Aggregate 25.00	Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Fire		20.00				мі
Last Name		si Barbara					
Natarajan Residential Street Address	City				State	Zip (	Code
5 Mansfield Grove Road, #352	East	: Haven			CT	06	512
Principal Occupation	Ļ	Name of Employer	** *****				
Insurance Sales		Combined Insura					
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	didate for a chief executive ciated with have a contract Yes No	e officer of with said	f a municipality municipality	, Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	C Legi	slative • No			
Method of Contribution:		Date Received		Contributions			
OCash Personal Check Ocredit/Debit Card Payroll Deduction OMoney		04/07/2019	25.00				МІ
Last Name	Fi	rst Stephen					IATT
Monaco	City	Stephen			State	Zip	 Cođe
Residential Street Address 124 Bennett Road	1 1	t Haven			СТ	06	5513
Principal Occupation	J	Name of Employer				J	
Self		General Contrac	tor				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car e is asso	ndidate for a chief execution in the contraction of	ve officer of t with said	of a municipality municipality		ount 6	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Section L1?  No Section L1?	anch or	th: O Executive	Legi	slative			
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	v Order	Date Received 04/07/2019	25.00	e Contributions			
		AL Section B — Thi	<u> </u>	75.00			
		dditional Section B	- :	13,510.00			
TOTAL OF ALL CONTRIBUTIONS FRO	M IND	OIVIDUALS (Sections lumn A of Summary Page	A + B) e Totals)				

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#### Section B ADDITIONAL PAGE 3r

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Section B Applitonia			TVDE	C DEDORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
B. Itemized Co		utions from Indivi	duals			М	T
Last Name		rst Angolioo				IVI	1
Demers		Angelica			State	Zip Code	
Residential Street Address	City	t Haven			CT	0651	
488 Thompson Avenue	Las	Name of Employer					
Principal Occupation		Scarpellino's					
Manager  Is contributor a lobbyist spouse Yes   If contribution is in excess of \$400		1	e officer	of a municinality	Ame	ount of Co	ontribution
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contract  OYes  No	with said	municipality	25.		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or	branches	OLegi	slative No			
Method of Contribution:		Date Received		e Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	04/07/2019	25.00	)			
Last Name	1	irst				M	П
DePalma	`	JoAnne	,			<del>, , , , , , , , , , , , , , , , , , , </del>	
Residential Street Address	City				State CT	Zip Code 0651	
254 Cosey Beach Avenue	Las	st Haven			U1	1 0001	
Principal Occupation		Name of Employer					
Financial Advisor		Planning Partner			т.		4 13 44
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	to a ca	undidate for a chief executive octated with have a contract of Yes No	e officer t with said	of a municipality municipality	1	.00	ontribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of a section L1?  If yes, list Event # 04072019A	anch o	r branches vith: O Executive	. C Leg	islative No			
Method of Contribution:		Date Received	1	e Contributions			
OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMone			25.0	U		T X	MI
Last Name	- 1	First '					VII
Turcio		Jim			State	Zip Cod	ła
Residential Street Address	City	w Haven			CT	065	
229 Kneeland Road	146	Name of Employer					
Principal Occupation		City of New Have	en				
Building Official  Is contributor a lobbyist, spouse.  O Yes If contribution is in excess of \$40	04			of a municipality	/ Am	ount of C	Contribution
or dependent child of a lobbyist?  No does contributor or business he/sh valued at more than \$5,000?	ie is ass	ociated with have a contract  Yes  No	t with sai	d municipality	Į.	.00	.01111001101
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of If yes, indicate which be of government the contributor.	anch o	r branches vith: O Executive	: OLeg	<b>●)</b> No			
Method of Contribution:	au O4-	Date Received 04/07/2019	50.0				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMon	:						
		AL Section B — Thi	7.1	100.00		*	
	. 6	additional Section B		13,410.00			
TOTAL OF ALL CONTRIBUTIONS FRO	)M IN e 13. C	DIVIDUALS (Sections olumn A of Summary Page	A + B) e Totals)				

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# Section B ADDITIONAL PAGE 3s of 17

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Big Steve Tracey for Mayor	July 10 Filing			
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)	\$			
R Itemized Cor	ntributions from Indi	viduals	·	
Last Name	First		MI	
Carr	Marylou			
Residential Street Address	City		State Zip Code	
1832 Dean Street	New haven		CT 06512	
Principal Occupation	Name of Employer			
Waitress	IHop Restaura			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a control  Oyes  O	ract with said municipality lo	50.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of a surface of government the contract of government the government of government the contract of government the government of government the government of government the government of government the government of gove	nch or branches	ive OLegislative		
Method of Contribution:	Date Received	Aggregate Contributions		
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 04/07/2019	50.00		
Last Name	First		MI	
Lang	Charles		State Zip Code	
Residential Street Address	City East Haven		State Zip Code CT 06512	
74 Bradley Avenue	Name of Employer		0. 00012	
Principal Occupation	Retired			
Retired  Is contributor a lobbyist, spouse.  O Yes If contribution is in excess of \$400		utive officer of a municipalit	ty, Amount of Contribution	
or dependent child of a lobbyist?  One does contributor or business he/she valued at more than \$5,000?	is associated with have a cont	ract with said municipality No	75.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of a If yes, indicate which brain of government the contra	act is with: Execu	tive C Legislative		
Method of Contribution:	Date Received	Aggregate Contributions		
Ocash		75,00	MI	
Last Name	First		1411	
Muir	Ryan		State Zip Code	
Residential Street Address	Plantsville		CT 06479	
38 Zwicks Farm Road	Name of Employer			
Principal Occupation	Wells Fargo			
HR Manager  Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a candidate for a chief exe	cutive officer of a municipali	ity, Amount of Contribution	
or dependent child of a lobbyist?  No does contributor or business he/sh valued at more than \$5,000?	e is associated with have a cor Yes	No	100.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Section L1?  Is contributor a principal of a section L1?  If yes, indicate which brush of government the contributor of government the contributor.	act is with: O Execu	e state contractor? Ye  intive		
Method of Contribution:	Date Received ev Order 04/07/2019	100.00		
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone  STIR	BTOTAL Section B —			
	L of additional Section			
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Secti	ons A + B) Page Totals)		

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## Section B ADDITIONAL PAGE 3t of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
B. Itemized Con	tribution	s from Individ	uals				
Last Name	First					MI	
DiLungo	Christ	topher					
Kezidentiai 2greet vagareza	City	1		State	Zip Co	į.	
57 Idylwood Drive	Northford				004	12	
Principal Occupation Name of Employer							
Electrician		G Electric Inc.	- CC C i nim oli	5. I A		Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	is associated	with have a contract v	with said municipality	100	Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of a st If yes, indicate which bran of government the contract	ich or branch	nes _	contractor? Ye				
Method of Contribution:		Received	Aggregate Contributions				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 04	1/07/2019	100.00				
Last Name	First					MI	
Loesche	Barba	ara ·					
Residential Street Address	City			State	Zip Co		
427 Mansfield Grove Road	East Hav			CT	065	)12	
Principal Occupation		ne of Employer	l of Education				
Secretary	<b>I</b>	ast Haven Board					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate is associated	e for a chief executive with have a contract Yes • No	with said municipality	10	ount of 0.00	Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of a section L1?  If yes, list Event # 04072019A	nch or branc	ches Executive	Legislative 0				
Method of Contribution:	- 1	•	Aggregate Contributions				
OCash	Order 0	4/07/2019	100.00				
Last Name	First	la tan a				MI	
DiLungo		phine		State	Zip C	'ode	
Kestdentiai oncei Address	City East Ha	ven		CT	- 1	512	
66 Allison Way		ne of Employer					
Principal Occupation		etired					
Retired  Is contributor a lobbyist spouse. Yes If contribution is in excess of \$400			e officer of a municipa	lity. An	ount of	Contribution	
or dependent child of a lobbyist?  One does contributor or business he/she valued at more than \$5,000?	is associated	With have a contract Yes No	with said municipality	10	0.00		
event reported in Section L1? O No If yes, indicate which bra	If yes, list Event # 04072019A of government the contract is with:						
Method of Contribution:		e Received 4/07/2019	Aggregate Contributions				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney		ection B — This			· · · · · · · · · · · · · · · · · · ·		
		ional Section B	* "g"				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

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#### Section B ADDITIONAL PAGE 3u

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)			TYPE OF	REPORT			
Big Steve Tracey for Mayor				July 10 Filing				
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	-Receive S	ed this UBTO	Period ONLY TAL SECTION A	\$				
		1	e Talis	dala				<del></del>
	ized Con	First	tions from Indivi	duais			MI	-
Last Name		1	onald					
Esposito		City				State	Zip Code	
Residential Street Address 8 Woodmere Circle		•	Haven			CT	06473	
			Name of Employer	<u> </u>				
Principal Occupation  Developer			New Haven Tran	sport				
Developer  Is contributor a lobbyist snouse. Yes If contribution is in exce	ess of \$400 t	to a cand	lidate for a chief executiv	ve officer o	f a municipality,	Amo	ount of Contri	bution
or dependent child of a lobbyist?  No does contributor or busivalued at more than \$5,	ness he/she 000?	is associ	ated with have a contrac  OYes  No	t with said	municipality	l.	0.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes   Is contributor a pri   If yes, indicate of government	which brar	ich or bi	tractor or prospective star ranches : Œxecutive	OLegis	lative			
Method of Contribution:			Date Received		Contributions			
Ocash Personal Check Ocredit/Debit Card Opayroll Deduction	n OMoney	Order	04/07/2019	100.0	0	<u> </u>		
Last Name		Firs					MI	
DiLungo	•	M	ark				·   A	
Residential Street Address		City				State CT	Zip Code 06472	
516 Totoket road		North				<u> </u>	00472	
Principal Occupation			Name of Employer					
Electrician			DFG Electric Inc			· :		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or bust valued at more than \$5,	iness he/she	to a can- is assoc	didate for a chief executi iated with have a contrac O Yes • No	ct with said	of a municipality municipality		ount of Contri 0,00	ibunon
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes   Is contributor a property of the	te which bra	inch or l ict is wit	h: Executiv	e 🔘 Leg	islative			
Method of Contribution:	_		Date Received		e Contributions			
OCash Personal Check Ocredit/Debit Card Payroll Deduction	п (Мопеу		04/07/2019	100.	JU		М	
Last Name		Fir					Į,vii	
O'Donnell			ack			State	Zip Code	
Residential Street Address		City Ham	nden			CT	06514	
47 Hunters Way		1 Iaii	Name of Employer					
Principal Occupation			Self					
Attorney	20400		didate for a chief execut	ing officer	of a municipality	v An	nount of Contr	ribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or bus valued at more than \$5	siness he/sh	e is asso	ciated with have a contra	ct with said	I municipality		00.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No If yes, indicated of governments of governments of the section of the sectio	te which bra	anch or	ntractor or prospective s branches h: Executiv	e OLeg	<b>●</b> No			
Method of Contribution:	on Obtoon	n Orda-	04/07/2019	100.0				
OCash Personal Check OCredit/Debit Card OPayroll Deduction	on Orione	y Older						
			L Section B — Th	;	300.00			
	TOTA	L of a	dditional Section B	Pages	12,585.00			100
TOTAL OF ALL CONTRIBUTION	ONS FRO	M IND	IVIDUALS (Section	s A + B)				

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# Section B ADDITIONAL PAGE 3v of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)  SU	\$						
·							
B. Itemized Con-	tribu	tions from Individ	luals				
Last Name	First				ľ	M1	
Falanga	Pa	iui		State	Zip Co	de	
Residential Street Address	City Fast I	Haven		CT	065		
32 Gene Street		Name of Employer		<u> </u>			
Principal Occupation		Falanga Landsca	pe				
Owner  Is contributor a lobbyist, spouse.  O Yes If contribution is in excess of \$400 to	o a cand	_		ty, Am	ount of (	Contribution	
or dependent child of a lobbyist? No does contributor or business he/she is valued at more than \$5,000?	s associ	ated with have a contract Oyes No	with said municipality	10	100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of a st If yes, indicate which brand of government the contract	ch or bi	ranches	e contractor? Ye				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	04/07/2019	100.00				
Last Name	Firs	t				MI	
DiAdamo	A	rt ·					
Residential Street Address	City	I bassasa		State	2ip Co		
138 Townsend Avenue	New	Haven			000	712	
Principal Occupation		Name of Employer DiAdamo & Trace	y Rail Ronds				
Ower		l .		ity   Am	sount of	Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Yes of State of	is assoc	iated with have a contract  Yes  No	with said municipality		00.00	Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of a substitution of government the contract of government the government of government the government of government the government of government the government of government	nch or l	oranches	O Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
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Last Name	Fir					IVII	
Fronte		Sina		State	Zip C	Code	
Residential Street Address	City Fact	t Haven		CT	1 '	512	
145 Salerno Avenue	Lasi	Name of Employer					
Principal Occupation		East Haven Boa	rd of Education				
Secretary  Le contributor a lobbyist spouse.  Yes If contribution is in excess of \$400	to a car			lity, Ar	mount of	Contribution	
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract O Yes O No	t with said municipality	10	00.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Section 2.1?  Yes Is contributor a principal of a If yes, indicate which brate of government the contraction.	inch or l	branches h: O Executive	• • • • • • • • • • • • • • • • • • •	10			
Method of Contribution:							
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney		L Section B — Thi		<u> </u>			
	<u>·</u>	dditional Section B	3 X 11.go	 )			
TOTAL OF ALL CONTRIBUTIONS FROM	M IND		A + B)				

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# Section B ADDITIONAL PAGE 3w of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Big Steve Tracey for Mayor	July 10 Filing							
A. Total Contributions from Small Contributors-Receir (See instructions for definition of Small Contributor)	\$							
P. Itomizad Co	ontrib	outions from Indivi	duals					
		irst				MI		
Last Name Gravino		Stacy						
Residential Street Address	City			State	Zip C	1		
132 Vista Drive	Eas	st Haven		CT	065	512		
Principal Occupation		Name of Employer						
Town Clerk		Town of East Hav	/en					
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 asso	ociated with have a contract OYes No	with said municipality	12	Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of If yes, indicate which be of government the contributor.	ranch or	r branches rith: OExecutive	OLegislative No					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMon	ney Orde	r 04/07/2019	225.00					
Last Name	I	First				М		
Schwab		Robert			10.			
Residential Street Address	City	, l		State	Zip C	405		
14 Chapel Drive	Bra	anford		101	00	400		
Principal Occupation		Name of Employer	O-Luck 9 Dak	orgo				
Attorney		· ·	on, Schwab & Rob					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$40 does contributor or business he/s valued at more than \$5,000?	00 to a c she is ass	andidate for a chief execution in the contract of the contract	ve officer of a municipal t with said municipality		10unt 01 50.00	f Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes Is contributor a principal of If yes, indicate which to of government the contributor approximately section 1.1.	branch e	contractor or prospective st or branches with: Executive	e O Legislative					
Method of Contribution:		Date Received	Aggregate Contributions					
Ocash Personal Check Ocredit/Debit Card Payroll Deduction Mon			250.00			MI		
Last Name		First				IVII		
Cirillo		Frank		State	Zin	Code		
Residential Street Address	City	oodbridge		CT	1 -	3525		
59 Penny Lane	V V.	Name of Employer						
Principal Occupation		Cirillo Law Firm						
Attorney	400		ive officer of a municina	lity   A	maunt (	of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	/she is as	sociated with have a contra	ct with said municipality	2!	50.00	,, , , , , , , , , , , , , , , , , , , ,		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Section L1?  If yes, list Event # 04072019A	branch (	contractor or prospective stor branches with: Executive  Date Received	• • • • • • • • • • • • • • • • • • •	4o				
Method of Contribution:								
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMo								
SUBTOTAL Section B — This Page 625.00								
тот	ΓAL of	fadditional Section B	Pages 11,660.0	)	·			
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L	ROM IN ine 13, (	NDIVIDUALS (Sections Column A of Summary Pag	s A + B) ge Totals)					

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# Section B ADDITIONAL PAGE 3x

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OI.		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Big Steve Tracey for Mayor	July 10 Filing						
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  S	\$						
B. Itemized Con	ntribu	tions from Indivi	duals				
Last Name	Firs					MI	
lovanne	W	<i>l</i> illiam				L	
Residential Street Address	City	-		State	Zip C	405	
61 Pasture Lane	Brant					+03	
Principal Occupation		Name of Employer	Harrie Inc				
Funeral Director		Iovanne Funeral		,   .	<del></del>	Contribution	
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?	is assoc	iated with have a contract OYes No	with said municipality	100	0.00	Contribution	
Is this contribution associated with an event reported in Section L1?  No Is contributor a principal of a If yes, indicate which bra of government the contraction of government the contraction.	ınch or b	oranches _	_				
If yes, list Event# 0401201011		Date Received	Aggregate Contributions				
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	04//07/2019	100.00				
Last Name	Fire	st		<u></u>		MI	
D'Auria	J	oAnn					
Residential Street Address	City			State	Zip (		
69 French Avenue	East	Haven		CT	06	512	
Principal Occupation	·····	Name of Employer					
Retired		Retired					
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?	e is assoc	ciated with have a contrac Yes No	t with said municipality		ount o 00.00	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No No If yes, indicate which broof government the contribution associated with an event reported in Section L1?	anch or	branches	E C Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
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Last Name	- 1	irst				MI	
DeChello		Alana		State	Zin	Code	
Residential Street Address	City	th Haven		CT	1 1	6473	
13 Lexington Gardens	NOI	Name of Employer			ــــــــــــــــــــــــــــــــــــــ		
Principal Occupation		DeChello Law F	irm IIC				
Attorney		1		dity Ar	nount	of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of the contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	ne is asso	ociated with have a contra Yes • No	ct with said municipality	50	0.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No If yes, indicate which be of government the contributor a principal of the section L1?  If yes, list Event # 04072019A	ranch or	branches ith: Executiv	e O Legislative	No			
Method of Contribution:  Date Received Aggregate Contributions  On a Contribution Of Contribut							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon							
SUE	BTOTA	AL Section B — Th	is Page 250.00				
		additional Section B		0			
TOTAL OF ALL CONTRIBUTIONS FRO	OM INI 1e 13, Co	DIVIDUALS (Sections of Summary Page	s A + B) re Totals)				

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# Section B ADDITIONAL PAGE 3y of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Big Steve Tracey for Mayor				July 10 Filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  St	\$							
B. Itemized Con	tribu	tions from Indivi	duals			<u> </u>		
Last Name	First						MI	
DePino		hris		T.	State	Zip (	`ode	
Restrement Succi Address	City East	Haven		1	CT	1 -	512	
58 Cosey Beach Avenue	Luot	Name of Employer				<u>i</u>		
Principal Occupation  Lobbyist	į	DePino, Nunez &	Biggs,	LLC				
Ves If contribution is in excess of \$400 t	to a cand	lidate for a chief executiv	e officer (	of a municipality,	Amo	unt o	f Contribution	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is associ	iated with have a contract  Yes  No	with said	municipality	250	.00		
Ves Is contributor a principal of a s	tate con	tractor or prospective stat	e contract	or? QYes	1			
event reported in Section L1? No If yes, indicate which bran	ch or b	ranches Executive	OLegis	No Native				
If yes, list Event # 04072019A of government the contract  Method of Contribution:		Date Received	Aggregate	Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	04/08/2019	250.0	0				
Last Name	Firs						MI	
Torrealba	E	duardo				la.		
Kezideniiai oneet Admess	City	Haven			State CT	1	Code 513	
193 Thompson Street, Unit A	East	Name of Employer			01			
Principal Occupation		State of Connect	icut Jud	licial Branch				
Interpreter  Is contributor a lobbyist spouse.  O Yes If contribution is in excess of \$400	to a can				Amo	unt o	f Contribution	
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	is assoc	iated with have a contract Yes	t with said	municipality	25.	00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or l ct is wit	branches h: Executive	Leg	islative				
Method of Contribution:		Date Received		e Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		04/08/2019	25.0	J			М	
Last Name	Fir	st Vayne					144	
Moras	City	vayno		-	State	Zip	Code	
Residential Street Address  9 Brightwood Drive	1 1	odbridge			CT	00	5525	
Principal Occupation		Name of Employer						
Trucking		M&W Constructi	on Serv	rice, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of dependent child of a lobbyist?  No lif contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief execution ciated with have a contraction Yes No	ve officer t with said	of a municipality I municipality		ount (	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Section L1?  If yes, list Event # 04072019A  Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches th: O Executive	: O Leg	<b>●</b> 1/0				
Method of Contribution:	v Order	Date Received 04/09/2019	250.0					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		L Section B — Thi		525.00				
		dditional Section B		10,885.00			***	
TOTAL OF ALL CONTRIBUTIONS FROM	M IND		A + B)					

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## Section B ADDITIONAL PAGE 3z of 17

A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  B. Itemized Contributions from Individuals  B. Itemized Contribution	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
A. Total Contributions from Small Contributors-Received this Period ONLY SUBTOTAL SECTION A    Rob				July 10 Filing					
State   Stat	A. Total Contributions from Small Contributors-Receiv	ed thi	is Period ONLY OTAL SECTION A	\$					
State   Stat									
and Name    State   Robb	B. Itemized Co			duals		:		M	
Satisfation in Series Address 11 Dogwood Road 12 Dogwood Road 13 Contributor a Cobbyiet, spouse, or dependent child of a leabypat? 14 Contributor a Cobbyiet, spouse, or dependent child of a leabypat? 15 Series and the Contributor of the Contribution is in access of \$400 to a condidate for a child contribution accondited with an event reported in Section 1.17 17 Series (Street Page 1997) 18 Contributor of Personal Clack (**OCredit/Debit Card (**Peryoll Deduction (**Ocean Debit Page 1997) 18 Contributor of Street Page 1997) 18 Contributor of Personal Clack (**OCredit/Debit Card (**Peryoll Deduction (**Ocean Debut Page 1997) 18 Contributor of Street Page 1997) 18 Contributor of Street Page 1997 18 Contributor	ast Name								
North Haven	Bartolomeo		(ODD		S	tate	Zip C	ode	
Name of Employer   Empire Entertainment Group, LLC	Residential Street Address	1 1	h Haven		-		'		
Empire Entertainment Group, LLC	11 Dogwood Road	INOIL					<u> </u>		
South that a lab by ist, spouse, or dependent child of a lobbyist?  South that a 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 observed to section L1?  Yes, in Event is 04072019A.  Method of Contribution  South of Contrib	Principal Occupation		1 ' '	ment Group 11	С				
does contribution or business lacket is associated with any a contract with said municipality.  The contribution associated with an event reported in Section 1.17  Yes, in Event in General Check  Credit/Debit Card  Payroll Deduction  Money Order  PoPo's Club Car  Popularia  Sired Address  PoPo's Club Car  Popularia  P	Owner					Amo	unt of	Contribution	
Is this contribution associated with an event reported in Section L17   Yes, list Event #   Q4072019A	or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	e is asso	ciated with have a contract  OYes  No	te contractor?	Yes			Contilibution	
Cash   Personal Check   ©Credit/Debit Card   Payroll Deduction   Money Order   Paulina   Paul	event reported in Section L1?  No If yes, indicate which bra	anch or	branches th: OExecutive	OLegislative					
Cash   Personal Check   Cyredit/Debit Card   Payroll Deduction   Payroll Deduction   Money Order   Plantsville	Method of Contribution:		1		ж				
State   Carly   Paulina	Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone			50.00				T <sub>M</sub>	
Raize Raidential Street Address  26 Glendale Place  Raidential Street Address  26 Glendale Place  Raidential Street Address  26 Glendale Place  Raidential Street Address  27 City Code  CT 06405  Rame of Employer  PoPo's Club Car  Recontribution as lobbyist, spouse, or dependent child of a lobbyist? No of the contribution of the contribution associated with an event reported in Section L1? (Pyes, indicate which branch or branches of government the contract is with:  Residential Street Address  38 Zwicks Farm Road  Residential Street Address  Amount of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000?  Residential Street Address  Residential Street Addres	Last Name							IAIT	
Residential Street Address 26 Glendale Place    Name of Employer   PoPo's Club Car	Katz		Paulina —————————			State	7in (	ode.	
Name of Employer   PoPo's Club Car	Residential Street Address	1 -	£a.ud				1		
Owner  Owner  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N	26 Glendale Place	Вга						100	
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution of dependent child of a lobbyist?  No last his contribution associated with an event reported in Section L1?  No last Name Muir  Residential Street Address 38 Zwicks Farm Road  Principal Occupation HR Manager  Is contribution Money Order  Plantsville  Caty Plantsville  Ryan  City Plantsville  Ryan  City Plantsville  Ryan  City Plantsville  State Contribution associated with an evaluation of properties of a municipality, does contrabution of properties that contractor?  Wells Fargo  Manager  Is contribution associated with an event reported in Section L1?  Wells Fargo  If contribution is in excess of \$400 to a candidate for a chief executive of a municipality, does contrabution of business he/she is associated with have a contractor?  Plantsville  Name of Employer Wells Fargo  Manuager  Is contribution associated with an event of contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or or business he/she is associated with have a contractor?  Plantsville  Name of Employer Wells Fargo  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or or business he/she is associated with have a contract with said municipality, valued at more than \$5,000?  State City Plantsville  State Contribution  State Contribution  Amount of Contribution  State Contribution  State Contribution  Date Received Aggregate Contribution  Amount of Contribution  Amount of Contribution  Date Received Aggregate Contribution  Date Received Aggregate Contribution  Amount of Contribution  Date Received Aggregate Contributions  Date Received	Principal Occupation		1						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contributor a sociated with an event reported in Section L1?  If yes, list Event # 04072019A  Method of Contributor  Success of \$400 to a candidate for a chief executive officer of a municipality, and east more than \$5,000?  Is this contributor a principal of a state contractor or prospective state contractor?  Yes, list Event # 04072019A  Method of Contribution:  Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Deduction			,			<del>1</del>		CC-4-lhytion	
event reported in Section L1?  If yes, list Event # 04072019A  Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Ocash Opersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction OMoney Order  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Ocash Opersonal Check Occasion Opers	or dependent child of a lobbyist?  No does contributor or business he/sh valued at more than \$5,000?	he is asso	ociated with have a contrac Yes • No	et with said municipal	ipanty, lity			Contribution	
Method of Contribution:  Ocash OPersonal Check Credit/Debit Card Payroll Deduction Money Order  Od/09/2019  First Ryan  City Plantsville  City Plantsville  Name of Employer Wells Fargo  Nells Fargo  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order  SUBTOTAL Section B — This Page  Date Received 04/09/2019  Source  Aggregate Contributions 50.000  MI  MI  MI  MI  Amount of Code CT 06479  Amount of Contribution  Amount of Contribution 250.00  SUBTOTAL Section B — This Page  350.00	event reported in Section L1? No If yes, indicate which b	ranch o	r branches with: Executiv	e 🔾 Legislative	ĎNo				
East Name   First   Ryan   Ryan   State   Zip Code   CT   06479	Method of Contribution:			1	.ons				
Residential Street Address  38 Zwicks Farm Road  Principal Occupation HR Manager  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, iist Event # 04072019A  Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  City Plantsville  Name of Employer Wells Fargo  New of Executive officer of a municipality, does contract with said municipality of a state contract with said municipality of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # 04072019A  Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  SUBTOTAL Section B — This Page  350.00	Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMon			50.00				Тмп	
Residential Street Address  38 ZWicks Farm Road  Principal Occupation HR Manager  Name of Employer Wells Fargo  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No lose contributor or business he/she is associated with have a contract with said municipality address contribution associated with an event reported in Section L1?  If pes, list Event # Q4072019A  Method of Contribution:  Ocash Opersonal Check Occedit/Debit Card Opayroll Deduction Omoney Order  SUBTOTAL Section B — This Page  State Zip Code CT 06479  Amount of Contribution associated with an event reported a municipality of a state contractor or prospective state contractor?  Yes No Date Received Aggregate Contributions 04/11/2019 350.00	Last Name	- 1						NII NII	
Residential Street Address  38 Zwicks Farm Road  Principal Occupation  HR Manager  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Method of Contribution:  Ocash OPersonal Check Occedit/Debit Card OPayroll Deduction OMoney Order  Plantsville  Name of Employer  Wells Fargo  Name of Employer  Wells Fargo  Name of Employer  Wells Fargo  Amount of Contribution a contract with said municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No  State contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Ocash OPersonal Check Occedit/Debit Card OPayroll Deduction OMoney Order  SUBTOTAL Section B — This Page  350.00	Muir		Ryan			Charles	7 in	Code	
Principal Occupation HR Manager  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Method of Contribution:  Ocash OPersonal Check Occupation  Principal Occupation Wells Fargo  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 contributor a principal of a state contractor or prospective state contractor?  If yes, lindicate which branch or branches of government the contract is with:  Obate Received O4/11/2019  Aggregate Contributions O4/11/2019  Aggregate Contributions O4/11/2019  SUBTOTAL Section B — This Page  350.00	Residential Street Address	1 1					1 '		
HR Manager  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Method of Contribution:  Ocash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney Order  Wells Fargo  Wells Fargo  Wells Fargo  Wells Fargo  Wells Fargo  Amount of Contribution as candidate for a chief executive officer of a municipality, does contribution of a contract with said municipality valued at more than \$5,000?  Yes No  Is contribution associated with an event reported in Section L1?  Officer of a municipality, does contribution of sanctact with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  Officer of a municipality, does contract with said municipality valued at more than \$5,000?  Personal of Section 1:  Officer of a municipality, does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution associated with have a contract with said municipality, and such a contract with said municipality, does contribution of a state contractor or prospective state contractor?  Officer of officer of a municipality, does contribution of a state contract with said municipality, and such a contract with said municipality, does contribution of a state contractor or prospective state contractor?  Officer of officer of a municipality, does contribution of a state contract with said municipality, and such a contract with said municipal	38 Zwicks Farm Road	Pia					1 0	7710	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Method of Contribution:  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Subtrotal Section B — This Page  Amount of Contribution 250.00  Amount of Contribution 250.00  Description of a chief executive officer of a municipality and contract with said municipality valued at more than \$5,000?  Personal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Subtrotal Section B — This Page  Occasion Description of a chief executive of a municipality and contract with said municipality and contract with said municipality of a state contract or or prospective state contractor?  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Subtrotal Section B — This Page  Occasion Description of a state contractor or prospective state contractor?  Occasion Description of a state contractor or prospective state contractor?  Occasion Description of a state contractor or prospective state contractor?  Occasion Description of a state contractor or prospective state contractor?  Occasion Description of a state contractor or prospective state contractor?  Occasion Description of a state contractor or prospective state contractor?  Occasion Description of a state contractor or prospective state contractor?  Occasion Description of a state contractor or prospective state contractor?  Occasion Description of a state contractor or prospective state contractor?  Occasion Description of a state contractor or prospective state contractor?  Occasion Description of a state contractor or prospective state contractor?  Occasion Description of a state contractor or prospective state contractor?  Occasion Description of a state contractor or prospective state contractor?  Occasion Description of a state contr	Principal Occupation								
or dependent child of a lobbyist?  No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04072019A  Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  SUBTOTAL Section B — This Page 350.00	HR Manager		1		- 11.	<del></del>		CO ( )	
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received O4/11/2019  Aggregate Contributions O4/11/2019  SUBTOTAL Section B — This Page  350.00	or dependent child of a lobbyist?  No  does contributor or business he/s valued at more than \$5,000?	she is ass	sociated with have a contra Yes No	or with said municipa	aniy	1	-	or Courtingno	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  SUBTOTAL Section B — This Page 350.00	event reported in Section L1? O No If yes, indicate which b	branch o	or branches with: Executiv	e O Legislative	<b>⊙</b> №				
SUBTOTAL Section B — This Page 350.00	Method of Contribution:	nev Ord		1					
SUBTOTAL Section D This Tage									
TOTAL of additional Section B Pages 10,535.00	SU	втот	AL Section B — Th	is Page   350.00	) ——				
	тот	'AL of	additional Section I	Pages 10,535	5.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Finite total on Line 13, Column A of Summary Page Totals)	TOTAL OF ALL CONTRIBUTIONS FR	OM IN	DIVIDUALS (Section	s A + B)					

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

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	pository)			TYPE O	FREPORT			
Big Steve Tracey for Mayor				July 1	0 Filing			
A. Total Contributions from Small Contributors-	-Receive	d this	Period ONLY FAL SECTION A	\$				
(See instructions for definition of Small Contributor)		OB I O						
D 14	and Con	tuibut	tions from Indivi	alent				
	zeu Con	First		ции			·	МІ
Last Name Simmons		Sh	annon					
Residential Street Address	(	City				State	Zip Co	
400 Bradley Street		East I	-laven			СТ	065	12
Principal Occupation			Name of Employer					
Attorney			Max Simmons La					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in exceed does contributor or busin valued at more than \$5,0	ness he/she i 100?	is associ	ated with have a contract  Oyes  No	with said	municipality		ount of (	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a print   If yes, indicate   If yes, indicate   of government	which bran	ch or br	ractor or prospective state ranches Executive	_	● No			
Method of Contribution:			Date Received	1	Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney	Order	04/30/2019	100.0	00			
Last Name		First						MI
DiAdamo	·	Aı	t ·			Dest	Zip Ci	-do
Residential Street Address		City	Haven			State CT	065	
138 Townsend Avenue		New	Name of Employer				1 000	/ 1 6
Principal Occupation		Ì	DiAdamo & Trac	ev Bail	Bonds			
Owner  Is contributor a lobbyist spouse. Yes If contribution is in exce	£ 6400			•		Am	ount of	Contribution
or dependent child of a lobbyist? No does contributor or busin valued at more than \$5,6	ness he/she 0007	is associ	iated with have a contrac Yes • No	t with said	municipality		0.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a pri If yes, indicate of governmen	e which bra	nch or b ct is with	n: Executive	C Leg	islative No			
Method of Contribution:				1	e Contributions			
OCash Personal Check Ocredit/Debit Card OPayroll Deduction	Money		05/08/2019	1,00	0.00			MI
Last Name		Fire	⁵i 1ichelle					IVII
Tracey		City	HOHERE			State	Zip C	ode
Residential Street Address		1	Haven			СТ	06	512
31 River Road			Name of Employer			<u> </u>		
Principal Occupation  Dean' Assistant			Yale University					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in except does contributor or business.	iness he/she	to a can	didate for a chief execution in the contraction of	xt with said	of a municipality	-	0.00	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Valued at more than \$5,  Yes   Is contributor a principle of government of go	incipal of a e which bra	nch or t	ntractor or prospective storanches h: Executive	ate contra	islative • No		0.00	
Method of Contribution:	<u> </u>	<u> </u>	Date Received	00 -	te Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction	n ()Mone	y Order	05/09/2019	550.	JU			
	SUB'	гота	L Section B — Thi	s Page	1,500.00			
	TOTA	L of ac	lditional Section B	Pages	9,035.00			
TOTAL OF ALL CONTRIBUTIO	NS FRO	M IND	IVIDUALS (Sections umn A of Summary Pag	A + B) e Totals)				

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# Section B ADDITIONAL PAGE 3bb of 17

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A Total Contributions from Small Contributors-Receive	ed this UBTOT	Period ONLY FAL SECTION A	\$				
B. Itemized Con		ions from Individ	luals		l MI		
Last Name	First Ma	ark					
DiLungo	City			State	Zip Code		
Residential Street Address  18 Caputo Road	Northf	ford		СТ	06472		
Principal Occupation	1	Name of Employer		_ <u>k</u>			
Electrician		DFG Electric Co.	lnc.				
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?  In this contribution associated with an Yes Is contributor a principal of a second	is associa	ated with have a contract  Oyes  No	with said municipality	100	ount of Contribution ).00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Section L1?  Yes No Is contributor a principal of a section L1?  No of government the contraction of government the contraction.	nch or bract is with:	anches OExecutive	OLegislative No				
Method of Contribution:	1	Date Received 05/30/2019	Aggregate Contributions				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order First		200.00		МІ		
Last Name	1	ark ·					
DiLungo Residential Street Address	City			State	Zip Code		
516 Totoket Road	North	ıford		CT	06472		
Principal Occupation	1	Name of Employer					
Electrical Contractor		DFG Electric Co.					
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?	e is associ	iated with have a contract  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 # 06232019B  Yes No No If yes, indicate which bra of government the contra	anch or b	oranches _	: C Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash Personal Check Ocredit/Debit Card Payroll Deduction OMone		05/30/2019	200.00		Тмі		
Last Name	Firs	st Christopher					
DiLungo	City	Throtophor		State	Zip Code		
Residential Street Address 57 Idlewood Drive	North	hford		СТ	06472		
Principal Occupation		Name of Employer					
Electrical Forman		DFG Electric Co	. Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of the contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	ne is assoc	oiated with have a contract Yes • No	et with said municipality	10	nount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of a If yes, indicate which be of government the contributor.	ranch or b	branches h: O Executive		Įo –			
Method of Contribution:	au Ordar	Date Received 05/30/2019	200.00				
Ocash Personal Check Ocredit/Debit Card OPayroll Deduction OMond							
		L Section B — Thi	10 1 11 10	<b></b>			
	<i>ii</i>	dditional Section B		<u> </u>			
TOTAL OF ALL CONTRIBUTIONS FRO	)M IND ne 13, Coli	IVIDUALS (Sections umn A of Summary Pag	s A + B) re Totals)				

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# Section B ADDITIONAL PAGE 3cc of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A Total Contributions from Small Contributors-Receive	ed this SUBTO	Period ONLY TAL SECTION A	\$				
B. Itemized Cor	ntribu	tions from Individ	luals				
Last Name	First						MI
DePalma	Ga	ary				1	
Residential Street Address	City			]	State	Zip C	ode 512
16 Center Avenue		Haven			СТ	UO	012
Principal Occupation		Name of Employer		. 1			
Protective Services		Yale-New Haven			- <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?	is associ	iated with have a contract  OYes  No	with said	municipality	, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of a second of government the contract of government the government of government the contract of government the government of government the government of government the government of government the government of	nch or bu	ranches	e contract Legis	<b>●</b> 1/10			
Method of Contribution:		Date Received	Aggregate	Contributions			
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	05/28/2019	25.00				
Last Name	Firs	ŧ					MI
Albert	С	hristopher					
Residential Street Address	City				State	Zip (	
18 Prospect Place Ext.	East	Haven			СТ	06	512
Principal Occupation		Name of Employer					
Truck Driver		Self					
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?	e is assoc	iated with have a contract  Yes  No	with said	municipality	10	ount o 0.00	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Is contributor a principal of a If yes, indicate which brain of government the contra	anch or t	branches	O Leg	islative No			
Method of Contribution:		Date Received	1	e Contributions			
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Last Name	Fir						MI
Albert	J	lulianna			T a	19:-	Codo
Residential Street Address	City	t Hayan			State	1 '	Code 3513
77 Bennett Road	⊢asī	t Haven				1 00	
Principal Occupation		Name of Employer					
NA				of a municipalit	1 4 2	ount (	of Contribution
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?	ie is assoc	ciated with have a contrac Yes No	t with sai	i municipality	10	0.00	A Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a If yes, indicate which brof government the contributor is principal of a lift yes, indicate which brof government the contributor is principal of a lift yes, indicate which brof government the contributor is principal of a lift yes, indicate which brof government the contributor is principal of a lift yes, indicate which brof government the contributor is principal of a lift yes, indicate which brof government the contributor is principal of a lift yes, list Event # 06232019B	anch or	branches th: O Executive	Leg	islative			
Method of Contribution:	o :	Date Received 06/01/2019	Aggrega 100.	te Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMond	ey Order	00/01/2019	100.	JU			
SUB	BTOTA	AL Section B — Thi	s Page	225.00			
		dditional Section B		8,510.00	·	<u> </u>	
TOTAL OF ALL CONTRIBUTIONS FRO	M IND e 13, Col	IVIDUALS (Sections lumn A of Summary Pag	A + B) e Totals)				

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## Section B ADDITIONAL PAGE 3dd of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Big Steve Tracey for Mayor			July 10 Filing					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$					
B. Itemized (	Contril	outions from Indivi	duals					
Last Name	l "	irst					MI	
Monaco		Stephen				Zip C		
Residential Street Address	City	st Haven		1	State CT	1 -	513	
124 Bennett Road	Las	Name of Employer					J. ( )	
Principal Occupation		Comcast						
Contractor  Is contributor a lobbyist, spouse.  O Yes If contribution is in excess of \$2.50 for the spouse of \$2.50 for the sp	400 to a a		re officer of	a municinality	Amo	unt of	Contribution	
or dependent child of a lobbyist?  One does contributor or business he/valued at more than \$5,000?	/she is ass	ociated with have a contract OYes No	with said n	nunicipality	1	Amount of Contribution 50.00		
event reported in Section L1? No If yes, indicate which	branch or	contractor or prospective state r branches ofth:  OExecutive	_	● No				
If yes, list Event # 06232019B or government the con-		Date Received	Aggregate	Contributions	1			
OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMo	oney Orde	r 06/03/2019	75.00					
Last Name	I	First					MI	
Parise		Anthony						
Residential Street Address	City				State	Zip C		
67 Maple Street	Mil	ford			CT	06	460	
Principal Occupation		Name of Employer						
Public Adjuster		Anthony N. Paris						
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 he valued at more than \$\frac{1}{2}\$,000?	3400 to a c s/she is ass	andidate for a chief executive sociated with have a contract Yes No	ve officer of t with said i	a municipality, nunicipality		ount of 0.00	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal If yes, indicate which of government the contributor apprincipal Is contributor apprincipal If yes, indicate which of government the contributor apprincipal Is contributor apprincipal	i branch c	contractor or prospective sta or branches with: Executive	: O Legis	lative No				
Method of Contribution:		Date Received	1	Contributions				
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Last Name		First					MI	
DeLucia		Rose			· -	T		
Residential Street Address	City	with 1 layers			State CT	1 '	Code 6473	
31 Elizabeth Terrace	INC	orth Haven					7470	
Principal Occupation		Name of Employer						
Retired	<b>.</b>	Retired	6%	f a municipality			f Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of 3 does contributor or business he valued at more than \$5,000?	e/she is as	sociated with have a contrac Yes No	t with said	municipality		0.00	Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Is contributor a principal of a state contractor or prospective state contractor?  One of government the contract is with:								
Method of Contribution:	√onev Ord	Date Received ler 06/04/2019	100.0		ŀ			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OM	· · ·	TAL Section B — Thi		250.00				
	<del></del>	additional Section B	- Lago	8,260.00				
TOTAL OF ALL CONTRIBUTIONS FI	ROM IN	DIVIDUALS (Sections	A + B)	,				
(Enter total on )	Line 13, C	Column A of Summary Page	e Totals)					

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# Section B ADDITIONAL PAGE 3ee of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A Total Contributions from Small Contributors-Receiv	ed thi	s Period ONLY OTAL SECTION A	\$				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
P. Itomigad Co.	ntribi	utions from Indivi	luals				
	Fire		2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			MI	
Last Name DILungo	J	osephine					
Residential Street Address	City			State	Zip Co		
66 Allison Way	East	Haven		СТ	065	513	
Principal Occupation		Name of Employer					
Retired		Retired					
ls 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?	e is assoc	ciated with have a contract  Oyes  No	with said municipality	50	Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or l	branches	O Legislative	S )			
Method of Contribution:		Date Received	Aggregate Contributions				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	06/01/2019	150.00			νσ.	
Last Name	Fi					MI	
Streeto		Carol		1 84.1.	Zip C	l l l	
Residential Street Address	City	£ Llauan		State	1 '	513	
70 Allison Way	Eas	t Haven		10,			
Principal Occupation		Name of Employer					
Retired		Retired	CC i oin al	ite. T A s		Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	ne is asso	Oriated with have a contract Yes No	t with said municipality	50	00.00	Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of If yes, indicate which be of government the contributor.	ranch or	th: Executive	ate contractor?  Contractor?  You  Note O Legislative  Aggregate Contributions	es Io			
Method of Contribution:	0.1	Date Received	50.00	1			
Ocash    Personal Check    Ocredit/Debit Card    Payroll Deduction    Mon-			30.00	<u> </u>		MI	
Last Name	I	<sup>Pirst</sup> Patricia					
Monaco		ratilota		State	Zip	Code	
Residential Street Address	City	st Haven		СТ	06	3513	
124 Bennett Road		Name of Employer					
Principal Occupation		Retired					
Retired  Is contributor a lobbyist spouse.   Yes If contribution is in excess of \$40	00 to a ca	andidate for a chief execut	ive officer of a municipa	lity, A	mount (	of Contribution	
or dependent child of a lobbyist?  One does contributor or business he/s valued at more than \$5,000?	he is ass	ociated with have a contra- Yes • No	ct with said municipality	5	0.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No If yes, indicate which be of government the contributor of government the contributor of government the contributor apprincipal of the section of government the contribution associated with an event reported in Section L1?	ranch or	r branches	ate contractor?  e O Legislative  Aggregate Contributions	10			
Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Payroll Deduction OMor	ney Orde		50.00				
		AL Section B — Th	is Page 150.00	<b>. l</b>			
		additional Section B					
TOTAL OF ALL CONTRIBUTIONS FRO	OM IN ne 13, C	DIVIDUALS (Sections olumn A of Summary Pag	s A + B) ge Totals)				

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## Section B ADDITIONAL PAGE 3ff of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Receive	ed this UBTOT	Period ONLY AL SECTION A	\$				
							·
B. Itemized Con		ions from Individ	luals				MI
Last Name	First	thony					IVII.
Serio	City				State	Zip C	Code
Residential Street Address 218 Foxon Road	East I	laven			CT	06	513
Principal Occupation	1	Name of Employer				I	
Claims Adjuster	1	Claimpro					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	is associa	ited with have a contract OYes ONo	with said	municipality	Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Is contributor a principal of a s  If yes, indicate which bran of government the contract	ich or bra	anches	OLegis	lative No			
Method of Contribution:		Date Received		Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney		06/04/2019	100.0	0			l) a
Last Name	First						MI
Ricci	City	onna			State	Zip (	Code
Residential Street Address	,	-laven			CT	1	513
140 Pleasant Avenue Principal Occupation		Name of Employer		<u> </u>		1	
Realtor		Coldwell Banker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associa	idate for a chief executivated with have a contract  Yes  No	e officer o with said	f a municipality municipality	50.		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or bi	ranches : O Executive	O Legi	slative No			
Method of Contribution:		Date Received	1	Contributions			
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Last Name	Firs	iane					
DiLungo	City				State	Zip	Code
Residential Street Address 43 Maplevale Road	1 '	Haven			СТ	06	3513
Principal Occupation	1	Name of Employer					
Secretary		DFG Electric Co.	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 cand is associ	lidate for a chief executivated with have a contract Yes • No	ve officer of t with said	of a municipality municipality		ount o	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	ranches : O Executive	CLegi	slative •No			
Method of Contribution:	u Ordon	Date Received 06/04/2019	Aggregat 50.00	e Contributions			
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SUB	TOTA	L Section B — Thi	Page	200.00			·
		ditional Section B		7,910.00			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDI 13, Colu	VIDUALS (Sections omn A of Summary Page	A + B) Totals)				

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# Section B ADDITIONAL PAGE 399 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A			\$				
B. Itemized Conti	ributi	ons from Individ	luals				
Lasi Name	First						МІ
Esposito		bara		1	State	Žip C	ode
Residential Street Address	•	east Haven			CT	1 1	512
2 Manstield Grove Road, Offic 27 t		Name of Employer					
Principal Occupation		Retired					;
Retired  Is contributor a lobbyist, spouse.  Yes If contribution is in excess of \$400 to	1		officer of	a municipality	Amo	unt of	Contribution
or dependent child of a lobbyist?  No does contributor or business he/she is valued at more than \$5,000?	associa	ciated with have a contract with said municipality  Oyes  No  50.00					
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a sta   If yes, indicate which branch of government the contract is	ch or bra	actor or prospective state unches ©Executive	OLegisl	ative			
Method of Contribution:	I	Date Received		Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney O	Order	06/04/2019	50.00				
Last Name	First						MI
DePalma	_ Mi	chelle ·				172-0	
Residential Street Address	City	l-von			State CT	Zip C	513
40 Wood Terrace	East I					100	
Principal Occupation		Name of Employer Retired					
Retired			a offiner o	f a municipality	Am	nunt o	f Contribution
or dependent child of a lobbyist?  No does contributor or business he/she is valued at more than \$5,000?	Yes No						Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of a st  If yes, indicate which brane of government the contract	ich or bi	ranches _	O Legi	slative			
Method of Contribution:	i	Date Received	50 0	Contributions			
OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney C	Order	06/05/2019	100.0	00			l v a
Last Name	First						MI
DiLungo		asquale			State	Zin	Code
Residential Street Address	<sup>City</sup> Brant	ford			СТ	1 -	3405
3 Estner Place	Dian	Name of Employer		<u> </u>			
Principal Occupation		Retired					
Retired  Is contributor a lobbyist, spouse.  O Yes If contribution is in excess of \$400 to	to a cano		ve officer	of a municipalit	y, Am	ount (	of Contribution
or dependent child of a lobbyist? One does contributor or business he/she i valued at more than \$5,000?	is associ	ated with have a contract Yes No	t with said	municipality	10	0.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a significant which bran of government the contract	nch or b	ranches Executive	○ Legi	<b>●</b> N0			
Method of Contribution:	Oedo-	Date Received 06/05/2019	100.0				
OCash Personal Check OCredit/Debit Card Payroll Deduction OMoney		L Section B — This		250.00			
		ditional Section B		7,660.00			-
TOTAL OF ALL CONTRIBUTIONS FROM	u INDI	3 A A	A + B)				

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# Section B ADDITIONAL PAGE 3hh of 17

VAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Big Steve Tracey for Mayor	July 10 Filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  Si	\$					
B. Itemized Con	itributions	from Individ	uals			1.7
ast Name	First					MI
Proto	Gina			State	Zip.	Code
Lesidential Street Address	<sup>City</sup> East Have	an .		CT	'	3512
145 Rock Street		of Employer			l	
Principal Occupation	1	R Concrete Inc	<b>.</b>			
Secretary  s contributor a lobbyist spouse. Yes If contribution is in excess of \$400 to				ality, A	mount	of Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is associated w	OYes ONo	with said municipant	y	00.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a s   If yes, indicate which bran of government the contract	nch or branch	es _	OLegislative			
Method of Contribution:	I	Received	Aggregate Contribution	ıs		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 06/	/03/2019	100.00			
Last Name	First					MI
Proto	Ronal	d, Jr				0.1
Residential Street Address	City			State	1 '	Code 6512
145 Rock Street	East Hav					0012
Principal Occupation	1	of Employer .R Concrete Inc	<b>^</b>			
Self	1			nality /	mount	of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 does contributor or business he/she valued at more than \$5,000?	e is associated	Yes O No	with said municipan	·	100.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or brancl act is with:	hes Executive	O Legislative	Yes No		
Method of Contribution	- 1	Received	Aggregate Contributio	ins		
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		3/03/2019	100.00			М
Last Name	First Charl	las				1
Lang	City			State	. Z	ip Code
Residential Street Address	East Hav	ven		C	Г (	06512
74 Bradley Avenue		ne of Employer		L		
Principal Occupation		etired				
Retired  Is contributor a lobbyist spouse. O Yes If contribution is in excess of \$400	0 to a candidat	e for a chief executi	ve officer of a munic		Amoun	t of Contributio
or dependent child of a lobbyist? No does contributor or business he/sh-valued at more than \$5,000?	e is associated	Yes No	t with said municipal	inty	300.0	0
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a lifyes, indicate which broad of government the contributor as principal of a lifyes, indicate which broad in the contributor as principal of a lifyes, indicate which broad in the contributor as principal of a lifyes, indicate which broad in the contributor as principal of a lifyes, indicate which broad in the contributor as principal of a lifyes, indicate which broad in the contributor as principal of a lifyes, indicate which broad in the contributor as principal of a lifyes, indicate which broad in the contributor as principal of a lifyes, indicate which broad in the contributor as principal of a lifyes, indicate which broad in the contributor as principal of a lifyes, indicate which broad in the contributor as principal of a lifyes, indicate which broad in the contributor as principal of a lifyes, indicate which broad in the contributor as principal of a lifyes, indicate which broad in the lifyes in the life in the	ranch or branc ract is with:	or or prospective sta hes Executive	~ · · · · · ·	Yes No ions		
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone		6/06/2019	375.00			
		ection B — Thi	s Page 500.00			
		ional Section B		 00		
TOTAL OF ALL CONTRIBUTIONS FRO	)M INDIVII 19 13. Column	)UALS (Sections A of Summary Page	ATD) e Totals)			

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## Section B ADDITIONAL PAGE 3|| of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Big Steve Tracey for Mayor				July 10 Filing			
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)	\$						
						<b></b>	
B. Itemized Cor	ntribu	tions from Individ	luals				MI
Last Name	1	chael					,
Coppola  Residential Street Address	City				State	Zip C	ode
3214 Avalon Haven Drive	North	Haven			CT	064	473
Principal Occupation		Name of Employer		··········		.l	
Vice-President		GBAC, 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?	is associ	ated with have a contract  Over  No	with said	municipality	, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a second by the s	nch or br	anches _	OLegi	slative No			
Method of Contribution:		Date Received	"" "	e Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	06/06/2019	100.0	00			
Last Name	First	-					MI
Trotta		atherine			State	Zip C	Code
Residential Street Address 126 Elm Street	City North	ı Haven			CT		473
Principal Occupation		Name of Employer			l	1	
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of S400 does contributor or business he/she valued at more than \$5,000?	to a cano	lidate for a chief executive attention at the contract of Yes No	e officer with said	of a municipality I municipality	/, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	ranches n: Executive	O Leg	islative			
Method of Contribution:			1	e Contributions			
OPersonal Check		06/06/2019	50.0	J			М
Last Name	Firs	hil					1411
Esposito	City	1411			State	Zip	 Code
Residential Street Address  2 North Street	1 1	Haven			СТ	06	513
Principal Occupation	J	Name of Employer			I	J	
Contractor		Comcast					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	) to a can e is assoc	didate for a chief executive iated with have a contract Yes No	e officer with said	of a municipalit d municipality	y, Am		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	oranches n: Executive	CLeg	islative •No			
Method of Contribution:	nu Ordar	Date Received 06/06/2019	Aggrega 50.00	te Contributions			
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Older	33/33/23/3	1 30.0		<u> </u>		
SUB	TOTA	L Section B — This	Page	200.00			
TOTA	L of ad	Iditional Section B	Pages	6,960.00			
TOTAL OF ALL CONTRIBUTIONS FRO	M IND	IVIDUALS (Sections	A + B) Totals				

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# Section B ADDITIONAL PAGE 3jj of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Big Steve Tracey for Mayor	July 10 Filing							
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$							
B. Itemized Con	tribu	tions from Individ	duals					
Last Name	Firs						MI	
Silva	J	oseph						
Residential Street Address	City				State	Zip C	ode 512	
33 Legend Lane	East	Haven			СТ	00:	014	
Principal Occupation		Name of Employer						
Retired		Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract  Oyes  No	with said	типісіранцу	1	Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a second by the s	ich or b	oranches _	e contract	● No				
Method of Contribution:		Date Received	1	Contributions				
●Cash	Order	06/21/2019	100.0	0				
Last Name	Fir	st					MI	
Esposito	L	inda ·						
	City				State	Zip C		
8 Woodmere Circle	Nort	h Haven			СТ	06	473	
Principal Occupation		Name of Employer						
Retired		Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No View No View Valued at more than \$5,000?	is asso	ciated with have a contract  Yes No	t with said	municipality	100	ount o	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or	branches	. O Legi	islative No				
Method of Contribution:		Date Received		e Contributions				
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Last Name		irst					MI	
Maenza		James			1	72:	Code	
Residential Street Address	City	. 6.1 Lauram			State	-	5512	
99 McLay Avenue	Las	t Haven					JU 12	
Principal Occupation		Name of Employer	atian					
Owner		Versatile Renova		C 11114			CCtulbution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is asso	Ociated with have a contract Yes No	et with said	i municipality	10	00.00	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No No Is contributor a principal of a If yes, indicate which bra of government the contra	anch or	th: Executive	e OLeg	<b>●</b> 140				
Method of Contribution:	01	Date Received 06/06/2019	100.0					
ORash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone								
SUB	TOT	AL Section B — Thi	is Page	300.00				
		additional Section B		6,660.00				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INI 13, Ca	DIVIDUALS (Sections blumn A of Summary Pag	A + B) e Totals)					

SEEC FORM 20 Revised January 2015

### Section B ADDITIONAL PAGE 3kk of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE O	F REPORT			
Big Steve Tracey for Mayor		July 10 Filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$						
							· · · · · · · · · · · · · · · · · · ·
B. Itemized Con	atribu	itions from Individ	duals				
Last Name	Firs	st Villiam					МІ
Snow		viinam			State	Zip (	Code
Residential Street Address 25 Peat Meadow Road	City New	Haven			CT	1	512
Principal Occupation		Name of Employer					
Owner		W-S Editions					
Ver I frontribution is in excess of \$400	to a can	didate for a chief executiv	e officer of	of a municipality,	Amo	ount o	f Contribution
or dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N	is assoc	siated with have a contract  Oyes  No	with said	municipality	_ 100	0.00	
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Method of Contribution:	. 0. 4	Date Received 06/06/2019	Aggregate 100.0	e Contributions			
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Order Fir:		100.0	70	<u> </u>		М
Last Name	1	stacy ·					
Gravino Residential Street Address	City				State	Zip	Code
132 Vista Drive	1	: Haven			CT	06	3512
Principal Occupation	l	Name of Employer					
Town Clerk		Town of East Hav	ven				
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	ndidate for a chief executive ciated with have a contract Yes No	e officer 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 # 06232019B  Yes No If yes, indicate which bra of government the contra	anch or act is wit	branches th: Executive	O Leg	islative • No			
Method of Contribution;			1	e Contributions			
OCash		06/06/2019	375.	00			120
Last Name	Fi	rst Antonio					МІ
Rossano	City	ATIONIO			State	Zip	Code
Residential Street Address  12 Nut Plains Road	1	th Haven			CT	1 1	6437
Principal Occupation	<u> </u>	Name of Employer					
Managing Partner		R Realty					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sho	to a car e is asso	ndidate for a chief executive ciated with have a contract Yes No	ve officer t with said	of a municipality I municipality		0.00	of Contribution
valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Valued at more than \$5,000?  Is contributor a principal of a If yes, indicate which brate of government the contraction of government the contraction.	anch or	ontractor or prospective state branches th: Executive	Leg	islative •No		0.00	
Method of Contribution:	Od	Date Received 06/07/2019	Aggrega 750.0	te Contributions			
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ТОТА	L of a	dditional Section B	Pages	5,660.00			
TOTAL OF ALL CONTRIBUTIONS FRO	M IND	OIVIDUALS (Sections Jumn A of Summary Page	A + B)  Totals)				

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# Section B ADDITIONAL PAGE 3|| of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Big Steve Tracey for Mayor	July 10 Filing							
A Total Contributions from Small Contributors-Received	ed this UBTO	S Period ONLY TAL SECTION A	\$		4448			
B. Itemized Con	atribu	tions from Individ	luals					
Last Name	First						MI	
Prete	Do	ominic				10: 0		
Residential Street Address	State	1 1						
110 Washington Avenue	North	Haven			СТ	004		
Principal Occupation		Name of Employer					5	
Retired		Retired			<del></del>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is associ	iated with have a contract OYes No	with said	municipality		Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No No If yes, indicate which brain of government the contract	nch or b	ranches _	OLegis	lative				
Method of Contribution:		Date Received	1	Contributions				
● Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	y Order	06/06/2019	100.0	0				
Last Name	Firs	st					ΜI	
D'Addio	Jo	oseph ·			·	_	<u>.</u>	
Residential Street Address	City				State	Zip C		
140 Thompson Street, 21E	East	Haven			СТ	06:	513	
Principal Occupation		Name of Employer						
Retired		Retired						
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	didate for a chief executive stated with have a contract Yes No	e officer of with said	of a municipality municipality		ount of 0.00	Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	anch or l	branches	Legi	slative No				
Method of Contribution:		Date Received	1	Contributions	-			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Order	06/07/2019	100.0	00			15.5	
Last Name	Fin						МІ	
Garguilo	\	Sharon			Ta	17:	Code	
Residential Street Address	City	4   l=,,=,			State	1 -	513	
8 Jardin Drive	Eas	t Haven				100		
Principal Occupation		Name of Employer						
Retired	4	Retired	r.r	C			f Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does 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 contract O Yes • No	t with said	i municipality		0.00	Contribution	
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Method of Contribution:  On a contribution: Of Contribution Of	ev Order	l .	100.0					
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone		L Section B — Thi		300.00				
		dditional Section B		5,360.00				
TOTAL OF ALL CONTRIBUTIONS FRO	M IND e 13, Co	DIVIDUALS (Sections lumn A of Summary Pag	A + B) e Totals)					

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# Section B ADDITIONAL PAGE 3mm of 17

IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Big Steve Tracey for Mayor					July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A									
		B. Itemized Cont	ribut	tions from Indivi	duals				MI
ast Name			First						MI
Mauro				ncent			State	Zip C	ode
Residential Street Address			ity ⊏aef k	Haven			CT	06	
58 Vista Drive				Name of Employer	<u></u>			J	
Principal Occupation				Kone Elevator					
Elevator Mechanic		stribution is in excess of \$400 to	y a cond		e officer o	f a municipality	Amc	ount of	Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does o	contributor or business he/she is d at more than \$5,000?	associ	ated with have a contract OYes ONo	t with said	mumorpanty	50.	00	
	Yes 1 No	Is contributor a principal of a st If yes, indicate which bran- of government the contract	ch or br	ranches : OExecutive	OLegis	lative			
Method of Contribution:				Date Received	55 5	Contributions			
Cash OPersonal Check OCredit/Debit Company	ard C	Payroll Deduction OMoney		06/07/2019	50.00				МІ
Last Name			First						,
Katz				aulina			State	Zip (	
Residential Street Address		1	City Brant	ford			CT	1 1	405
26 Glendale Place			Diaii	Name of Employer			L	1	
Principal Occupation				PoPo's Club Car	· Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ntribution is in excess of \$400 to contributor or business he/she at more than \$5,000?	is assoc	iated with have a contract Yes No	or with said	municipanty	50	ount o	f Contributio
15 this continuation associates with	Yes No	Is contributor a principal of a If yes, indicate which braid of government the contract	nch or t et is wit	branches h: Executiv	e 🔘 Leg	<b>●</b> 140			
Method of Contribution				Date Received 06/07/2019	100.0				
Ocash OPersonal Check Ocredit/Debit Company	Card (	Payroll Deduction Ovioney	Fir		100.				М
Last Name Cahill				Sean				<del></del>	
Residential Street Address			City				State	1 -	<sup>Code</sup> 6472
438 Totoket Road			Nort	thford			CI		0412
Principal Occupation				Name of Employer					
Electrictian				Cahill Electric		0 11	4	4	of Contributi
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?	is asso	Yes No	o vitn sai	n municipality		00.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B	Yes No	ls contributor a principal of a <i>If yes</i> , indicate which bra of government the contra	nch or	branches _	ve OLeg	● INC			
Method of Contribution:		Description Obtains	v Order		100.				
OCash Personal Check OCredit/Debit	Card (			AL Section B — Th		200.00			
				dditional Section I		5,160.00			
		,				.,			<u></u>
TOTAL OF	ALL	CONTRIBUTIONS FRO	12 C.	JIV III (ALS (Section Jump A of Summary Pa	ge Totals)				

SEEC FORM 20 Revised January 2015

## Section B ADDITIONAL PAGE 3nn of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Big Steve Tracey for Mayor	July 10 Filing						
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$						
B. Itemized Con	atributio	ons from Individ	luals			-	
Last Name	First					MI	
Tracey	Mich	hael					
Residential Street Address	City			State	Zip C		
31 River Road	East Ha			СТ	06	512	
Principal Occupation		ame of Employer					
Sub-Contractor	1	Bryd's Contracting					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she i valued at more than \$5,000?	is associate	ed with have a contract of the original	with said municipality	100	Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Is contributor a principal of a s  If yes, indicate which bran of government the contract	nch or brar	nches _	Contractor? Yes  OLegislative				
Method of Contribution:	-	ate Received	Aggregate Contributions				
● Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order (	06/09/2019	100.00				
Last Name	First					MI	
Gambardella	Lou	ıis ·		,			
Residential Street Address	City			State	Zip C	Code 512	
356 Main Street	East H			CT	UO	012	
Principal Occupation	1	Jame of Employer					
Owner		Red Jack Auto	07 0 1.5154		4 - 4	Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of S400 to does contributor or business he/she valued at more than \$5,000?	is associat	ed with have a contract Yes No	with said municipality	100	0.00	Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of a If yes, indicate which brate of government the contraction.	anch or bra	Executive	Legislative No				
Method of Contribution:			Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	<u></u>	06/10/2019	100.00			T. #	
Last Name	First	-b-o-l				MI	
Moscowitz		chael 		State	Zin	Code	
Residential Street Address	City New H	Haven		CT	1 -	5512	
131 Dwight Street		Name of Employer					
Principal Occupation		Law Office of Mic	hael Moscowitz				
Is contributor a lobbyist spouse. Yes If contribution is in excess of \$400				tv. Am	ount o	f Contribution	
or dependent child of a lobbyist?  One does contributor or business he/she valued at more than \$5,000?	e is associa	ited with have a contract  Yes  No	with said municipality	50.			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or bra act is with:	anches O Executive	Legislative • No	S }			
Method of Contribution:	1	Date Received 06/11/2019	Aggregate Contributions 50.00				
ORash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order						
SUB	TOTAL	Section B — This	Page 250.00			4.00	
		litional Section B					
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIV 2 13, Colun	IDUALS (Sections and A of Summary Page	A + B) Totals)				

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# Section B ADDITIONAL PAGE 300 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A			\$				
·							
B. Itemized Cor	atribu	tions from Individ	duals				
Last Name	First				MI		
Puccino		oseph, Jr.		Lo	Zip Code		
Residential Street Address	City	Havon		State	06512		
16 Fisco Drive	Easi	Haven			00012		
Principal Occupation	:	Name of Employer					
Retired		Retired	CC	v   A	ount of Contribution		
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?	is assoc	iated with have a contract OYes No	with said municipality	100	Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No No If yes, indicate which brain of government the contraction of government the contraction.	nch or b	ranches _	_ 01/10				
Method of Contribution:		Date Received	Aggregate Contributions				
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	06/08/2019	100.00				
Last Name	Firs	st			MI		
Ranfone	D	aniel ·		,			
Residential Street Address	City			State	Zip Code		
38 Sunnyside Drive	Nortl	h Branford		СТ	06437		
Principal Occupation		Name of Employer					
Lineman		UI					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	ididate for a chief executive ciated with have a contract Yes • No	ve officer of a municipality with said municipality	l	ount of Contribution 0.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Is contributor a principal of a If yes, indicate which broad of government the contributor appropriate to the section of government the section of governmen	anch or	branches _	: O Legislative	s )			
Method of Contribution:		Date Received	Aggregate Contributions		e e		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	06/10/2019	100.00				
Last Name		rst			MI		
Coyle	_   F	Patty		1	I Zi. C- I		
Residential Street Address	City	£ 1 1		State	Zip Code 06513		
42 Red Bluff Road	Las	t Haven			100010		
Principal Occupation		Name of Employer					
Hairdresser		Salon East		itu A.	nount of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	ne is asso	Yes No	ct with said municipality	10	00.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of a lfyes, indicate which broad government the contributor of government the contributor.	ranch or	branches _		;s 0			
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	l .	100.00				
		AL Section B — Th	is Page 300.00				
TOTA	AL of a	additional Section B	Pages 4,610.00				
TOTAL OF ALL CONTRIBUTIONS FRO	)M INI ie 13, Co	DIVIDUALS (Sections address of the state of	s A + B) se Totals)				

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# Section B ADDITIONAL PAGE 3pp of 17

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
			July 10	10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$					
B. Itemized Con	ntribu	tions from Indivi	duals					
Lest Name	First						Mi	
Hennessey		nda ————————————————————————————————————			State	Zip C	ode	
Residential Street Address	City	Haven			CT	1	512	
34 Columbus Avenue	<u> </u>	Name of Employer						
Principal Occupation		NA						
Homemaker  Is contributor a lobbyist, shouse.  O Yes   If contribution is in excess of \$400	to a cand		e officer o	f a municipality	Amc	unt of	Contribution	
or dependent child of a lobbyist?  One does contributor or business he/she valued at more than \$5,000?	is associ	ated with have a contract  Oyes  No	with said	municipality	1	250,00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No No No Is contributor a principal of a If yes, indicate which brain of government the contraction.	nch or b	ranches _	CLegis	lative				
Method of Contribution:		Date Received		Contributions				
Ocash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	06/11/2019	400.0	10			1.0	
Last Name	Firs			•			М	
Hennessey		homas			State	Zip	Code	
Residential Street Address	City	Haven			CT	1 '	512	
34 Columbus Avenue	Last	Name of Employer		·····				
Principal Occupation		AF Forbes Inc.						
Owner  Is contributor a lobbyist spouse. O Yes If contribution is in excess of \$400	) to a can		ve officer of	of a municipality	, Am	ount o	f Contribution	
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	e is assoc	iated with have a contrac Yes • No	t with said	municipanty	25	0.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a lifyes, indicate which be of government the contributor.	anch or l	branches h: O Executive	e 🔿 Leg	islative No				
Method of Contribution:		Date Received		e Contributions				
Ocash Personal Check Ocredit/Debit Card OPayroll Deduction OMone		06/11/2019	300.	00			MI	
Last Name	Fir						I IVII	
Gravino		Beverly			State	Zin	Code	
Residential Street Address	City	t Haven			CT	1 '	3512	
132 Vista Drive	Las	Name of Employer						
Principal Occupation		Retired						
Retired  Te contributor a lobbyist sponse. O Yes If contribution is in excess of \$40	n to a car		ive officer	of a municipalit	у. Ап	ount	of Contribution	
or dependent child of a lobbyist?  No does contributor or business he/sh valued at more than \$5,000?	ne is asso	ciated with have a contra Yes	ct with said	d municipality	50	.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a lifyes, indicate which broof government the contributor of government the contributor as principal of a lifyes, indicate which broof government the contributor as principal of a lifyes, indicate which broof government the contributor as principal of a lifyes, indicate which broof government the contributor as principal of a lifyes, indicate which broof government the contributor as principal of a lifyes, indicate which broof government the contributor as principal of a lifyes, indicate which broof government the contributor as principal of a lifyes, indicate which broof government the contributor as principal of a lifyes, indicate which broof government the contributor as principal of a lifyes, indicate which broof government the contributor as principal of a lifyes, indicate which broof government the contributor as principal of a lifyes, indicate which broof government the contributor as principal of a lifyes, indicate which broof government the contributor as principal of a lifyes, indicate which broof government the contributor as principal of a life which a life which a life which are a life which a lif	ranch or	branches th: O Executiv	e OLeg	<b>●</b> 140				
Method of Contribution:	ev Order	Date Received 06/19/2019	50.0					
● Cash Personal Check Ocredit/Debit Card Payroll Deduction OMon				550.00			,	
		AL Section B — Th						
		dditional Section B		4,060.00				
TOTAL OF ALL CONTRIBUTIONS FRO	OM IND ie 13, Coi	IVIDUALS (Sections lumn A of Summary Pag	s A + B) ge Totals)					

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# Section B ADDITIONAL PAGE 3qq of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Big Steve Tracey for Mayor			July 10 Filing					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$					
				·				
B. Itemized Cor	ntribut	ions from Individ	luals				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Last Name	First	.1.:					MI	
Imperato	Vic	OKI			State	Zip C	ode	
Residential Street Address	City North	Branford			CT	064		
445 Foxon Road		Name of Employer				<u> </u>		
Principal Occupation Owner	- 1	Statewide Constr	uction					
Yes I If contribution is in excess of \$400	to a cand	idate for a chief executiv	e officer o	f a municipality	, Amo	unt of	Contribution	
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	is associa	ated with have a contract  OYes  No	with said	municipality		100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a second reported in Section L1?  No   If yes, indicate which brain of government the contract	nch or br	anches _	OLegis	lative No				
Method of Contribution:		Date Received		Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	06/13/2019	100.0	0			T	
Last Name	First				,		MI	
Pesapane		obert ·			State	Zip (	Code	
Residential Street Address	City North	Branford			CT		471	
445 Foxon Road	140761	Name of Employer				1		
Principal Occupation		Satewide Constru	uction					
Owner  Is contributor a lobbyist, spouse,   Yes   If contribution is in excess of \$400	to a cand	lidate for a chief executiv	e officer o	of a municipality	/, Am	ount o	f Contribution	
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	e is associ	ated with have a contract  Yes  No	with said	municipality	10	0.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a fyes, indicate which broad of government the contraction of government the government of government the government of government the government of gove	anch or b act is with	ranches n: Executive	C Legi	slative • No				
Method of Contribution:		Date Received		Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		06/13/2019	100.0	<i>)</i> U			МІ	
Last Name	Firs	ireg					"	
Herney	City	<u>.</u>			State	Zip	L Code	
Residential Street Address	1	Haven			СТ	06	3512	
55 Messina Drive, #550 Principal Occupation	<u> </u>	Name of Employer						
Medical Transcription								
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 can le is assoc	didate for a chief execution interest with have a contract Yes No	it with said	of a municipalit I municipality	- 1	0.00	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of a figure which broad of government the contributor a principal of a figure which broad of government the contributor as principal of a figure which broad of government the contributor as principal of a figure which broad of government the contributor as principal of a figure which broad of government the contributor as principal of a figure which broad of government the contributor as principal of a figure which broad of government the contributor as principal of a figure which broad of government the contributor as principal of a figure which broad of government the contributor as principal of a figure which broad of government the contributor as principal of a figure which broad of a figure which broad of government the contributor as principal of a figure which broad of government the contributor as principal of a figure which broad of government the contributor as principal of a figure which broad of government the contributor as principal of a figure which broad of government the contributor as principal of a figure which broad of government the contributor as principal of a figure which broad of government the contributor as principal of a figure which are a figure which a figure which are a figure w	anch or b	eranches n: O Executive	: O Leg	islative INO				
Method of Contribution:		Date Received		e Contributions				
ORash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		06/14/2019	100.0					
SUB	втота	L Section B — Thi	s Page	300.00				
		lditional Section B		3,760.00				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	OM IND e 13, Colt	IVIDUALS (Sections unin A of Summary Pag	A + B) e Totals)					

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# Section B ADDITIONAL PAGE 3rr of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONL (See instructions for definition of Small Contributor) SUBTOTAL SECTION			\$				
B. Itemized Con	ıtribu	itions from Indivi	duals				
Last Name	Fire				_		MI
Miranda	В	ryant				2: 6	
Residential Street Address	City	Hayan			State CT	Zip C	512
15 St. Andrew Avenue	East	Haven			01		J   C
Principal Occupation		Name of Employer  J&L Machine Clu	h				!
Engineer				a municipality	1 4 m a	unt of	Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract	t with said r	nunicipality	100		Coati ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06/23/2019  Yes Is contributor a principal of a second reported in Section L1?  No No No Second reported in Section L1?  If yes, list Event # 06/23/2019	ach or b	oranches _	OLegis	ative No			
Method of Contribution:		Date Received	1	Contributions			
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	06/14/2019	100.00	)			<del></del>
Last Name	Fir						MI
Coss		David				17:- (	3-4-
Residential Street Address	City				State	Zip C	.512
26 Ralphs Lane	Eas	t Haven			01	100	· · · · · · · · · · · · · · · · · · ·
Principal Occupation		Name of Employer Hamden Board of	of Educa	tion			
Teacher		i			Ame	aunt n	f Contribution
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?	is asso	ciated with have a contrac Yes No	t with said	municipality		0.00	Continuation
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or	branches	e 🔘 Legis	slative No			
Method of Contribution:		Date Received		Contributions			
Ocash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	06/16/2019	100.0	10			1.4
Last Name	- 1	irst Landin					МІ
Speringo		Louis			State	7in	Code
Residential Street Address	City	st Haven			CT	1 '	5513
866 Thompson Street	Las	Name of Employer					
Principal Occupation		NA					
NA  Is contributor a lobbyist snouse.  O Yes If contribution is in excess of \$400	) to a ca		ive officer o	of a municipalit	v. Am	ount (	of Contribution
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	e is asso	ociated with have a contra Yes • No	ct with said	municipality	50	.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Is contributor a principal of a If yes, indicate which broad of government the contributor.	anch or	th: O Executiv	e OLegi	<b>●</b> No			
Method of Contribution:	u Orde	Date Received 06/17/2019	50.00				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		AL Section B — Th		250.00			
		additional Section B	10 1 150	3,510.00			
TOTAL OF ALL CONTRIBUTIONS FRO							
TOTAL OF ALL CONTRIBUTIONS PRO (Enter total on Line	2 13, Co	olumn A of Summary Pag	e Totals)				

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# Section B ADDITIONAL PAGE 3ss of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Big Steve Tracey for Mayor			July 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A						
B. Itemized Con	tributions from	Individuals		* .		
Last Name	First					MI
Acampora	Antoinette				17: 0	.1-
Residential Street Address	City		1	State CT	Zip Co 065	
173 Russo Avenue, Unit 608	East Haven			-	000	
Principal Occupation	Name of Employ	<sub>ष्य</sub> larley Davidso	n			
Manager	1			A mo	unt of	Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is associated with have Oyes	a contract with said No	тинісіранцу	40.		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a second with an incomplete the second with a second with	ich or branches	Executive OLegis	<b>⊙</b> №			
Method of Contribution:		1				
OPersonal Check		9 100.0				мі
Last Name	First James					
Roaix	City			State	Zip C	ode
Residential Street Address	East Haven			CT	068	512
127 Cosey Beach Avenue	Name of Emplo	yer				
Principal Occupation  Lineman	Frontier					
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?	is associated with have Yes	No No	municipanty		ount of	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	inch or branches let is with:	Executive O Leg	<b>●</b> 140			
Method of Contribution:	Date Received					
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone		19 50.0	J	<u>.</u>		М
Last Name	First Joseph					
Prete	City			State	Zip (	Code
Residential Street Address	East Haven			СТ	06	512
101 Golf Drive	Name of Emplo	oyer				
Principal Occupation	cvs					
Pharmacist  Is contributor a lobbyist snouse.  Yes If contribution is in excess of \$400	to a candidate for a ch	ief executive officer	of a municipality	, Ап	ount o	f Contribution
or dependent child of a lobbyist?  No does contributor or business he/sh valued at more than \$5,000?	e is associated with have Yes	e a contract with sai	a municipality	1	.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of a lf yes, indicate which broad of government the contributor as principal of a lf yes, indicate which broad is the section of government the contributor as principal of a lf yes, indicate which broad is the section of government the contributor as principal of a lf yes, indicate which broad is the section of government the contributor as principal of a lf yes, indicate which broad is the section of government the contributor as principal of a lf yes, indicate which broad is the section of government the contributor as principal of a lf yes, indicate which broad is the section of government the contributor as principal of a lf yes, indicate which broad is the section of government the contributor as principal of a lf yes, indicate which broad is the section of government the contributor as principal of a lf yes, indicate which broad is the section of government the contributor as principal of a lf yes, indicate which broad is the section of government the contributor as principal of a lf yes, indicate which broad is the section of government the contributor as principal of a lf yes, indicate which broad is the section of government the contributor as principal of a lf yes, indicate which becomes a lf yes and the life of the lf yes and the lf yes a lf	anch or branches	Executive OLeg	• INO			
Method of Contribution:						
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	,			<u> </u>		
SUB	TOTAL Section I	3 — This Page	140.00			
TOTA	L of additional Se	ection B Pages	3,370.00			
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS e 13, Column A of Sum	(Sections A + B) mary Page Totals)				

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# Section B ADDITIONAL PAGE 3tt of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONL (See instructions for definition of Small Contributor) SUBTOTAL SECTION			\$				
B. Itemized Con	ntributions fro	m Individ	uals				
Last Name	First				МІ		
Tempkin	Allen						
·	City			State	Zip Code 06790		
178 Leage Drive	Torington			101	00790		
Principal Occupation	Name of Em	ployer					
Retired	Retired			<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?	is associated with his	ave a contract of the second o	with said municipality	100	ount of Contributio		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or branches		OLegislative				
If yes, list Event # 06232019B of government the contract Method of Contribution:	Date Receiv	ed	Aggregate Contributions				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order   06/20/2	2019	100.00				
Last Name	First				MI		
DePino	Chris	•		*			
Residential Street Address	City			State	Zip Code		
58 Cosey Beach Avenue, 2	East Haven			СТ	06512		
Principal Occupation	Name of En	-					
Lobbyist	1 .		Biggs LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contributor or business he/she valued at more than \$5,000?	to a candidate for a e is associated with h	iave a contract	e officer of a municipal with said municipality		nount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Is contributor a principal of a If yes, indicate which broof government the contributor.	anch or branches act is with:	O Executive	te contractor?  O Legislative  Aggregate Contributions	10			
Method of Contribution:	Date Receiv	ved	500.00				
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone			300.00		MI		
Last Name	First Bill				1		
Richardson				State	Zip Code		
Residential Street Address	City East Haven			СТ	06513		
136 Bennett Road	Name of E	molover					
Principal Occupation	j	Manager					
Dat Assoc.  Is contributor a lobbyist snouse.  Yes If contribution is in excess of \$40			ve officer of a municipa	lity, Ar	mount of Contributi		
or dependent child of a lobbyist? No does contributor or business he/st valued at more than \$5,000?	ne is associated with	have a contrac Yes O No	t with said municipancy	50	0.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of If yes, indicate which be of government the contributor.	ranch or branches ract is with:	O Executive		No			
Method of Contribution:	Date Rece		50.00				
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon				<u> </u>			
SUI	BTOTAL Section	n B — Thi	s Page 400.00				
the control of the co	AL of additiona						
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUA ne 13, Column A of L	LS (Sections Summary Page	A + B) e Totals)				

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# Section B ADDITIONAL PAGE 3uu of 17

ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Big Steve Tracey for Mayor				July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A				\$				
		C T 11-1	drala				· · · · · · · · · · · · · · · · · · ·	
B. Itemized Con	itributio	ons from individ	auais				MI	
Last Name	San	dv						
Falanga	City				State	Zip C	ode	
Residential Street Address	East Ha	aven			CT	065	513	
Principal Occupation	Na	ime of Employer						
Homemaker								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/she i valued at more than \$5,000?  Is this contribution associated with an Yes Is contributor a principal of a st	is associate state contra	d with have a contract  Yes  No  ctor or prospective stat	with said i	numcipality	, Amo 100		Contribution	
event reported in Section L1?  No If yes, indicate which brain of government the contract of government the contract	ct is with:	OExecutive		ative	_			
Method of Contribution:	-	ate Received		Contributions				
●Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order (	05/26/2019	100.0	)			1	
Last Name	First						MI	
Katz		ılina '			State	Zip C	`ode	
Residential Street Address	City Branfo	rd			CT	1 '	405	
26 Glendale Place		ame of Employer				1		
Principal Occupation		anne or Employer PoPo's Club Car	lnc					
Owner  Is contributor a lobbyist shouse. O Yes If contribution is in excess of \$400 to				f a municipality	/. Amo	ount of	f Contribution	
or dependent child of a lobbyist?  No  does contributor or business he/she valued at more than \$5,000?	is associat	ed with have a contrac Yes • No	t with said	municipality	50.	.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Is contributor a principal of a If yes, indicate which bra of government the contraction.	anch or bra act is with:	nnches	e 🔘 Legi	slative No				
Method of Contribution:	-	06/19/2019	150.0	Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		06/19/2019	150.0	10			MI	
Last Name	First	irdre						
Pulido	City	naic			State	Zip	Code	
Residential Street Address	Guilfo	rd			СТ	06	3437	
935 W. Lake Road	1	Name of Employer			<u> </u>			
Principal Occupation		Niantic Yoga Ce	enter					
LMT  Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	0 to a candi	date for a chief execut	ive officer	of a municipalit	y, Am	ount (	of Contribution	
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	e is associa	ited with have a contra- Yes • No	ct with said	municipality	50	.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a   If yes, indicate which bra   of government the contra	anch or bract is with:	ractor or prospective st anches  Executive  Date Received	e OLeg	0140				
Method of Contribution:		06/21/2019	50.00					
ORash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone  STIR		Section B — Th		200.00		<u> </u>		
	<u> </u>	litional Section B		2,770.00				
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIV		s A + B)					

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# Section B ADDITIONAL PAGE 3vv of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Big Steve Tracey for Mayor			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A							
B. Itemized Con	ntribu	tions from Individ	luals				
Last Name	First						MI
Richardson	Jo	anne				Ta	
Residential Street Address	City	llaam			State	Zip C	513
136 Bennett Road		Haven					010
Principal Occupation		Name of Employer					•
Training Coordinator		Yale University	. CC	f a maniainality	. T		Contribution
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?	is associ	ated with have a contract  OYes  No	with said	municipality	50.		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a If yes, indicate which bra of government the contraction.	ınch or bı	ranches _	OLegis	lative			
Method of Contribution:		Date Received	i .	Contributions			
● Cash	y Order	06/21/2019	50.00				
Last Name	Firs						MI
Robtoy	S	herri				l a:	2-4-
Residential Street Address	City	£d			State CT	1	Code 3405
32 Wilcox Place	Bran				<u> </u>		7-100
Principal Occupation		Name of Employer					
Homemaker  Is contributor a lobbyist spouse. O Yes If contribution is in excess of \$400	0.4	didete for a chief arequitie	e officer o	of a municipality	/ Am	ount c	f Contribution
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	e is assoc	iated with have a contract  Yes  No	with said	municipality	60	00.00	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Is contributor a principal of a If yes, indicate which brush of government the contributor.	anch or b	branches _	. C Legi	slative • No			
Method of Contribution:		Date Received		Contributions			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	ey Order	06/22/2019	60.00	)			
Last Name	Fir						МІ
Wiel		Briana			T. 04-1-	7:0	Code
Residential Street Address	City	. Hayan			State	1 .	6512
3 Lynwood Place	Easi	t Haven					
Principal Occupation		Name of Employer					
Nurse		Allyme	va officer	of a municipalit	3/ An	nount	of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of the contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	he is assoc	ciated with have a contract Yes No	t with said	i municipality	50	0.00	or Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Is contributor a principal of a fyes, indicate which brof government the contributor.	ranch or l	branches th: O Executive	e ( ) Leg	(INO	;		
Method of Contribution:	ou Orda-	Date Received 06/22/2019	50.00				
● Cash Personal Check Ocredit/Debit Card Payroll Deduction OMon	ey Order	0012212019					
SUE	втота	L Section B — Thi	s Page	160.00			
TOTA	AL of a	dditional Section B	Pages	2,610.00		_	
TOTAL OF ALL CONTRIBUTIONS FRO	OM IND te 13. Col	IVIDUALS (Sections lumn A of Summary Pag	A + B) e Totals)				

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### Section B ADDITIONAL PAGE 3ww of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Big Steve Tracey for Mayor	July 10 Filing	July 10 Filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  S	\$					
B. Itemized Cor	tributions from Indi	viduals				
Last Name	First		MI.			
Inzitari	Len		7, 0,1			
Residental Spect Address	<sup>City</sup> East Haven		State Zip Code CT 06512			
175 South End Road, unit F39	Name of Employer		101 100012			
Principal Occupation	Action Law					
Law Clerk  Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a candidate for a chief execu	tive officer of a municipalit	y, Amount of Contribution			
or dependent child of a lobbyist?  No  does contributor or business he/she valued at more than \$5,000?	is associated with have a contr	act with said municipality lo	50.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a section L1?  No   If yes, indicate which brain of government the contract	nch or branches	ve OLegislative No				
Method of Contribution:	Date Received	Aggregate Contributions				
●Cash ○Personal Check ○Credit/Debit Card ○Payroll Deduction ○Money		75.00	Mi			
Last Name	First Victoria					
Hennessey	City		State Zip Code			
Residential Street Address  18 Piscitelli Circle	East Haven		CT 06512			
Principal Occupation	Name of Employer					
Homemaker						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief exect is associated with have a cont	ract with said municipality	ty, Amount of Contribution 50.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ct is with: Execut	ive O Legislative	•			
Method of Contribution:	i	Aggregate Contributions 50.00				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	First	30.00	M			
Last Name Hennessey	Michael		7: 0.4			
Residential Street Address	City East Haven		State Zip Code CT 06512			
18 Piscitelli Circle	Name of Employer		0, 000,2			
Principal Occupation	Forbes Premiu	ım Fuel				
Manager  Is contributor a lobbyist, spouse.  Yes If contribution is in excess of \$400			ity, Amount of Contribution			
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	e is associated with have a con Yes	ract with said municipality	50.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Section L1?  Is contributor a principal of a lf yes, indicate which bree of government the contraction.	state contractor or prospective anch or branches oct is with:  Date Received	state contractor? Yes tive O Legislative  Aggregate Contributions				
Method of Contribution:		50.00				
OPersonal Check	TOTAL Section B — T					
	L of additional Section	11.5 1 1.50				
TOTAL OF ALL CONTRIBUTIONS FRO		ns A + B)				

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# Section B ADDITIONAL PAGE 3xx of 17

IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Big Steve Tracey for Mayor			July 10 Filing						
A. Total Contributions from Small Contributors-Reco	eived SUB	this TOT	Period ONLY AL SECTION A	\$					
B. Itemized	Contr	ibut	ions from Individ	luals					
Last Name		First					MI		
Esposito		Dir	10						
Residential Street Address	City					State	Zip Code		
803 Totoket Road	No	orthf	ford			СТ	06472		
Principal Occupation			Name of Employer						
Plumber		- 1	Yale University						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?	e/she is a	ssocia	ated with have a contract OYes ONo	with said i	nunicipanty	1	Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of If yes, indicate which of government the co	ı branch	or br	anches	OLegis	ative				
Method of Contribution:		-	Date Received	ļ	Contributions				
ORash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Or	der	06/23/2019	50.00					
Last Name		First					MI		
McCann		Da	aniel			·	1-:		
Residential Street Address	City	•				State CT	Zip Code 06512		
137 Mansfield Grove Road			Haven				00012		
Principal Occupation			Name of Employer						
Field Manager			Mastec			т.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he valued at more than \$5,000?	\$400 to a se/she is a	a cand associ	lidate for a chief executive ated with have a contract Yes No	e officer o with said	municipanty	50.	ount of Contribu .00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Is contributor a principal If yes, indicate which of government the contributor of government the contributor apprincipal in the second of government the	ch brancl	h or b	ranches	: C Legi	slative No				
Method of Contribution:			Date Received	1	Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OM	Money O	rder	06/23/2019	50.00					
Last Name		Firs					МІ		
Coss		J P	. Joseph			Tour	Zip Code		
Residential Street Address	Cit	•	Harran			State	06512		
26 Ralphs Lane		=ast	Haven				1 00012		
Principal Occupation			Name of Employer  Kimball Dining S	envices					
Dishwasher		···	1		-f a municipali	F. 1 A.	ount of Contrib		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of does contribution is in excess of does contributor or business he valued at more than \$5,000?	he/she is	assoc	iated with have a contract O Yes O No	et with said	municipality		.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of yes, indicate which of government the contributor of yes.	ch branc	h or b	oranches _	Legi	• NO				
Method of Contribution:	Money C	)rder	06/23/2019	50.00					
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction ON			L Section B — Thi	1	150.00	1			
			lditional Section B		2,310.00				
TOTAL OF ALL CONTRIBUTIONS I	FROM n Line 13	IND:	IVIDUALS (Sections umn A of Summary Pag	A + B) e Totals)					

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# Section B ADDITIONAL PAGE 3yy of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor				July 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A							
B. Itemized Con		ions from Individ	luals		-		
Last Name	First	abord Ir					МІ
Caponera		chard, Jr.			State	Zip C	Code
Residential Street Address	City East I	-laven			CT	1 1	513
19 Thomas Court		Name of Employer					
Principal Occupation	i i	Knights of Colum	bus				
Accountant  Is contributor a lobbyist, spouse, O Yes If contribution is in excess of \$400 to 1.00 to 1	Į.			f a municipality	Amc	unt of	Contribution
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	is associa	ated with have a contract OYes No	with said	municipality	50.		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a second to the s	nch or br	anches	OLegis	● No			
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	06/23/2019	75.00				
	First				<u> </u>		МІ
Last Name Hines	Jo	ohn ·					
Residential Street Address	City				State	Zip (	Code
24 Douglas Avenue	New	Haven			CT	06	512
Principal Occupation	<u> </u>	Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	lidate for a chief executivated with have a contract Yes • No	e officer of with said	municipality	50.	ount o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	ranches n: Executive	. O Leg	islative No			
Method of Contribution:		Date Received		e Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		06/23/2019	100.	JU			Тмі
Last Name	Firs	st :ill <b>y</b>					1411
Torello		illy			State	Zip	Code
Residential Street Address	City	Haven			CT	1 '	5513
131 East Grand Avenue		Name of Employer					
Principal Occupation		Retired					
Retired  Is contributor a lobbyist snouse.  Yes If contribution is in excess of \$400	O to a can		ve officer	of a municipalit	y, Am	ount (	of Contribution
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	e is assoc	iated with have a contrac Yes • No	t with said	municipality	10	0.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No If yes, indicate which brain of government the contributor of government the contributor aprincipal of a section L1?	anch or t	oranches h: O Executive	e OLeg	islative			
Method of Contribution:	O 4	Date Received 06/23/2019	Aggrega 100.0	te Contributions			
● Cash				200.00			
		L Section B — Thi					
·		dditional Section B		2,110.00			
TOTAL OF ALL CONTRIBUTIONS FRO	M IND e 13, Coli	IVIDUALS (Sections umn A of Summary Pag	A + B) e Totals)				

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# Section B ADDITIONAL PAGE 3zz of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Tracey for Mayor			July 10	Filing			
A. Total Contributions from Small Contributors-Received this Period ONL (See instructions for definition of Small Contributor) SUBTOTAL SECTION							
B. Itemized Con	ntribu	tions from Individ	luals				
Last Name	First						MI
Acampora	Ar	ntoinette			Dr. c.	Zip C	
Residential Street Address	City	Haven			State CT	1 '	512
173 Russo Avenue		Name of Employer					- · · · · · · · · · · · · · · · · · · ·
Principal Occupation		Brothers Harley D	)avidsor	า			
Manager  Is contributor a lobbyist, spouse.  Yes If contribution is in excess of \$400	to a cand				, Ame	ount of	Contribution
or dependent child of a lobbyist?  One does contributor or business he/she valued at more than \$5,000?	is associ	ated with have a contract OYes No	with said i	nunicipality	60.	00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of a If yes, indicate which brain of government the contraction.	ınch or bı	ranches _	_	<b>●</b> №			
If yes, list Event # 06232019B of government the contract Method of Contribution:		Date Received	Aggregate	Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	06/23/2019	160.0	0			
Last Name	Firs	t					МІ
Notarino	Jo	osephine		•		Ta:	
Residential Street Address	City	Haven			State CT	Zip 0	.512
94 Hotchkiss Road Ext.	Lasi	Name of Employer		· · · · · · · · · · · · · · · · · · ·		100	V12
Principal Occupation		Retired					
Retired  Is contributor a lobbyist spouse. O Yes If contribution is in excess of \$400	) to a cano		e officer o	f a municipality	, Am	ount o	f Contribution
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	e is assoc	iated with have a contract Yes No	with said	municipality	50	.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a If yes, indicate which broad of government the contributor of government the contributor as principal of a list of the section of government the contributor as principal of a list of the section of government the contributor as principal of a list of the section of government the contributor as principal of a list of the section of government the contributor as principal of a list of the section of government the contributor as principal of a list of the section of government the contributor as principal of a list of the section of government the contributor as principal of a list of the section of government the contributor as principal of a list of the section of government the contributor as principal of a list of the section of government the contributor as principal of a list of the section of government the contributor as principal of a list of the section of government the contributor as principal of a list of the section of government the contributor as principal of a list of the section of government the contributor as principal of a list of the section of government the contributor as principal of a list of the section of government the section of government the section of the section of government the section of th	anch or b	oranches	C Legi	slative No			
Method of Contribution:		Date Received		Contributions			
OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMone		06/23/2019	50.00				MI
Last Name	Fir	st .ouis					IAII
Anastasio	City	Ouis			State	Zip	Code
Residential Street Address		Haven			СТ	06	5512
108 Prospect Place Ext.  Principal Occupation		Name of Employer			<u> </u>		
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a can	didate for a chief executive ciated with have a contract Yes No	ve officer of t with said	of a municipalit municipality		ount (	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yanded at those than 35,000?  Is contributor a principal of a lifyes, indicate which brof government the contributor.	ranch or t	ntractor or prospective sta branches h: Executive	: OLegi	slative •No			
Method of Contribution:	0 1	Date Received 06/23/2019	Aggregat	e Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMono				260.00			
	<u> </u>	L Section B — Thi		1,850.00			**
· · ·		dditional Section B		1,000.00			
TOTAL OF ALL CONTRIBUTIONS FRO	)M IND ie 13, Col	IVIDUALS (Sections umn A of Summary Page	A + B) e Totals)				

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#### Section B ADDITIONAL PAGE 3aaa

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Big Steve Tracey for Mayor	July 10 Filing						
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$						
R Itemized Co.	ntribut	ions from Indivi	duals				
Last Name	First				····		MI
DeAngelo	Mid	chelle					
Residential Street Address	City				State	Zip Co	
71 Massachusetts Avenue	East F				CT	065	012
Principal Occupation		Name of Employer					
Paraprofessional		New Haven Boar			т.		0 19 2
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?	is associa	ated with have a contract OYes No	with said	municipality		).00	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a If yes, indicate which bra of government the contra	inch or br	anches _	OLegi	slative No			
Method of Contribution:	l	Date Received	"" "	e Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone		06/23/2019	100.0	)()		T	MI
Last Name	First						MI
Farrell		arla ·			State	Zip C	ode
Residential Street Address	City	Haven			CT	1 '	512
310 Upson Terrace	Livewi	Name of Employer				<u> </u>	***************************************
Principal Occupation Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/sho valued at more than \$5,000?	to a cand e is associ	lidate for a chief executi ated with have a contrac O Yes • No	ve officer t with said	of a municipality I municipality	1	ount of	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a If yes, indicate which brof government the contributor apprincipal of a If yes, indicate which brof government the contributor apprincipal of a If yes, indicate which brof government the contributor apprincipal of a If yes, indicate which brof government the contributor apprincipal of a If yes, indicate which brof government the contributor apprincipal of a If yes, indicate which brof government the contributor apprincipal of a If yes, indicate which brof government the contributor apprincipal of a If yes, indicate which brof government the contributor apprincipal of a If yes, indicate which brof government the contributor apprincipal of a If yes, indicate which brof government the contributor apprincipal of a If yes, indicate which brof government the contributor apprincipal of a If yes, indicate which brof government the contributor apprincipal of a If yes, indicate which brof government the contributor apprincipal of a If yes, indicate which brof government the contributor apprincipal of a If yes, indicate which brof government the contributor apprincipal of a If yes, indicate which brof government the contributor apprincipal of a If yes, indicate which are indicated by the If yes, i	anch or b	ranches n: Executive	: O Leg	<b>●</b> No			
Method of Contribution:		Date Received 06/23/2019	100.				
OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMone	Firs		100.				MI
Last Name Traviagno	1	 lark					
Travisano Residential Street Address	City				State	Zip C	Code
234 Washington Avenue	West	t Haven			CT	06	516
Principal Occupation	!	Name of Employer					
Owner		Call Mark - Plum	ber				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a cane ne is assoc	didate for a chief execut iated with have a contra Yes No	ct with sai	of a municipality d municipality		0.00	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of If yes, indicate which brof government the contributor.	ranch or b	oranches n: O Executiv	e OLeg	<b>●</b> No			
Method of Contribution:	ev Order	Date Received 06/23/2019	100.				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMono	Sy Order	30,20,70	1,50.				
		L Section B — Th		300.00			
TOTA	AL of ad	lditional Section B	Pages	1,550.00			
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDI	IVIDUALS (Sections	A + B) e Totals)				

SEEC	FORM	20
Danie of Lor	2015	

# Section B ADDITIONAL PAGE 3bbb

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE					TYPE OF REPORT			
Big Steve Tracey for Mayor	July 10 Filing							
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A								
B. Itemized Co.	ntribi	itions from Individ	luals					
Last Name	Fire						MI	
Arcangelo		harles		Stat		Zip Co	.da	
Kesidential Street Address	City	tsville		C		064		
384 Old Turnpike Road	1 ICR	Name of Employer						
Principal Occupation		Chuck & Eddie A	uto Parts				•	
Owner  Is contributor a lobbyist spouse. O Yes If contribution is in excess of \$400	to a can	1		ality,	Amou	nt of	Contribution	
or dependent child of a lobbyist?  No  does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract OYes No	with said municipality		250.00			
Is this contribution associated with an event reported in Section L1?  No No If Event # 06232019B	inch or l	branches	e contractor?					
If yes, list Event # 06232019B of government the contrar		Date Received	Aggregate Contribution	s				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	06/24/2019	250.00					
Last Name	Fii						MI	
Constantinople	P	Anthony ·						
Residential Street Address	City			Sta		Zip Co		
95 Honey Pot Road	Wes	st Haven		С		065	010	
Principal Occupation		Name of Employer						
Letter Carrier		USPS	or o ti	_U			Contribution	
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?	e is asso	ciated with have a contract O Yes O No	with said municipalit	у ———	100.		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of a If yes, indicate which brush of government the contributor.	anch or	branches	Legislative	Yes No				
Method of Contribution:		Date Received	Aggregate Contribution	ıS				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Order	06/24/2019	100.00				MI	
Last Name	ľ	irst Antonotto					IVII	
Girasuolo		Antonette		St	ate	Zip C	Code	
Residential Street Address	City	st Haven		- 1	T	1	516	
39 Hilltop Lane		Name of Employer				<u> </u>		
Principal Occupation		Retired						
Retired  Is contributor a lobbyist, spouse.  O Yes If contribution is in excess of \$40	0 to a ca	Indidate for a chief execution	ve officer of a municip	pality,	Amo	unt of	Contribution	
or dependent child of a lobbyist?  No does contributor or business he/sh valued at more than \$5,000?	ne is asso	ociated with have a contrac Yes • No	et with said municipali	ту ———	100	.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes Is contributor a principal of a lifyes, indicate which broof government the contributor.	ranch or	th: O Executive	Legislative	)Yes )No				
Method of Contribution:	01	Date Received 06/24/2019	Aggregate Contributio	ца ]				
ORash OPersonal Check OCredit/Debit Card OPayroll Deduction OMonor	ey Orde	00/24/2019						
SUE	втот	AL Section B — Thi	s Page   450.00					
		additional Section B		)				
TOTAL OF ALL CONTRIBUTIONS FRO	)M INI 1e 13, Co	DIVIDUALS (Sections olumn A of Summary Pag	A + B) e Totals)					

SEEC	FORM	2(
David and La	1D16	

# Section B ADDITIONAL PAGE 3ccc of 17

Λf	1	7
111	•	•

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Big Steve Tracey for Mayor	July 10 Filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$					
B. Itemized Con	ntrib	ıtions from Indivi	duals			
Last Name	Fin					MI
DeRosa	R	obert			Tai .	
Residential Street Address	City	11		State	Zip C	ode 512
24 Woodward Avenue	New	Haven				012
Principal Occupation		Name of Employer				
Retired		Retired	CC C (1)	<u> </u>		f Contribution
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?	is assoc	ciated with have a contract  OYes  No	with said municipality	100	ount oi 0.00	Соппиравон
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contra	nch or l	oranches _	_ ONG			
Method of Contribution:		Date Received	Aggregate Contributions			
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	06/24/2019	100.00			
Last Name	Fi					MI
Girasuolo	N	Michelle .	•			
Residential Street Address	City			State	Zip (	
39 Hilltop Lane	Wes	st Haven		CT	06	5516
Principal Occupation		Name of Employer				
Nurse		Marrakech 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 car is asso	ndidate for a chief executi- ciated with have a contrac Yes • No	ve officer of a municipality twith said municipality		ount 0 0.00	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No Is contributor a principal of a If yes, indicate which brush of government the contributor as principal of a list co	anch or	branches	E C Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Order	06/24/2019	100.00			
Last Name		irst				MI
lovanne	'	William				
Residential Street Address	City			State	1 '	Code 3405
61 Pasture Lane	Bra	nford		СТ		3400
Principal Occupation		Name of Employer	i Hama Ina			
Funeral Director		Iovanne Funera		I .		60 (1) 4
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Valued at more than \$5,000?	0 to a ca e is asso	andidate for a chief execut ociated with have a contra Yes No	ct with said municipality	' I	00.00	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B  Yes No If yes, indicate which brof government the contributor of government the government of gove	anch or	branches _	e O Legislative	No.		
Method of Contribution:		Date Received	Aggregate Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMon	ey Orde	06/28/2019	1000.00			
SUB	тот	AL Section B — Th	is Page 1,100.00			
	··········	additional Section B	· · · · · · · · · · · · · · · · · · ·			
TOTAL OF ALL CONTRIBUTIONS FRO	M INI e 13, Ca	DIVIDUALS (Sections olumn A of Summary Pag	s A + B) re Totals)			

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

NAME OF COMM	OTTEE Provide Complete	e Name as Registered w	ith Filing Reposi	tory)		TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Big Steve Tracey for Mayor  July 10 Filing								
		C1, C	Contributio	ns from O				
Name of Committee					Name of Tr	easurer		
Address				Is this contri event report	ed in Section	iated with an Yes ONo 1L1? s, list Event #	Amount of	Contribution
City		State	Zip Code	Date Rece	eived	Aggregate Contributions		
Name of Committee					Name of T	reasurer		
Address		<u> </u>		Is this contrevent report	ted in Section	ciated with an Yes No n L1? es, list Event #	Amount of	Contribution
City		State	Zip Code	Date Reco	eived	Aggregate Contributions		
Name of Committee					Name of T	reasurer		
, tallo of Committee								
Address				Is this contrevent repor	ted in Section	ciated with an Yes No n L1? es, list Event #	Amount of	Contribution
City		State	Zip Code	Date Rec		Aggregate Contributions		
			E					
	C2. I	Reimburseme	nts or Surp	olus Distrib	outions fr	om other Committees		
Name of Committee					Name of	Treasurer		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type					Amoun	t of Receipt
	(іј аррисаме)	OReimburse	ment for shared	d expense C	Surplus Dist	tribution		
Description								
					Name of	Treasurer		
Name of Committee								
Address				City			State	Zip Code
D. D. J. J.	Expenditure #	Payment Typ	e				Amoun	t of Receipt
Date Received	(if applicable)	1	rsement for sha	red expense	Surplus D	Distribution		
Description								
		:	SUBT	TOTAL Sect	tion C — '	This Page 0.00		
			TOTA]	L of addition	nal Section	n C Pages 0.00		
	TOTAL O	F ALL COMM	TTEE CON	TRIBUTIO	NS AND I	RECEIPTS 0.00		
	(Section	ns C1 + C2) (Ente	er total on Line	: 14, COIUMN A	vj saranai)	A HEC I VEHILD		

EEC FORM 20	I. MONETARY I	RECI	EIPTS (Section	ons A—K)	)	Page 5 of 17
NAME OF COMMITTEE (Provide Complete No				TYPE	OF REPORT	
Big Steve Tracey for Mayor				July 1	0 Filing	
	D. Loans I		ed this Period			
lame of Lender			Source of Loan:  OBank O Candi	date 🔘 Individ	hual Other Committee	Date of Receipt
treet Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
lame of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan:  Bank Cand	idate ( Indivi	dual Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan O Yes O No
Name of Cosigner/Guarantor (if applicable)	1					Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan; OBank Cano	lidate () Indiv	idual Other	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner of Guarantor of this load Ores No
Name of Cosigner/Guarantor (if applicable)				* ***		Amount Received
Street Address	City	<u> </u>		State	Zip Code	
			TOTAL SECT	ION D	0.00	
E. Receipts from E	Entities other than Indiv	riduals	or Other Com	mittees <i>(Ref</i>	erendum Commi	ttees ONLY)
Name of Entity						
Street Address				Date Receive	d	Amount Received
Dity		State	Zip Code	Aggregate C	ontributions	
Name of Entity						
Street Address			, <u>(2)</u>	Date Receive	ed	Amount Received
City		State	Zip Code	Aggregate C	Contributions	
Name of Entity						
Street Address				Date Receiv	ed	Amount Received
Sity		State	Zip Code	Aggregate 0	Contributions	
			TOTAL SEC	TION E	0.00	· · · · · · · · · · · · · · · · · · ·

IAME OF COMMITTEE	REPORT					
Big Steve Tracey f	) Filing					
TR	Amount Transferred	from Affiliated Bu	siness Treas	ury (Business	Entity 6	Committees ONLY)
rate of Receipt						
oate of Receipt	Is this transaction associ event reported in Section	ated with an Yes No	If yes, list Event	#		Amount
ate of Receipt	Is this transaction associ	ated with an Yes No	If yes, list Event	#		Amount
Date of Receipt	Is this transaction associ		If yes, list Even	#		Amount
			TOTAL	SECTION I	· 0	.00
			****			
- A 100		ted Labor Union o	or Other Org	anization T	reasur	y (Organization Committees ONLY)
	ransierred from Affina	Date of Receipt	7 001101 018	[1	Date of Re	ceipt
Date of Receipt		Bate of Recorpt				
	-					Amount
A	Amount					(Allows)
			TOTAL	OTAL SECTION G 0.0		00
	H. Personal Funds of	the Candidate Re	ceived this P	eriod (Cand	idate Co	mmittees ONLY)
Date of Receipt	Method of payment:					Amount
06/02/2019	OCash	Personal C	heck C	Credit/Debit Ca	ırd	250.00
Date of Receipt	Method of payment:					Amount
	O Cash	Personal C	heck C	Credit/Debit Ca	ırd	
Date of Receipt	Method of payment:					Amount
- are are recorded	OCash	O Personal C	Check C	Credit/Debit Ca	ard	
Date of Receipt	Method of payment:					Amount
	O Cash	O Personal C	Check C	Credit/Debit Co	ard	
			тот	AL SECTIO	NΗ	250.00
		I. Anonymo	ous Contribu	tions	-	

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

EEC FORM 20	. MONETARY RECEIPTS	S (Sections A-	-K)		Page 7 of 17
vided January 2015  NAME OF COMMITTEE (Provide Complete Name of				REPORT	
Big Steve Tracey for Mayor		·	luly 10	Filing	
	I. Interest from Deposits in Author	rized Accounts	3		
Name of Institution		1	Date Rece	ived	Amount
Street Address	City	Sta	te	Zip Code	
Name of Institution			Date Rece	rived	Amount
Street Address	City	Sta	te	Zip Code	
	TO	TAL SECTION	J		
K. Misce	llaneous Monetary Receipts not C	onsidered Con	tribu	tions	
Name				te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			1		
Name			Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			1		
Name			Da	ite of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Da	ate of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
	TOTAL	L SECTION K			
SUMMARY	OF OTHER MONETARY RECI	EIPTS (Section	ıs D t	hrough K)	
Total Loans Received this Period (Section					
Total Receipts from Entities other than In		E)	+		
Total Amount Transferred from Affiliate		easury (Section G	+ 		
Total Amount Transferred from Affiliate  Total Amount of Personal Funds of the C			+		
Total Amount of Interest from Deposits i		-	+		
Total Miscellaneous Monetary Receipts r			+		
	Total of Octions D through K) (Enter total on Line 15, C	ther Monetary	Rece	ipts otals)	

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

Revised Junuary 2015	H. EVENTACIT	1222 (2000)	,					
NAME OF COMMITTEE (	Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Big Steve Tracey for	Mayor		July 10 Filing					
	L1. Event	Information			· .			
Event # Date of Event Letter	Description Pizza Party Fundraiser - Meet the Cand	didate	V	Vas this a fund Yes	draising event?			
04/07/19 A	,	City		State	Zip Code			
Location: Street Address		East Haven		СТ	06513			
280 Foxon Road		Lastriavon						
Subpart 1: (All Committee Was this event hosted at a		purchases made by hos  No	use Party and complete rat(s) for food, beverage an	equired infort d invitations.)	nation for any			
Did this fundraiser includ of up to \$200 or items do	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						
	and a star or other cale of donated items	OYes (If yes, enter Total Rec	ceipts here.)					
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items adividual of up to \$100?	_		\$				
·		⊙ No	C					
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Command Political Comm		3 Purchases of Advertise plete required information	ing Space in a	Program Book			
Subpart 3: (Town Com Did your committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Re	ceipts here.)	\$				
2 44	Description			Was this a fur	ndraising event?			
Event # Date of Event Letter	Food Truck Fundraiser - Meet the Can	didate		Yes	O <sub>No</sub>			
06/23/19 B	Food Truck Fundraiser - Meet the Cart			State	Zip Code			
Location: Street Address	·	City			06513			
271 Foxon Road		East Haven		СТ	00010			
Subpart 1: (All Commit Was this event hosted at		purchases made by ho  No	ouse Party and complete ost(s) for food, beverage a	required infor	mation for any			
Did this fundraiser inclu of up to \$200 or items do	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section and complete require  No	L4 In-Kind Donations n d information.)	ot Considered	Contributions			
Was this fundraiser a tag with purchases from an	g sale, auction, or other sale of donated items individual of up to \$100?	Yes (If yes, enter Total Ro	eceipts here.)	\$				
Subpart 2: (Party Come Were there purchases of sign associated with this	mittees, Municipal Candidates and Political Com advertising space in a program book or on a fundraiser?	mittees other than Explorator  Yes (If ves. go to Section	y Committees) L3 Purchases of Adverti nplete required informa	sing Space in a	a Program Book			
Subpart 3: (Town Com Did your committee sell gathering held within the	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Re	eceipts here.)	\$				
SUBTOTAL Secti	on L1—Subpart 1 (All Committees) Total Receipts i	from Sale of Donated Items –	– This Page					
	SUBTOTAL Sec	ction L1—Subpart 3 (Town Comm ceipts from Food Purchases—	nittees ONLY)					
		TOTAL of additional Secti						
	TOTAL OF ALL REC	EIPTS FROM SMALL PO on Line 16a, Column A of Summo	URCHASES ury Page Totals)					

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

NAME OF COMMITT	TEE (Provide Complete Name as Reg	gistered with Filing Reposito	(עי		OF REPOR				
Big Steve Tracey	for Mayor				10 Filing				
	L3. Purch	ases of Advertisir	ig in a Progra	m Book or on a	Sign				
Name of Purchaser							: Made By: iness Entity	Other	
Robert Ranfone						O Individual/Sole Proprietorship			
Street Address			City				State	Zip Code	
44 Iver Avenue			East Haven				CT	06512	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program	Ad Purchas	se 1	Amount of Si	gn Purchase	
05/31/2019	06232019B			250.00					
Name of Purchaser					1		e Made By:	O	
Ronald Proto, Jr.						_	siness Entity ividual/Sole F	Other	
			T City			C ma	State	Zip Code	
Street Address			City East Haven				СТ	06512	
145 Rock Street				Amount of Program	n Ad Purcha	Se	Amount of Si	on Purchase	
Date Received	Event #	Aggregate Purchases	S IOF All Events	250.00	n Au I m cha			<b>6</b>	
05/31/2019	06232019B			200.00	1	Direche	se Made By:		
Name of Purchaser							siness Entity	Other	
William Snow, III						_		Proprietorship	
Street Address			City	No	<u></u>		State	Zip Code	
25 Peat Meadow	Road		New Haven				CT	06512	
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Progra	m Ad Purcha	ise	Amount of S	ign Purchase	
06/02/2019	06232019B			250.00					
Name of Purchaser							se Made By:		
						. ~	siness Entity	Other	
Iqbal S. Benipal			Ta:			() In	State	Proprietorship Zip Code	
Street Address			City Branford				СТ	06405	
153 Chestnut Str	reet			Amount of Progra	A.d Danah		<u> </u>	ian Purchase	
Date Received	Event #	Aggregate Purchase	es for All Events	ł	m Au rurch	ase	Amount or a	aga a ui chast	
06/03/2019	06232019B			50.00			M. J. D.		
Name of Purchaser							se Made By: usiness Entity	Other	
Joseph Ametrar	10					-		Proprietorship	
Street Address			City			·	State	Zip Code	
9 Ives Place			Guilford				CT	06437	
Date Received	Event #	Aggregate Purchas	es for All Events	Amount of Progra	m Ad Purch	ase	Amount of S	Sign Purchase	
5/31/2019	06232019B			250.00					
	SUBTOTAL Section	L3 Total Purchases	of Advertising in	Program Book — T	his Page	1,050	.00		
		Section L3 Total Pu						·	
				additional Section		9,750	.00		
	OTAL OF ALL PURCHAS	SES OF ADVERTISE	(NG IN A PROG	RAM BOOK or ON	A SIGN	10,80			
	VALLE VI.	(Enter total o	n Line 16c, Colum	n A of Summary Pag	ge Totals)				

Section L3. ADDITIONAL PAGE 9a of 17

NAME OF COMMITTEE (	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT			
Big Steve for Mayor					July 10 Filing	3				
	L3. Purchases	of Advertisin	g in a Progran	n Book or o	n a Sign					
Name of Purchaser							Made By: iness Entity	Other		
Wayne Moras, Jr.						_	iness Entity ividual/Sole P	_		
	100 Marie 100 Ma		City			<u> </u>	State	Zip Code		
Street Address 373 Pine Tree Drive			Orange				СТ	06477		
		Aggregate Purchases		Amount of Pro	ogram Ad Purcha	se /	Amount of Sig	n Purchase		
Date Received	Event #	Aggregate ruichases	of All Diving	250.00	/ <u>b</u>		•	•		
06/03/2019	06232019B			230.00		Durchase	e Made By;			
Name of Purchaser						_	siness Entity	Other		
Nicholas Padilla						OInd	ividual/Sole P	roprietorship		
Street Address			City				State	Zip Code		
900 Mix Avenue, Unit	6		Hamden				CT	06514		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise 2	Amount of Si	gn Purchase		
06/03/2019	06232019B			250.00						
	0020201015					Purchas	e Made By:			
Name of Purchaser						_	siness Entity	Other		
Anthony Aceto						OInd	lividual/Sole I			
Street Address			City				State	Zip Code		
155 Hunt Lane			East Haven			γ	СТ	06512		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purch	ase	Amount of Si	gn Purchase		
06/03/2019	06232019B			250.00						
Name of Purchaser						! _	se Made By:	<b>O</b> 0.4		
Harry Bertsos						_	siness Entity	Other Proprietorship		
			City				State	Zip Code		
Street Address 15 Indian Neck Avenu	10		Branford				СТ	06405		
15 Indian Neck Avenu	T	Aggregate Purchases		Amount of Pi	ogram Ad Purch	986	Amount of S	ign Purchase		
Date Received	Event #	Aggregate ruscuases	to An Events	175.00	ogi am rau i ur en					
06/04/2019	06232019B			173.00		Dunaha	se Made By:			
Name of Purchaser						l _	se Made By. siness Entity	Other		
Rosanne Morello						_		Proprietorship		
Street Address			City				State	Zip Code		
312 Old Farms West			Middletown				СТ	06457		
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of P	rogram Ad Purch	ase	Amount of S	ign Purchase		
06/06/2019	06232019B			250.00						
00,00.2010	SUBTOTAL Section L3 T	otal Purchases o	f Advertising in F	rogram Book	— This Page	1,175.	00			
	SUBTOTAL Sect									
					tion L3 Pages	8,575.	00			
TOTA	L OF ALL PURCHASES (	OF ADVERTISE	NG IN A PROGR Line 16c, Column	A of Suppose	ON A SIGN	.w				

Section L3. ADDITIONAL PAGE 9b of 17

NAME OF COMMITTEE	(Provide Complete Name as Regist	ered with Filing Reposito	n)		TYPE OF REPOR			
Big Steve for Mayor					July 10 Filing	<u> </u>		
	L3. Purchas	es of Advertisin	ig in a Progra	am Book or o	on a Sign		N. 1 D	
Name of Purchaser						_	e Made By: siness Entity	Other
James Cianciolo						_	ividual/Sole P	_
Greet Address			City				State	Zip Code
238 Sage Hollow Ro	oad		Guilford					06437
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se .	Amount of Si	gn Purchase
06/05/2019	06232019B			250.00				
Name of Purchaser						_	e Made By:	Other
Steven Tracey					•		siness Entity lividual/Sole P	_
			City			<u> </u>	State	Zip Code
Street Address			East Haven				СТ	06512
58 Edgar Street	Event #	Aggregate Purchases	<u> </u>		rogram Ad Purcha	ase	Amount of Si	gn Purchase
Date Received		7.55.08m2 1 m-m-		250.00	5			
06/06/2019	06232019B			200.00		Purchas	se Made By:	
Name of Purchaser						l	isiness Entity	Other
Carol D'Addio						OInc	dividual/Sole I	Proprietorship
Street Address			City				State	Zip Code
193 Silver Sands Re	oad		East Haven	ļ.			СТ	06512
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of P	rogram Ad Purch	ase	Amount of S	ign Purchase
06/07/2019	06232019B			250.00				
Name of Purchaser						1 _	se Made By:	
Paul Falanga						~	usiness Entity	Other
			City			Oin	State	Proprietorship Zip Code
Street Address			East Haven	1			СТ	06513
32 Gene Street					rogram Ad Purch	nea l		ign Purchase
Date Received	Event #	Aggregate Purchase	s for All Events		rogram Au 1 uren	ase	Amount of S	ign i uremase
05/29/2019	06232019B			250.00			W 1. D.	
Name of Purchaser						1 _	ise Made By: usiness Entity	Other
Mark DiLungo						1 -	•	Proprietorship
Street Address			City	MARK			State	Zip Code
516 Totoket Road			Northford				CT	06472
Date Received	Eyent #	Aggregate Purchase	es for All Events	Amount of P	rogram Ad Purch	ase	Amount of S	ign Purchase
05/30/2019	06232019B	And the second s		250.00				
	SUBTOTAL Section L	3 Total Purchases o	of Advertising in	Program Book	. — This Page	1,250.	.00	
	SUBTOTAL S	ection L3 Total Pur	chases of Adver	rtising on a Sigr	ı — This Page	···		
			TOTAL o	of additional Sec	ction L3 Pages	7,325.	.00	
TOT	CAL OF ALL PURCHASE	S OF ADVERTISI	NG IN A PROG n Line 16c, Colum	GRAM BOOK o	or ON A SIGN			
	· ·	(Enter total of	i Line 100, Collo	ни л ој Бинини	7 - 1180 2011110/			

# Section L3. ADDITIONAL PAGE 9c of 17

NAME OF COMMITTEE (Provide Complete	Name as Registered wit	th Filing Repositor	y) .		TYPE OF REPO	·			
Big Steve Tracey for Mayor					July 10 Filing				
L	3. Purchases of	Advertisin	g in a Prograr	n Book or o	n a Sign				
Name of Purchaser							: Made By: iness Entity	Other	
Mark DiLungo						_	ividual/Sole Pi	· ·	
Street Address	·		City				State	Zip Code	
516 Totoket Road			Northford				CT	06472	
Date Received Event #	Agg	gregate Purchases t	for All Events	Amount of Pr	ogram Ad Purcha	ise A	Amount of Sig	n Purchase	
05/31/2019 06232019	в			250.00					
Name of Purchaser							Made By:		
Ly May Lim							siness Entity ividual/Sole P	Other	
Street Address			City			O ilia	State	Zip Code	
158 Putnam Avenue, 2nd Floor			Hamden				СТ	06517	
Date Received Event #	Ags	gregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ase A	Amount of Sig	n Purchase	
05/31/2019 06232019	}B	_		50.00					
Name of Purchaser						Purchas	e Made By:		
						I -	siness Entity	Other	
Stephen Monaco						OInd	ividual/Sole P State	roprietorship Zip Code	
Street Address			City				CT	06513	
124 Bennett Road			East Haven	4 4 - 6 D-			Amount of Si		
Date Received Event #		gregate Purchases	tor Ali Events		ogram Ad Purch	ase 1	Amount of Si	gn i urchase	
06/03/2019 06232019	ЭВ			250.00			No.1. Dec		
Name of Purchaser						l _	e Made By: siness Entity	Other	
Anthony N. Parise						_	lividual/Sole P	_	
Street Address			City				State	Zip Code	
67 Maple Street			Milford				СТ	06460	
Date Received Event #	Ag	gregate Purchases	for All Events	Amount of Pr	ogram Ad Purch	ase .	Amount of Si	gn Purchase	
06/03/2019 06232019	В			250.00					
Name of Purchaser						l _	e Made By:	004	
Clem Laurello						-	siness Entity lividual/Sole F	Other Proprietorship	
Street Address			City				State	Zip Code	
24 Brookfield Road			East Haven				СТ	06512	
Date Received Event #	Ag	gregate Purchases	for All Events	Amount of P	rogram Ad Purch	ase	Amount of Si	gn Purchase	
06/03/2019 06232019	эв			175.00					
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page						975.00			
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page									
TOTAL of additional Section L3 Pages 6						6,350.00			
TOTAL OF ALL PU	URCHASES OF A	ADVERTISIN Enter total on	IG IN A PROGRA Line 16c, Column	AM BOOK of	ON A SIGN Page Totals)				

Section L3. ADDITIONAL PAGE 9d of 17

AE OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				
		ng .		
vertising in a Program	m Book or on a Sign			
		1 _	•	Other
		1		_
City			State	Zip Code
Cheshire			CT	06410
e Purchases for All Events	Amount of Program Ad Purcl	nase	Amount of Si	gn Purchase
	250.00			
		Purchas	e Made By:	
		1 -	·	Other
			1	Proprietorship Zip Code
				06513
			]	
e Purchases for All Events		hase	Amount of S	ign Purchase
	250.00			
			•	Other
		1	·=·	
City			State	Zip Code
-			СТ	06405
	Amount of Program Ad Pure	hase	Amount of S	ign Purchase
to I dividuos for Tai Division				_
	230.00	Purcha	se Made Bv:	
				Other
		OIn	dividual/Sole	
City			State	Zip Code
Hamden			СТ	06514
ate Purchases for All Events	Amount of Program Ad Pure	chase	Amount of S	Sign Purchase
	250.00			
	1	1 -		_
				<del>-</del>
			1	Zip Code
				06473
		-hogol	<u> </u>	
ate Purchases for All Events		cnase	Amount or	Sign I tirchase
	250.00			
rchases of Advertising in l	Program Book — This Page	1,250.	.00	
Total Purchases of Advert	ising on a Sign — This Page			
TOTAL of	additional Section L3 Pages	5,100	.00	
	City Cheshire Purchases for All Events  City East Haven Purchases for All Events  City Branford Re Purchases for All Events  City Hamden Re Purchases for All Events  City Hamden City Hamden Re Purchases for All Events  City City Hamden City Hamden City City Hamden City City Hamden City City City City Hamden City City City City Hamden City City City City City City City City	City   Cheshire   Amount of Program Ad Purchases for All Events   Amount of	Vertising in a Program Book or on a Sign    Purchases   Purchases	July 10 Filling

Section L3. ADDITIONAL PAGE 9e of 17

Signate   Tracey for Mayor   Survey   Tracey for Mayor   Survey   Substitute   Su	NAME OF COMMITTEE	(Provide Complete Name as Register	red with Filing Reposito	(ערו	<u>;</u>	TYPE OF REPOR	RT .		
L3. Purchases of Advertising in a Program Book or on a Sign    Parchase Mode   Proposed   Proposed   Parchase Mode   Proposed   Parchase   Parchase   Parchase Mode   Proposed   Parchase   Parcha						July 10 Filing	uly 10 Filing		
Purchase Made By   Other   O	<u> </u>	L3. Purchase	s of Advertisir	ig in a Prograi	m Book or o	on a Sign			
Sean Cabilis  City East Haven  City Describe  O607/2019  O6232019B  Aggregate Purchases for All Events  City East Haven  City Describe State  City Describe Describ	Name of Purchaser								0.01
City East Haven    Bookhal's Trail	Sean Cahill						_		_
TOTAL OF ALL PURCHASES OF ADVERTISING IN A Regregate Purchases for All Events  East Haven  CT 06512  Bathayen  CT 06512  CT 06512  Bathayen  CT 06512  Amount of Program Ad Purchase  Amount of Sign Purchase  Amount of Sign Purchase  CT 06612  Brushess Entity Other Obdivioual/Sole Programe Ad Purchase  CT 06612  Brushess Entity Other Obdivioual/Sole Programe Ad Purchase  CT 06612  Brushess Entity Other Obdivioual/Sole Programe Ad Purchase  CT 06612  Amount of Program Ad Purchase  Amount of Sign Purchase  CT 06612  Amount of Program Ad Purchase  CT 06612  Brushess Entity Other Obdivioual/Sole Programe Ad Purchase  Amount of Sign Purchase  CT 06612  Amount of Program Ad Purchase  Amount of Sign Purchase  CT 06617  Amount of Program Ad Purchase  Amount of Sign Purchase  CT 06617  Amount of Program Ad Purchase  Amount of Sign Purchase  CT 06617  Amount of Program Ad Purchase  Amount of Sign Purchase  CT 06617  Amount of Program Ad Purchase  Amount of Sign Purchase  Amount of Sign Purchase  CT 06617  Amount of Program Ad Purchase  Amount of Sign Purchase  CT 06617  Amount of Program Ad Purchase  Amount of Sign Purchase  Anthony Monaco  State 250 Ctoh  Obdividual/Sole Program Ad Purchase  Anthony Monaco  State 350 CT 06616  Amount of Program Ad Purchase  Amount of Sign Purchase  Anthony Monaco  State 350 CT 06616  Amount of Program Ad Purchase  Amount of Sign Purchase  Anthony Monaco  State 350 CT 06616  Amount of Program Ad Purchase  Amount of Sign Purchase  Amount of Sign Purchase  TOTAL of additional Section L3 Tages  4,375.00				City			Oma	1	
18 JOSHI S 16111 18 JOS				i *					06512
Purchase Mode By:   Observed   Defendance   Observed Bount   Forestance Mode By:   Observed Both   Observed	18 Joshua's Trail				1	4.179			
Robert Moon  City East Haven  City Debuggered  Amount of Program Ad Purchase  Amount of Sign Purchase  City Debuggered  City Debuggered  Amount of Program Ad Purchase  Amount of Sign Purchase  City Debuggered  City	Date Received	Event #	Aggregate Purchases	for All Events		ogram Ad Purcha	ise 2	Amount of Si	gn i urchase
Robert Moon  City East Haven  City East Haven  City East Haven  City East Haven  City Coff-10/2019  City Cof	06/07/2019	06232019B			1/5.00				
Robert Moon  Test Address  S Batt Lane  East Haven  City East Haven  Amount of Program Ad Purchase  O62/10/2019  O6232019B  Aggregate Purchases for All Events  Amount of Program Ad Purchase  City Hamden  Furchases Made By: O64517  O6517  O	Name of Purchaser					•			Other
Solid   Zip Code   CT   Q6512	Robert Moon						_	·	~
East Haven  East Haven  East Haven  CT 06612  Statt Lane  Event # 06232019B  O6232019B  O6400000000000000000000000000000000000				City			<u> </u>		
Aggregate Purchases for All Events  Amount of Program Ad Purchase  250.00  Purchase Made By.  Basines Entity  Other  Onividual/Sole Proprietorship  Treat Address  33 Side Hill Road  Described  Descr				,				СТ	06512
Definition of Purchaser   Definition of Pu			A a seconda Durchases		Amount of Pi	rogram Ad Purchs	ise	Amount of Si	n Purchase
Purchaser Maido By:   Other Other March Barney   Purchaser   Other Other Other Maidress   Other Other Other Maidress   Other	Date Received		Aggregate ruionases	O TOT EVENIS	İ	ogram /td i area.			<b>3</b>
Business Entity   Other   Individual/Sole Proprietorship	06/10/2019	06232019B			250.00			3 C 1. De.	
John Barney  John John John John John John John John	Name of Purchaser						_	•	Other
Hamden CT 06517    State   Sta	John Barney								•
Hamden	Street Address			City				State	Zip Code
Anount of Program Ad Purchase    Anount of Program Ad Purchase   Anount of Sign Purchase				Hamden				СТ	06517
Delta   Delt		Event#	Aggregate Purchase	s for All Events	Amount of P	rogram Ad Purch	ase	Amount of Si	gn Purchase
Name of Purchaser Nareshk Yetukuri  Treet Address  229 Rainbow Trail  Date Received  0610/2019  Name of Purchaser  Anthony Monaco  Individual/Sole Proprietorship  Date Received  Anthony Monaco  Individual/Sole Proprietorship  City  Orange  CT  06477  Anount of Program Ad Purchase  Amount of Sign Purchase  Purchase Made By:  Opage  75.00  Purchase Made By:  Opage  Office Address  Anthony Monaco  Individual/Sole Proprietorship  Iteret Address  Anthony Monaco  Iteret Address  140 Gando Drive  Date Received  Office Address  140 Gando Drive  Date Received  Office Address  140 Gando Drive  Substite Total Purchases of Advertising in Program Ad Purchase  Amount of Sign Purchase  Total Purchases of Advertising on a Sign — This Page  TOTAL Of additional Section L3 Pages  4,375.00						В			
Nareshk Yetukuri  Nareshk Aateuris Amount of Program Ad Purchase  Nareshka Amount of Sign Purchase  Nareshka Etion La Yello Charleshka Etion La Pages  Nareshka Amount of Program Ad Purchase  Nareshka Etion La Yello Charleshka Etion La Pages  Nareshka Etion La Yello Charleshka Etion La Pages  Nareshka Etion La Y		06232019B			30.00		Purchas	se Made By:	
Nareshk Yetukuri  Treet Address  329 Rainbow Trail  Date Received  O610/2019  O6232019B	Name of Purchaser						1		Other
Orange Or	Nareshk Yetukuri						_		roprietorship
Amount of Program Ad Purchase O610/2019 O6232019B  Name of Purchaser Anthony Monaco Anthony Monaco  Total Gando Drive  Subtotal Section L3 Total Purchases of Advertising in Program Book — This Page  Subtotal Section L3 Total Purchases of Advertising on a Sign — This Page  TOTAL of additional Section L3 Pages  4,375.00  Amount of Program Ad Purchase Amount of Program Ad Purchase Amount of Program Ad Purchase Amount of Sign Purchase  Amount of Program Ad Purchase Amount of Sign Purchase  Total Purchases of Advertising in Program Book — This Page  TOTAL of additional Section L3 Pages  4,375.00	Street Address			City				State	Zip Code
Date Received 0610/2019 06232019B 75.00    Purchase   P	929 Rainbow Trail			Orange				СТ	06477
O610/2019 O6232019B 75.00  Name of Purchaser Anthony Monaco Anthony Monaco  Total Of All Purchases of Advertising on a Sign — This Page  TOTAL Of Additional Section L3 Pages 4,375.00  Purchase Made By:  Business Entity Other Older City New Haven State Zip Code CT 06516  Amount of Program Ad Purchase Amount of Sign Purchase 175.00  SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page 725.00  TOTAL Of additional Section L3 Pages 4,375.00		Event#	Aggregate Purchase	s for All Events	Amount of P	rogram Ad Purch	ase	Amount of Si	gn Purchase
Anthony Monaco    Purchase Made By:					75.00				
Anthony Monaco  Irreet Address  140 Gando Drive  Date Received  O6232019B  SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page  TOTAL of additional Section L3 Pages  TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN		0023201915					Purcha	se Made By:	
City   New Haven   State   Zip Code	Name of Purchaser						1 _	_	Other
New Haven  CT 06516  New Haven  Onto Received Onto Received O6/11/2019  O6232019B  SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page  TOTAL of additional Section L3 Pages  TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN	Anthony Monaco						Olne	dividual/Sole l	roprietorship
Date Received Date Received Date Received Date Received Dote Received Do	Street Address			City				State	Zip Code
O6/11/2019  O6232019B  SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page  SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page  TOTAL of additional Section L3 Pages  4,375.00  TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN	140 Gando Drive			New Haven				СТ	06516
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page 725.00  SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page  TOTAL of additional Section L3 Pages 4,375.00  TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN	Date Received	Event #	Aggregate Purchase	es for All Events	Amount of P	rogram Ad Purch	ase	Amount of S	ign Purchase
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page  SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page  TOTAL of additional Section L3 Pages  4,375.00  TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN	06/11/2019	06232019B			175.00				
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TOTAL of additional Section L3 Pages 4,375.00		SUBTOTAL Section L3	Total Purchases o	f Advertising in I	Program Book	— This Page	/25,UL		
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN		SUBTOTAL Sec	tion L3 Total Pur	chases of Adverti	sing on a Sign	ı — This Page			
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)				TOTAL of	additional Sec	ction L3 Pages	4,375. ——	00	
	тот	AL OF ALL PURCHASES	OF ADVERTISE	NG IN A PROGR	AM BOOK o	or ON A SIGN by Page Totals)			

# Section L3. ADDITIONAL PAGE 9f of 17

NAME OF COMMITTEE (	IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF F						EPORT.			
Big Steve Tracey for N					July 10 Filing	)				
<u> </u>		s of Advertisin	g in a Prograr	n Book or o	n a Sign					
Name of Purchaser						_	Made By:	Out		
Jack O'Donnell						_	iness Entity vidual/Sole Pr	Other		
			City			Uma	State	Zip Code		
Street Address			Hamden				СТ	06514		
47 Hunters Way				A sunt of Du	ogram Ad Purcha	ca /	Amount of Sig	n Purchase		
Date Received	Event #	Aggregate Purchases	for All Events		ogram Au Turcha	ist. I	Amount of Sig	n a di chase		
06/11/2019	06232019B			250.00						
Name of Purchaser						_	Made By: iness Entity	Other		
William G. lovanne						_	ividual/Sole Pi	_		
Street Address			City				State	Zip Code		
61 Pasture Lane			Branford				СТ	06405		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise A	Lmount of Sig	n Purchase		
	06232019B			250.00						
06/11/2019	002320190					Purchas	e Made By:			
Name of Purchaser						i	siness Entity	Other		
Dimitrios Triantis						OInd	ividual/Sole P	,		
Street Address			City				State	Zip Code		
9 Abbie Road			Branford				СТ	06405		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ase .	Amount of Sig	gn Purchase		
06/12/2019	06232019B			250.00						
Name of Purchaser						l _	e Made By:	<b>P</b> ost		
Jennifer Osborne							siness Entity ividual/Sole P	Other roprietorship		
Street Address			City				State	Zip Code		
184 South End Road			East Haven				CT	06512		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purch	ase	Amount of Si	gn Purchase		
06/12/2019	06232019B			125.00						
Name of Purchaser						1 _	e Made By:	_		
William John Szostek	<b>.</b>					_	siness Entity lividual/Sole P	Other		
Street Address			City				State	Zip Code		
365 Ridge Road			Hamden				ст	06517		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pi	ogram Ad Purch	ase	Amount of Si	gn Purchase		
06/13/2019	06232019B			175.00						
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page						1,050.00				
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page										
			TOTAL of a	dditional Sect	ion L3 Pages 3	3,325.00				
TOTAL	L OF ALL PURCHASES O	F ADVERTISIN	IG IN A PROGR	AM BOOK or	ON A SIGN					
		(Enter total on	Line 16c, Column	A 0J Summar)	rage Loiais)					

#### Section L3. ADDITIONAL PAGE 9g of 17

NAME OF COMMITTEE /	Provide Complete Name as Registere	d with Filing Repositor	y)		TYPE OF REPOR	REPORT			
Big Steve Tracey for N					July 10 Filing	]			
	L3. Purchases	of Advertisin	g in a Progran	n Book or o	n a Sign				
Name of Purchaser							Made By:		
Alphonse Balzano, Jr.						_	iness Entity	Other	
			0.	· · · · · · · · · · · · · · · · · · ·		UIndi	vidual/Sole Pr State	Oprietorship Zip Code	
Street Address			City				CT	06443	
140 Countryway			Madison						
Date Received	Event #	Aggregate Purchases	for All Events		gram Ad Purcha	ise A	Amount of Sig	n Purchase	
06/13/2019	06232019B			175.00					
Name of Purchaser						_	Made By:		
Michael Anthony Thor	mnson						iness Entity ividual/Sole Pa	Other	
			City			Uma	State	Zip Code	
Street Address	al.		East Haven				CT	06512	
119 Silver Sands Roa		I		A 4 - 6 P	ornam Ad Danah	50	Amount of Sig		
Date Received	Event #	Aggregate Purchases	tor All Events	ļ	ogram Ad Purcha	ise A	zmount 0i 31§	in I us chase	
06/13/2019	06232019B			175.00					
Name of Purchaser						Purchase Made By:  Business Entity Other			
Mark Amato						_	siness Entity ividual/Sole P	_	
Street Address			City			<u> </u>	State	Zip Code	
			New Haven				СТ	06512	
46 Elizabeth Ann Drive  Date Received Byent # Aggregate Purcha:				Amount of Pr	ogram Ad Purch:	ase	Amount of Sig	l gn Purchase	
Date Received	Event #	William Lateriages	we the profits		-b- am ar tm			<b>-</b>	
06/13/2019	06232019B			250.00		   B !	- X-d- D		
Name of Purchaser						_	e Made By: siness Entity	Other	
Karen Turcio						_	lividual/Sole P	_	
Street Address			City				State	Zip Code	
104 Feather Lane			North Branfor	rd			СТ	06471	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purch	ase	Amount of Si	gn Purchase	
	06232019B	00.0		250.00	=				
06/13/2019	002020190					Purchas	se Made By;		
Name of Purchaser							siness Entity	Other	
Frank P. Cirillo						Olno	lividual/Sole F	_	
Street Address			City				State	Zip Code	
59 Penny Lane			Woodbridge				CT	06525	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purch	ase	Amount of Si	gn Purchase	
06/13/2019	06232019B			250.00					
00/13/2013						400	20		
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page						1,100.0	JU		
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page									
	TOTAL of additional Section L3 Pages 2,						2,225.00		
TOTA	L OF ALL PURCHASES (	OF ADVERTISIN (Enter total on	NG IN A PROGR Line 16c, Column	AM BOOK or A of Summary	ON A SIGN Page Totals)				

# Section L3. ADDITIONAL PAGE 9h of 17

NAME OF COMMIT	TEE (Provide Complete Name as Re	gistered with Filing Reposito	(יצי		TYPE OF REPORT			
Big Steve Tracey					July 10 Filing	]		
	L3. Purch	ases of Advertisir	ng in a Progra	m Book or c				
Name of Purchaser						_	: Made By:	Other
Howard Gemeine	r					_	iness Entity ividual/Sole P	•
Street Address			City		<u> </u>		State	Zip Code
111 Paul Ney Roa	ad		Cheshire				СТ	06410
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se /	Amount of Sig	gn Purchase
06/13/2019	06232019B			250.00				
Name of Purchaser						_	e Made By:	
Gina Rivera						_	siness Entity ividual/Sole P	Other roprietorship
Street Address			City				State	Zip Code
18 Ledyard Place			East Haven				СТ	06512
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se a	Amount of Si	gn Purchase
06/13/2019	06232019B			50.00				
Name of Purchaser	002020103					Purchas	e Made By:	
	<b>.</b>						siness Entity	Other
Richard Silverste	ın		T			OInd	lividual/Sole F	Proprietorship Zip Code
Street Address			City				State	06511
939 Elm Street			New Haven				<u></u>	
Date Received	Event #	Aggregate Purchase	s for All Events		ogram Ad Purcha	ase	Amount of Si	gn Purchase
06/14/2019	06232019B			250.00		<u>,</u>		
Name of Purchaser						l	se Made By: siness Entity	Other
Jamie E. Alosi							lividual/Sole I	_
Street Address			City				State	Zip Code
196 Foster Street	t, Unit A		New Haven				CT	06511
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of P	rogram Ad Purch:	ase	Amount of Si	ign Purchase
06/14/2019	06232019B	Tara di Antonio di Ant		250.00				
Name of Purchaser						l _	se Made By:	<b>O</b> o
Linda Hennessey	y					•	isiness Entity dividual/Sole l	Other Proprietorship
Street Address			City				State	Zip Code
34 Columbus Ave	enue		East Haven				CT	06512
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of P	rogram Ad Purch	ase	Amount of S	ign Purchase
06/14/2019	06232019B			250.00				
	SUBTOTAL Section	L3 Total Purchases o	f Advertising in I	Program Book	— This Page 1	,050.	00	
	SUBTOTAL	Section L3 Total Pur	chases of Adverti	ising on a Sign	— This Page			
			TOTAL of	additional Sec	tion L3 Pages	1,175.	00	
T	OTAL OF ALL PURCHAS	ES OF ADVERTISE	NG IN A PROGR	RAM BOOK of	r ON A SIGN			
		(Enter total or	n Line 16c, Column	i A vj Summar	y rage rotats)			

Section L3. ADDITIONAL PAGE 9i of 17

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

NAME OF COMMITTEE	(Provide Complete Name as Regi	stered with Filing Reposito	(ער	TYPE OF	REPORT			
Big Steve Tracey for	Mayor			July 10				
	L3. Purcha	ses of Advertisin	ig in a Progra	m Book or on a Sig	n			
lame of Purchaser					Pu		Made By: ness Entity	Other
Joseph Tracey					1 ~	-	ridual/Sole Pr	•
·			City				State	Zip Code
treet Address			Branford				CT	06405
49 Silver Street	15	Aggregate Purchases	for All Events	Amount of Program Ad	Purchase	A	mount of Sig	n Purchase
Date Received	Event#	Aggregate I thomases		250.00				
06/14/2019	06232019B			200.00	Pu	rchase	Made By:	
Name of Purchaser					_   _	_	ness Entity	Other
Vincent Crisci						Indiv	vidual/Sole P	
treet Address			City				State	Zip Code
187 Turttle Bay Drive	e .		Branford				СТ	06405
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ac	l Purchase	A	mount of Sig	gn Purchase
06/17/2019	06232019B			250.00				
Name of Purchaser			<u> </u>			_	Made By:	
					1 7		iness Entity	Other
John Finkle			1 circu			Jindi	vidual/Sole P	Zip Code
Street Address			City				CT	06512
91 Angela Drive			East Haven	1	d Dunahasa	لــــــــــــــــــــــــــــــــــــــ	Amount of Si	<u> </u>
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program A	u rurchase		LINDUM: OI DI	en y ur ennoc
06/18/2019	06232019B			250.00		<u> </u>	) ( 1 B ::	
Name of Purchaser							Made By: Siness Entity	Other
Brian Palmer						_	ividual/Sole I	_
Street Address			City				State	Zip Code
31 Jardin Drive			East Haven			!	СТ	06513
Date Received	Eyent #	Aggregate Purchase	es for All Events	Amount of Program A	d Purchase	e A	Amount of S	gn Purchase
06/14/2019	06232019B			175.00				
	002020102				1	ourchas:	e Made By:	
Name of Purchaser						_	siness Entity	Other
Karen Dattilo						OInd	lividual/Sole	Proprietorshi Zip Code
Street Address			City				State	06512
462 Main Street			East Haven					<u> </u>
Date Received	Event #	Aggregate Purchas	es for All Events	Amount of Program A	d Purchas	e '	Amount of S	ign rurchas
06/04/2019	06232019B			250.00				
	SUBTOTAL Section	L3 Total Purchases	of Advertising in	Program Book — This	Page 1,	175.0	00	<del></del>
	SUBTOTAL	Section L3 Total Pu	rchases of Adver	tising on a Sign — This	Page			
				additional Section L3	Pages			
тот	AL OF ALL PURCHAS	ES OF ADVERTIS	ING IN A PROG n Line 16c, Colum	RAM BOOK or ON A on A of Summary Page T	SIGN Totals)			

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

286 Monticello Drive City Branford CT	Zip Code 06405
L4. In-Kind Donations Not Considered Contributions  lame of Donor  Tony Allevto - On-Beat DJ Service  litreet Address  286 Monticello Drive  L4. In-Kind Donations Not Considered Contributions  City  Branford  CT	
Tony Allevto - On-Beat DJ Service  Street Address  286 Monticello Drive  State  City  Branford  CT	
Tony Allevto - On-Beat DJ Service  Street Address 286 Monticello Drive  City Branford  CT	
Street Address  286 Monticello Drive  City  Branford  CT	
286 Monticello Drive Branford CT	06405
	1
Donation Given By: Description of Donation Fair Market V	alue of Donation
© Business Entity OIndividual Date Received Event #  Aggregate Value for this Event	
O Sole Proprietorship 06/23/2019 06232019B	
Name of Donor	•
Regina Criscuolo - Petonito's Pastry & Cupcake Shoppe	
City State	Zip Code
Street Address	06512
190 Main Street Last Haven	alue of Donation
Donation Given By: Description of Donation	AIGE OF DONALION
Olndividual Cupcakes Cupcakes Aggregate Value for this Event Aggregate Value for this Event	
Date Received	
Osole Proprietorship         06/23/2019         06232019B	
Name of Donor	
	7: O-1-
Street Address City State	Zip Code
Donation Given By: Description of Donation Fair Market V	alue of Donation
Business Entity	
Olindividual Date Received Event # Aggregate Value for this Event	
○ Sole Proprietorship	
Name of Donor	
Name of Donor	
Street Address City State	Zip Code
Skeet Address	
Eair Market V	/alue of Donation
Donation Given By: Description of Donation	aluc of Donation
O Business Entity O Individual	
O Individual O Sole Proprietorship  Date Received Event #  Aggregate value for this Event	
C adic Troph colomb	
SUBTOTAL Section L4—This Page 300.00	
TOTAL of additional Section L4 Pages	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS 300.00	
(Enter total on Line 21, Column A of Summary Page Totals)	

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

NAME OF COMMITTEE	CProvide Complete Name as Registered with Filing Repo	ository)		TYPE OF REP	ORT	
Big Steve Tracey fo				July 10 Fili	ng	
7	L5. In-Kind Donations Not Conside	red Contributions Ass	sociated with a H	louse Part	y	
Name of Host	J. III-IIII DOMESTI Z. III-		Is this event so committee? (	upporting mo	re than o	ne candidate or dendum L5
Street Address	·	City			State	Zip Code
Description of Donation				Fair Marl	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	-this host/candidate			
Name of Host			committee?	supporting mo	o	ne candidate or Idendum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events	—this host/candidate			
Name of Host			committee?	supporting me OYes ON omplete Itemiza	0	one candidate o
Street Address		City			State	Zip Code
Description of Donation				Fair Mai	ket Valu	e of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events	s—this host/candidate			
Name of Host			committee?	supporting m OYes ON omplete Itemiz	0	one candidate o ddendum L5
Street Address		City	•		State	Zip Code
Description of Donation				Fair Ma	rket Valu	e of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Event	s—this host/candidate			
		SUBTOTAL Section	L5 — This Page			
		TOTAL of additional S	lection L5 Pages			
TOTA ASSOCIATED WI	AL OF ALL IN-KIND DONATIONS N ITH A HOUSE PARTY (Enter total o	NOT CONSIDERED CO n Line 22, Column A of Sun	NTRIBUTIONS nmary Page Totals)			

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

Page 12 of 17

ised January 2015					I	TYPE O	וייםם ם	<b>ЭТ</b>		
NAME OF COMMITTEE (Provide Complete )	lame as Reg	istered with F	iling Repository)			July 10				
Big Steve Tracey for Mayor				,	 	July 1	ı minç	5		
			M. In-Kind Con	tril	outions					<u> </u>
Name										
Big Steve Tracey				City					State	Zip Code
Street Address					ast Haven				СТ	06512
58 Edgar Street	Date Receiv	ved l	Aggregate Contributions	L_'	Description of In-Kind (	Contributio	n		<u> </u>	
Type of contributor: OCommittee  Individual / Sole Proprietorship Oother	Date Receiv		1.681.48.12		food					
	If contril	nution is in f	excess of \$400 to a candid	date	for a chief executive o	fficer of a	municip	ality,		· · · · · · · · · · · · · · · · · · ·
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does con	tributor or b t more than	ousiness he/she is associat \$5,000?	ted v	vith have a contract wi	in said mi	inicipan	.y		Market Value Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 06232019B	Yes No	If ves.	tor a principal of a state c indicate which branch or rnment the contract is wit	r bra	actor or prospective structure Executive			SYes No	100.0	0
Name										
Big Steve Tracey				le:					State	Zip Code
Street Address				City	ast Haven				СТ	06512
58 Edgar Street					Description of In-Kind	Contributio	171			1
Type of contributor: Committee	Date Recei		Aggregate Contributions		postage, envel					
● Individual / Sole Proprietorship Other	06/25/		185.75	12.5	'			inality	Fair	Market Valu
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co	ontributor or at more that		ated	With have a contract v	vith said r	nunicipa	iity		is Contributio
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	If ves.	ntor a principal of a state of indicate which branch or imment the contract is wi	r bra	ractor or prospective st anches Executive			OYes • No	00.70	
Name		<u> </u>								
									State	Zip Code
Street Address				Cit					State	Zip Code
Type of contributor: OCommittee	Date Rece	ived	Aggregate Contributions	-	Description of In-Kind	Contributi	on			
OIndividual / Sole Proprietorship Oother										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does c	ribution is in ontributor of at more tha	n excess of \$400 to a canor business he/she is assoc	dida iateo	te for a chief executive I with have a contract Yes No	officer o with said	f a munio municipa	cipality, dity		Market Valu is Contributio
Is this contribution associated with an event reported listed in Section L1?		Is contribu	utor a principal of a state	or br	ractor or prospective stanches  Executive			SYes No		
If yes, list Event #		of gove	ernment the contract is wi							
<del></del> -	4		SUBTOTAL	L Se	ection M — This Pa	ige 1	85.75			
			TOTAL of ad	diti	onal Section M Pag	ges				
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS (	Enter total on Line 23, Co	lunu	n A of Summary Page 1	otals) 1	85.75			
	7	. Refun	dable Deposit to	Tel	ephone Compa	ny		:		
I NI CIdi-id-id-			First			·····		MI	Date Depo	osit Made
Last Name of Individual										
			City			State	Zip C	ode	<u> </u>	Amount of
Residential Street Address										Deposit
Name of Telephone Company							<del></del>			
Street Address			City			State	Zip C	Code		
										······································
		NT NY	r total on Line 24, Colun		of Cumman Dags To	tale)				

er 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. Page 13 of 17 IV. EXPENDITURES (Sections P—T) SEEC FORM 20 TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) July 10 Filing Big Steve Tracey for Mayor P. Expenses Paid by Committee Method of Payment: Date of Payment Name of Payee Check # 101 04/08/2019 John & Maria's Pizzeria Restaurant Debit Card OEFT Street Address 06512 CT 280 Foxon Road East Haven Event # Amount Purpose of Expenditure Description (by code) FNDR 04072019A Pizza Party Meet the Candidate Fundraiser 480.00 Expenditure #
(if 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) Independent Organization OA OBOCOD Coordinated without reimbursement sought (in-kind contribution) Method of Payment: Name of Payee Check # 04/08/2019 Anedot.com EFT O Debit Card Zip Code City Street Address TX 75201 Dallas 1920 McKinney Avenue Event # Purpose of Expenditure Amount (by code) 04072019A **BNK** online donation fees 46.20 Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Expenditure # (if applicable) None of the below ( Independent Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) OB OC OD Organization OA Method of Payment: Date of Payment Name of Payee Check # 04/15/2019 Anedot.com **●**EFT O Debit Card Zip Code State City Street Address TX 75201 Dallas 1920 McKinney Avenue Event# Description Amount Purpose of Expenditure (by code) BNK 04072019A online donation fees 36.80 Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Expenditure # (if applicable) None of the below Independent O Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A O B O C O D Method of Payment: Date of Payment Name of Payee Check # 05/06/2019 Anedot.com EFT Debit Card Zip Code State City Street Address TX 75201 Dallas 1920 McKinney Avenue Event # Amount Description Purpose of Expenditure (by code) **BNK** online donation fees 4.30 Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Expenditure # (if applicable) None of the below
Coordinated with reimbursement sought (joint expenditure)
Coordinated without reimbursement sought (in-kind contribution) Independent Organization A OB OC OD SUBTOTAL Section P - This Page 567.30

TOTAL of additional Section P Pages

TOTAL OF ALL EXPENSES PAID BY COMMITTEE

(Enter total on Line 19, Column A of Summary Page Totals)

2,489.14

3.056.44

SEEC FORM 20

Section P. ADDITIONAL PAGE TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) July 10 Filing Big Steve for Mayor P. Expenses Paid by Committee Method of Payment: Date of Payment Name of Payee Check # 06/10/2019 (•)EFT O Debit Card Anedot.com Zip Code State City Street Address 75201 TX Dallas 1920 McKinney Avenue Event # Amount Description Purpose of Expenditure 06232019B (by code) online donation fees **FNDR** 40.60 Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Expenditure # (if applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution)  $\bigcirc$ B  $\bigcirc$ C  $\bigcirc$ D Organization OA Method of Payment: Date of Payment Name of Payee Check # 102 06/15/2019 Christopher Farrell O Debit Card **OEFT** Zip Code Street Address CT 06512 East Haven 7 Erico Drive Event# Amount Description Purpose of Expenditure (by code) PRNT Printing of Candidate Position Paper 74.70 Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Expenditure # (if applicable) None of the below (does not involve another candidate or committee) O Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization A OBOCOD Date of Payment Method of Payment: Name of Payee Check # 103 06/17/2019 O Debit Card OEFT Paulina Katz Zip Code State City Street Address CT 06405 Branford 26 Glendale Place Event # Amount Purpose of Expenditure Description 06232019B (by code) over the cash limit for a donation REF 50.00 Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Expenditure # (if applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD Method of Payment: Date of Payment Name of Payee Check # 06/17/2019 EFT Debit Card Anedot.com Zip Code State City Street Address 75201 TX Dallas 1920 McKinney Avenue Event # Amount Purpose of Expenditure Description 06232019B (by code) online donation fees **BNK** 22.90 Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Expenditure # (if applicable) O None of the below (does not involve another candidate or committee) Independent Coordinated with reimbursement sought (joint expenditure) Organization OA OB OC OD Coordinated without reimbursement sought (in-kind contribution)

188.20

SUBTOTAL Section P — This Page

OFFICE	CODA	311
SEEC	FORM	20

### Section P. ADDITIONAL PAGE 13b

3b	of 1	7

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Big Steve Tracey			July 10 Filing	
	P. Expenses I	Paid by Committee		
Name of Payee Anedot.com			Date of Payment 06/24/2019	Method of Payment:  Check #  Debit Card • EFT  State Zip Code
Street Address		City		TX 75201
1920 McKinney	Avenue	Dallas		
Purpose of Expenditure (by code) BNK	Description online donation fees		Bvent # 06232019B	Amount 10.30
Expenditure # ((f 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	nmittee)	dent	Method of Payment:
Name of Payee			Date of Payment	Check #
Minuteman Pres	SS		06/21/2019	Debit Card OEFT
Street Address		City		State Zip Code
330 Main Street		East Haven		CT 06512
Purpose of Expenditure (by code)	Description Ad Book		Event # 06232019B	Amount 569.32
(if applicable)	Type of Expenditure (Itemization in Addendum P Required um  None of the below (does not involve another candidate or con  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind contr	nmittee) e)		Method of Payment:
Name of Payee			05/03/2019	O Check #
Facebook		To	00/00/2010	O Debit Card EFT State Zip Code
Street Address  1 Hacker Way		City Menlo Park		CA 94025
Purpose of Expenditure	Description		Event#	Amount
(by code) A-WEB	Facebook Ads		04072019A	17.91
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or e Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind control of the contr	ommittee) ure)   Indepe	endent zation OA OB OC OI	D Method of Payment:
Name of Payee			Date of Payment	O Check #
Facebook			06/03/2019	Debit Card OEFT
Street Address		City		State Zip Code
1 Hacker Way		Menlo Park		CA 94025
Purpose of Expenditure (by code) A-WEB	Description Facebook Ads		Bvent # 06232019B	Amount 25.00
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 expenditude) Coordinated without reimbursement sought (in-kind con	ommittee) ure) Indepe		
		SUBTOTAL Section P	— This Page   622.53	

SEEC FORM 20

Section P. ADDITIONAL PAGE 13c of 17

terited January 2015	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Big Steve Trace			July 10 Filing	
Big Steve Trace		Paid by Committee		
Name of Payee Facebook	P. Expenses 1	Paid by Committee	Date of Payment 06/03/2019	Method of Payment: Oheck # Debit Card OEFT
Street Address		City		State Zip Code
1 Hacker Way		Menlo Park		CA 94025
Purpose of Expenditure (by code) A-WEB	Description Facebook Ad for Fundraiser		06232019B	Amount 1.72
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 contri	nmittee)	dent	Made de Propositi
Name of Payee			Date of Payment	Method of Payment:  Check #
Facebook			06/18/2019	O Debit Card OEFT
Street Address  1 Hacker Way		<sup>City</sup> Menlo Park		State Zip Code CA 94025
Purpose of Expenditure (by code)	Description Facebook Ad for Fundraiser	,	Event # 06232019B	Amount 25.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or col  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contra	mmittee)	dent	
Name of Payee			Date of Payment	Method of Payment:  Check #
Facebook		City	06/23/2019	O Debit Card OEFT State Zip Code
Street Address  1 Hacker Way		Menlo Park		CA 94025
Purpose of Expenditure (by code)	Description Facebook Ad for Fundraiser		Event # 06232019B	Amount 7.37
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or concordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind conto	committee) ure)   Indepe	endent zationOA OB OC OI	
Name of Payee			Date of Payment	Method of Payment:  • Check # 105
Mark DiLungo			06/23/2019	O Debit Card OEFT
Street Address		City		State Zip Code
516 Totoket Ro	oad	Northford		CT 06472
Purpose of Expenditure (by code) MISC	Rental Tables/Tent, soda, water, tableclo		Event # 06232019B	Amount 542.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind control of the control of	committee) ure) Indepe		
		SUBTOTAL Section P	— This Page   576.09	
<u></u>				

SEEC FORM 20

## Section P. ADDITIONAL PAGE 13d of 17

Big Steve Tracey for Name of Payee  New Haven Pizza Tru  Street Address  700 Washington Aver Purpose of Expenditure by code) FNDR  Expenditure # (If applicable)  Name of Payee  Citizens Bank  Street Address  263 Hemingway Aver Purpose of Expenditure (by code) BNK  Che	P. Expenses P  uck  enue #1  cription  zza for Fundraiser  of Expenditure (Itemization in Addendum P Required unla None of the below (does not involve another candidate or come coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	mittee) ) Indepen	Event # 0623  checked	Date of Payment	Method of    Oheci    Debit State    CT	k # 104 t Card OEFT Zip Code 06516  Amount
New Haven Pizza Trustreet Address 700 Washington Aver Purpose of Expenditure by code) FNDR Expenditure # (If applicable)  Name of Payee Citizens Bank Street Address 263 Hemingway Aver Purpose of Expenditure by code) BNK  Description	enue #1  eription  zza for Fundraiser  of Expenditure (Itemization in Addendum P Required unlawate of the below (does not involve another candidate or come coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	City  West Haven  Less "None of the below" is amittee)  Organiz  City	Event # 0623  checked, dent ation OA	2019B  2 OB OC OD  Date of Payment	O Chec O Debit State CT	k # 104 t Card OEFT Zip Code 06516  Amount
New Haven Pizza Trustreet Address 700 Washington Averturpose of Expenditure by code) FNDR Expenditure # If applicable) Pizer Address Parpose of Expenditure Purpose of Expenditure BNK Purpose of Expenditure Purpose of Expenditure BNK Purpose of Expenditure Check Ch	enue #1  zza for Fundraiser  of Expenditure (Itemization in Addendum P Required unla None of the below (does not involve another candidate or come Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	West Haven  ess "None of the below" is imittee)    Organize    City	Event # 0623  checked, dent ation OA	2019B  2 OB OC OD  Date of Payment	O Chec O Debit State CT	k # 104 t Card OEFT Zip Code 06516 Amount
Expenditure # (if applicable)  Name of Payee  Citizens Bank  Street Address  263 Hemingway Aver (by code)  BNK  Piz  Type of O N.  Co	eription  ZZA for Fundraiser  of Expenditure (Itemization in Addendum P Required unlawnone of the below (does not involve another candidate or come Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	West Haven  ess "None of the below" is imittee)    Organize    City	of 23	A OB OC OD Date of Payment	1,000	06516
Expenditure # (if applicable)  Expenditure # (if applicable)  Type of O N O Co	ZZA for Fundraiser of Expenditure (Itemization in Addendum P Required unlowne of the below (does not involve another candidate or come coordinated with reimbursement sought (joint expenditure) coordinated without reimbursement sought (in-kind contribution)	mittee) ) Independention) Organiz	of 23	A OB OC OD Date of Payment		
Name of Payee Citizens Bank Street Address 263 Hemingway Aver Purpose of Expenditure (by code) BNK  O Co	None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib enue	mittee) ) Independention) Organiz	dent ationOA	Date of Payment	Method of	
Citizens Bank  Street Address  263 Hemingway Aver  Purpose of Expenditure (by code) BNK Che	<u> </u>	·	- 1	·	I MICHIOG O.	f Payment
263 Hemingway Aver Purpose of Expenditure Desc (by code) BNK che	<u> </u>	·		04/03/2019	O Chec	k# t Card
(by code) BNK che	crintian	Castriaven			State CT	Zip Code 06512
Expenditure # Type of	neck order		Event #		9.99	Amount
(if applicable)	of Expenditure (Itemization in Addendum P Required unless None of the below (does not involve another candidate or come Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contribution)	nmittee)	ident ation ()	л () в () с () р		
Name of Payee Citizens Bank				Date of Payment 04/04/2019	O Chec	it Card 💿 EFT
Street Address 263 Hemingway Ave	enue	City East Haven			State CT	Zip Code 06512
(by code)	scription ervice charge		Event #		0.25	Amount
(if applicable)	e 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)		) <u>a Ob Oc Od</u>		
Name of Payee				Date of Payment 05/17/2019	O Che	
Patch Media Street Address		City			State	oit Card OEFT Zip Code
134 W. 29th Street,	F11	New York			NY	10003
(by code) Ad-WEB C	escription Candidate Position Letter		Event		7.00	Amount
(if applicable)	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	ommittee) re) Indepe	endent	) <u>a Ob Oc Od</u>		
	(	SUBTOTAL Section P	— This	Page 1017.24		

SEEC FORM 20 Revised January 2015

# Section P. ADDITIONAL PAGE 13e of 17

ised January 2015	EE (Provide Complete Name as Registered with Filing Repository,	) .	TYPE OF RE	PORT
Big Steve for Ma			July 10 Fi	ling
sig Steve for Ma		. Daid by Committee		
ame of Payee Ficketprinting.co		s Paid by Committee	Date of Paymen 05/21/201	9 Ocheck # • Debit Card OEFT
treet Address 22 South Centra		City Harlowton	<u> </u>	State Zip Code MT 59036
urpose of Expenditure by code) PNTR	Description printing of tickets for fundraiser		Event # 06232019B	Amount 85.08
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind co	committee) ture)		C OD  Method of Payment:
Name of Payee			Date of Paymer	Check #
Street Address		City		
turpose of Expenditure by code)	Description		Event #	Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendi Coordinated without reimbursement sought (in-kind co	committee)	endent ization A O B O	
Name of Payee			Date of Payme	O Check # O Debit Card OEF
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 None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expension) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought).	or committee) diture) Inde	pendent nization OA OB (	ont Method of Payment:
Name of Payee			Date of Paym	O Check #O Debit Card OE
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Require  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendence)  Coordinated without reimbursement sought (in-kind of the coordinated with of the coordinated with of the coordinated with of the coordinated with other with the coordinated with th	or committee) diture) Inde	" <i>is checked)</i> pendent  nization A B	Ос Ов
		SUBTOTAL Section	P — This Page   85	.08
	· · · · · · · · · · · · · · · · · · ·			

### IV. EXPENDITURES (Sections P—T)

Page 14 of 17

NAME OF COMMITTI	EE (Provide Complete Name as Registered with I	Filing Repository)	TYPE OF REPORT		
Big Steve Tracey			July 10 Filing		
big oteve madey	O. Cam	paign Expenses Paid by	Candidate		
Name of Pavee (Name of Ve	ndor, Person or Entity who candidate paid directly		Date of Payment	Is rein	bursement claimed?
tunio oi rujos (rimise eg					Yes O No
		City		State	Zip Code
Street Address					
			Event #		Amount
Purpose of Expenditure by code)	Description		Dvoit "		
by code)					
Name of Payee (Name of V	endor, Person or Entity who candidate paid directl	y)	Date of Payment	Is rein	bursement claimed?
					Yes O No
Street Address		City		State	Zip Code
3110017134,702					
			Event #		Amount
Purpose of Expenditure (by code)	Description				
•			T	To make	nbursement claimed?
Name of Payee (Name of V	endor, Person or Entity who candidate paid direct	ly)	Date of Payment		_
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #		Amount
(by code)	Description .				
		4.)	Date of Payment	Is rei	mbursement claimed?
Name of Payee (Name of I	endor, Person or Entity who candidate paid direct	ay)			_
				State	Zip Code
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #		Amount
(by code)					
Y CD (Name of)	Vendor, Person or Entity who candidate paid direc	d(y)	Date of Payment	Is re	mbursement claimed?
Name of Payee (Name of	emor, reson or Danly who community	,			Yes No
		City		State	Zip Code
Street Address		Ony			
			I m //		Amount
Purpose of Expenditure	Description		Event #		Amount
(by code)					
Name of Payee (Name of	Vendor, Person or Entity who candidate paid direc	etly)	Date of Payment	Is re	imbursement claimed?
, ,					Yes O No
Street Address		City		State	Zip Code
Sheet Address					
			Event#		Amount
Purpose of Expenditure (by code)	Description				
		SUBTOTAL S	ection Q — This Page		
		TOTAL of additi	onal Section Q Pages		
	TOTAL	OF ALL EXPENSES PAU	D BY CANDIDATE		
	6	Enter total on Line 26, Column A	of Summary Page Totals)		

#### IV. EXPENDITURES (Sections P—T)

AME OF COMMITT	EE (Provide Complete Name as Registered with Filing Rep	oository) TYPE OF R	EPORT
ig Steve Tracey		July 10 F	iling
	R. Expenses Inc	curred on Committee Credit Card	
ame of Issuing Instit	ution	Type of Credit Card:	
		○ Visa ○ Master Card ○ Discover	OAmerican Express Oother:
ame of Vendor, Person o	r Entity		Date of Transaction
reet Address		City	State Zip Code
irpose of Expenditure	Description	Event #	Amount
y code)			
xpenditure #	Type of Expenditure (Itemization in Addendum R R	equired unless "None of the below" is checked)	
f applicable)	None of the below		
	Coordinated with reimbursement sought (join Coordinated without reimbursement sought (i	t expenditure)	
CVI D		J organismon O.S.	Date of Transaction
lame of Vendor, Person of	or Entity		
treet Address		City	State Zip Code
treet Address			
	I.S. See	· Event #	Amount
urpose of Expenditure by code)	Description		
		Auden (Nove of the below" is checked)	
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum R I	required unless 14one of the below to checkery	
	O None of the below Coordinated with reimbursement sought (join	nt expenditure) Independent	00 00
	Coordinated without reimbursement sought (	in-kind contribution) Organization: A B	Date of Transaction
lame of Vendor, Person	or Entity		Date of Manuacion
			l l
Street Address		C:+-	State Zip Code
		City	State Zip Code
	Description	City  Event #	State Zip Code  Amount
turpose of Expenditure by code)		Event #	
by code) Expenditure #			
by code) Expenditure #	Type of Expenditure (Itemization in Addendum R I	Event #  Required unless "None of the below" is checked)	
by code)	Type of Expenditure (Itemization in Addendum R	Event #  Required unless "None of the below" is checked)  Independent	Amount
oy code)  expenditure #	Type of Expenditure (Itemization in Addendum R I	Required unless "None of the below" is checked)  Interpenditure) Independent (in-kind contribution) Organization: A B	Amount
by code) Expenditure #	Type of Expenditure (Itemization in Addendum R I	Required unless "None of the below" is checked)  Interpenditure)   Independent   Organization   OB  SUBTOTAL Section R — This Page	Amount
by code) Expenditure #	Type of Expenditure (Itemization in Addendum R I	Required unless "None of the below" is checked)  Interpenditure)   Independent   Organization   OB  SUBTOTAL Section R — This Page	Amount
by code) Expenditure # Y applicable)	Type of Expenditure (Itemization in Addendum R I	Required unless "None of the below" is checked)  Int expenditure) Independent (in-kind contribution) Organization: A B  SUBTOTAL Section R — This Page  TOTAL of additional Section R Pages	Amount
by code) Expenditure # Y applicable)	Type of Expenditure (Itemization in Addendum R I	Required unless "None of the below" is checked)  Int expenditure) Independent (in-kind contribution) Organization: A B  SUBTOTAL Section R — This Page  TOTAL of additional Section R Pages	Amount

		ilius Panoritarul	TYPE OF REPORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Big Steve Tracey for Mayor  July 10 Filing							
big Steve Hace		d by Committee but Not Pa					
Name of Creditor	Date Incui	Date Incurred					
Street Address		City		State	Zip Code		
<sup>2</sup> urpose of Expenditure by code)	Description		Event #				
Expenditure # 'f applicable)	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement soug Coordinated without reimbursement so	ht (joint expenditure)	ow" is checked)  ndependent  rganization:  A  B  C  C	) Þ			
Name of Creditor	Date Incu	Date Incurred					
Street Address		City		State	Zip Code		
'urpose of Expenditure by code)	Description		Event #		nount Incurred stimate or Actual)		
Expenditure # 'If applicable)	Type of Expenditure (Itemization in Addendard None of the below Coordinated with reimbursement soug Coordinated without reimbursement so	ht (joint expenditure)	ndependent	) D			
Name of Creditor				Date Incu	rred		
Street Address		City		State	Zip Code		
'urpose of Expenditure by code)	Description		Event#		nount Incurred stimate or Actual)		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	tht (joint expenditure)	ndependent	ΟÞ			
		SUBTOTAL Sec	tion S-This Page				
		TOTAL of additions	l Section S Pages				
TOTAL OF ALL	EXPENSES INCURRED BY COMM	TTEE DURING THIS PERIOD Enter total on Line 28, Column A of S	BUT NOT PAID ummary Page Totals)				
	Previously	reported Expenses Unpaid and s	till Outstanding				
	TOTAL OF ALL EXPENSES (E.	SINCURRED BY COMMITTED Inter total on Line 28a, Column A of St	E BUT NOT PAID ummary Page Totals)				

#### IV. EXPENDITURES (Sections P—T)

Page 17 of 17

A DESCRIPTION OF THE PROPERTY					TYPE OF REPORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Finding Republicity)					y 10 Filing			
big oteve madey	T. Itemization of Reimb	oursements a	nd Second	ary Pay	ees			
Last Name of Worker/Cons	First				MĪ	Date of I Person o	Payment to Vendor, r Entity	
Name of Vendor, Person or					Section P:	_	Worker/Consultant as	
Street Address of Vendor, 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 expenditure) Coordinated without reimbursement sought (in-kine)	enditure)	of the below" i. O Indepen	edent O	О C	) () () ()		
Last Name of Worker/Con	sultant	First				MI		Payment to Vendor, or Entity
Name of Vendor, Person o				reported in	o Reimburse n Section P: ck #	_	Worker/Consultant as ebit Card	
Street Address of Vendor,	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-kin)	enditure)	O Indepe		О (	) ) (° ° ° °		
Last Name of Worker/Consultant		First				МІ		Payment to Vendor, or Entity
Name of Vendor, Person of	1			Payment reported i	in Section P:	_	Worker/Consultant as	
Street Address of Vendor	, 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 expenditured without reimbursement sought (in-kin)	nenditure)	O Indepe		0 (	) (		
		SUBTOTA	L Section T -	— This Pa	ıge			
TOTAL of additional Section T Pages								
TOTAL OF ALI	L REIMBURSEMENT TO COMMITTEE	WORKERS	AND CONS	ULTAN	TS			