SEEC FORM 20

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

RECEIVED FOR EILING OCT 0 8 2019 OCT 0 8 2019 TOWN CLERK'S OFFICE EAST HAVEN, CONN.

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De Not the Space For OHITOWN CLERK

COVER PAGE

1. NAME OF COMMITTEE								
Big Steve Tracey for Mayo	r					······································		
2. TREASURER NAME		1	T					le «
First		М1	Last	Hannana				Suffix
Linda			<u> </u>	Henness	еу			
3. TREASURER ADDRESS							1	
Street Address		City				State	Zip C	
34 Columbus Avenu	e		East H	aven		СТ		6512 RICT NUMBER
4. ELECTION/REFERENDUM DATE	NDUM DATE 5. OFFICE SOUGHT (Complete only if Candidate Committee)							
11/05/2019 Mayor (f applicable)								,
7. CANDIDATE NAME (Complete only if	Candidate or Explorato						·	
First		MI	Last					Suffix
Big Steve			Tra	acey				
8. TYPE OF REPORT (Check One Box)								
☐ January 10 filing	☐ 7th day preced	ling primary	☐ 7tl	n day preceding referendum		nitial Cont		r Disbursement
☐ April 10 filing	☐ 30 days follow	ving primary	□ 45	days following referendum	•	Amendmen		
☐ July 10 filing	☐ 7th day preceding election ☐ Deficit Type of 1						oort:	
☑ October 10 filing	☐ 12th day prece (State Central Co		ПТе	rmination	-			
☐ 24 Hour Independent Expenditure O Primary O Election	□45 days follow not held in No							
9, PERIOD COVERED							i i i	
	Beginning Da	te		Ending Date				:
-	09/02/2019		thru	09/30/2019				
10. CERTIFICATION								
I hereby certify and state, under p Disclosure Statement for the per TREASURER OR DEPUTY TREASURE		rue, accurate	and con		this Iter	nized Car	npaign F	inance 08/2019 (mm/dd/yyyy)
A person who is				iolated any provisions of i imprisonment or both.	the camp	paign fina	ınce statu	ites

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees 12. Balance on hand at the beginning of Reporting Period 13. Contributions Received from Individuals (Sections A and B) 14. Receipts from Other Committees (Sections C1 and C2) 15. Other Monetary Receipts (Sections D through K) 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) 16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed 16c. Total Purchases of Advertising—Program Book or Sign (Section L3) 17. Total Monetary Receipts (add totals for Lines 13 through 16c) 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) 19. Expenses Paid by Committee (Section P) 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns 21. In-Kind Donations not Considered Contributions Received (Section L4) 22. In-Kind Donations not Considered Contributions — House Party (Section L5) 23. In-Kind Contributions Received (Section M) 24. Refundable Deposit to Telephone Company (Section N) 25. Loan Balance 25a. + Loans Received (Section D) 25b. + Interest and Penalties on Loan 25c Payments on Loan 25d. Total Outstanding Loan Amount 26d. Campaign Expenses Paid by Candidate (Section Q) 27. Expenses Incurred on Committee Credit Card (Section R)	October 10 Filing	T
g Steve Tracey for Mayor 1. 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 2. Balance on hand at the beginning of Reporting Period 3. Contributions Received from Individuals (Sections A and B) 4. Receipts from Other Committees (Sections C1 and C2) 5. Other Monetary Receipts (Sections D through K) 6. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) 6. Per Public Act 11-48, effective January 1, 2012 Section L2 removed 6. Total Purchases of Advertising—Program Book or Sign (Section L3) 7. Total Monetary Receipts (add totals for Lines 13 through 16c) 8. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) 9. Expenses Paid by Committee (Section P) 9. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Colum In-Kind Donations not Considered Contributions Received (Section L4) 1. In-Kind Donations not Considered Contributions—House Party (Section L5) 1. In-Kind Contributions Received (Section M) 1. Refundable Deposit to Telephone Company (Section N) 1. Loan Balance 1. In-Kind Contributions on Loan 1. In-Kind Contributions Contributions Company (Section N) 1. Loan Balance 1. Total Outstanding Loan Amount 1. Campaign Expenses Paid by Candidate (Section Q) 1. Expenses Incurred on Committee Credit Card (Section R) 1. Expenses Incurred by Committee During this Period but Not Paid (Section S)	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00
12. Balance on hand at the beginning of Reporting Period	33,696.17	
13. Contributions Received from Individuals (Sections A and B)	220.00	33,916.17
14. Receipts from Other Committees (Sections C1 and C2)	0.00	
15. Other Monetary Receipts (Sections D through K)	50.00	50.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	250.00	250.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	520.00	34,216.17
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	34,216.17	34,216.17
19. Expenses Paid by Committee (Section P)	9,904.81	9,904.81
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	24,311.36	24,311.36
21. In-Kind Donations not Considered Contributions Received (Section L4)		V 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Big Steve Tracey for Mayor			October 10 Filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		Period ONLY FAL SECTION A	\$					
B. Itemized Co	ntribut	tions from Individ	luals					
Last Name	First				MI			
Martin	Ro	bert			W W W W W W W W W W W W W W W W W W W			
Residential Street Address	City			State	Zip Code			
330 Short Beach Road, Apt. I-6	30 Short Beach Road, Apt. I-6 East Haven							
Principal Occupation	1	Name of Employer						
Maintenance		NA						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amo 20.0	ount of Contribution 00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which brain of government the contract.	nch or bra	anches	e contractor?					
Method of Contribution:	ī	Date Received	Aggregate Contributions					
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order (09/03/2019	20.00					
Last Name		МІ						
Healy								
Residential Street Address	State	Zip Code						
27 Dorchester Road		CT	06109					
Principal Occupation	1	Name of Employer						
Executive Director CT Catholic Conference								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a ffyes, indicate which bra of government the contra	anch or bra	anches	e contractor? Yes No Legislative		700.00			
Method of Contribution:			Aggregate Contributions	-				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order (09/11/2019	100.00					
Last Name	First				МІ			
Muir	Rya	an						
Residential Street Address	City			State	Zip Code			
38 Zwicks Farm Road	Plants	sville		CT	06479			
Principal Occupation	1	Name of Employer						
Human Resources Manager	١	Wells Fargo						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo 100	unt of Contribution .00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contract.	nch or bra		□ No					
Method of Contribution:	Aggregate Contributions							
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order (09/14/2019	100.00					
SUBT	TOTAL	Section B — This	Page 220.00					
TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

NAME OF COMM	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)							TYPE OF REPORT				
Big Steve Trac	ey for Mayor							October 10 Filing				
		C1. (Contributio	ons f	from Ot	her Commi	ittees					
Name of Committee						Name of Treasur	rer	1				
Address		44644		Is ev	this contrib ent reporte	oution associated d in Section L1? If yes, lis	?	n	Amount	of Contribution		
City		State	Zip Code		Date Receiv			gate Contributions				
Name of Committee			1			Name of Treasur	rer					
Address						Dution associated d in Section L1? If yes, lis	?	n 🔲 Yes 🗍 No	Amount	of Contribution		
City		State	Zip Code		Date Receiv	ved	Aggreg	gate Contributions				
Name of Committee						Name of Treasur	rer		<u> </u>			
Address						Dution associated d in Section L1? If yes, list	,	n 🗀 Yes 🗀 No	Amount	of Contribution		
City		State	Zip Code		Date Receiv			gate Contributions				
	C2. Re	eimbursemei	ats or Surp	lus I	Distribu	tions from	other	Committees				
Name of Committee						Name of Treasur						
Address		mbaranta de la companya de la compan			City	1			State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type	ment for shared e	expen	Sī	ırplus Distributio	on		Amount of Receipt			
Description									- 			
Name of Committee		And a				Name of Treasur	er					
Address					City	L			State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type	sement for shared	ad exp	ense 🗆	Surplus Distribu	tion		Amoun	t of Receipt		
Description												
						n C — This I	74.75					
			1 1 1 1 1		7 4 5 35 3	Section C P						
		ALL COMMIT C1 + C2) (Enter										
1												

NAME OF COMMITTEE Provide Complete Name as Registered with Fi	iling Reposito	(יכיי			TYPE OF REPORT			
Big Steve Tracey for Mayor					Octobe	r 10 Filing		
D.	. Loans I	Receive	ed this Period		····			
Name of Lender			Source of Loan: Bank Candid	date 🔲 I	Individual	Other	Date of Receipt	
Street Address	City			S	State	Zip Code	Is there a Cosigner or Guarantor of this loan?	
Name of Cosigner/Guarantor (if applicable)						,	Amount Received	
Street Address	City		W., A.,		State	Zip Code		
Name of Lender			Source of Loan: Bank Candid	date 🔲 I	Individual	Other	Date of Receipt	
Street Address	City			S	State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)				L			Amount Received	
Street Address	City				State	Zip Code		
Name of Lender	<u> </u>		Source of Loan: Bank Candida	date 🔲 I	ndividual	Other Committee	Date of Receipt	
Street Address	City			S	State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No	
Name of Cosigner/Guarantor (if applicable)				-			Amount Received	
Street Address	City				State	Zip Code		
			TOTAL SECTIO)N D				
E. Receipts from Entities other than	n Individ	duals o	r Other Commi	ittees (Referenc	dum Committee	or ONLY)	
Name of Entity	10 Areas	# \$650 cm	A COMPANY COMPANY	100000	NG C. C.	mm communication	3 01.029	
Street Address				Date Rec	eived		Amount Received	
City	S	State	Zip Code	Aggrega	nte Contribu	ntions		
Name of Entity								
Street Address				Date Rec	eived		Amount Received	
City	S	State	Zip Code	Aggregat	te Contribu	itions		
Name of Entity	•			<u> </u>		<u></u>		
Street Address				Date Rec	eived		Amount Received	
Tity	S	State	Zip Code	Aggregat	te Contribu	tions		
			TOTAL SECTIO)N E		<u> </u>		

NAME OF COMMITTEE (Prov	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)							TYPE OF REPORT				
Big Steve Tracey for I	Mayor						Octo	ober 10 Filing				
F. Am	ount Transferred	from Affil	iated Bu	siness T	reasury	(Busine	ess Enti	ty Committees ONLY)				
Date of Receipt	Is this transaction assoc event reported in Sectio		☐ Yes ☐ No	If yes, list	Event#			Amount				
Date of Receipt	Is this transaction assoc event reported in Sectio		☐ Yes ☐ No	If yes, list	Event #			Amount				
Date of Receipt	Is this transaction assoc event reported in Sectio		☐ Yes ☐ No	<i>If yes</i> , list	Event #			Amount				
Date of Receipt	Is this transaction assoc event reported in Sectio		□ Yes □ No	If yes, list	Event #			Amount				
	,			TO	TAL SE	CTION	F					
G. Amount Transf	erred from Affilia	ted Labor	Union or	Other	Organiz	ation [Freasi	ary (Organization Committees ONLY)				
Date of Receipt		Date of Receipt					Date of	Receipt				
Amount	Amount			Amount				Amount				
				TOT	L SECT	CION G	3					
Н. І	Personal Funds of	the Candid	date Rec	eived thi	s Period	(Cana	lidate C	ommittees ONLY)				
Date of Receipt	Method of payment:							Amount				
	☐ Cash	□ F	Personal Che	ck	☐ Credi	t/Debit C	ard					
Date of Receipt	Method of payment:							Amount				
	☐ Cash		ersonal Che	ck	☐ Credi	t/Debit C	ard					
Date of Receipt	Method of payment:							Amount				
	☐ Cash	□ F	ersonal Che	ck	☐ Credi	t/Debit Ca	ard					
Date of Receipt	Method of payment:	- ***						Amount				
	☐ Cash	□ F	Personal Che	ck	☐ Credi	t/Debit Ca	ard					
				Т	TAL SI	ECTIO	NΗ					
	01 10010		•									
		I. An	onymous	Contri	outions	**. * : .	: :::::					
amount.	Public Act 11-48, If a committee ediately remit the	receives are contribut	n anonyn	nous co e State I	ntributi Election	on, the s Enfo	camp	paign treasurer shall				

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repository)	TYPE OF REPORT				
Big Steve Tracey for Mayor		Oct	ober	10 Filing		
J. Interest fr	om Deposits in Authorized Accour	ıts				
Name of Institution		Date I	Receive	d	Amount	
Street Address	City	State	Z	ip Code		
Name of Institution	-	Date I	Receive	d	Amount	
Street Address	City	State	2	ip Code		
	TOTAL SECTIO	ΝJ				
K. Miscellaneous Mo	netary Receipts not Considered Co					
Name Paulina Katz		- 1		Transaction 5/2019	Amount Received 50.00	
Street Address 26 Glondalo Place	City Branford	Stat		Zip Code 06405		
26 Glendale Place Description	Вганиого	10		00400		
Donor lost check, adding \$50.00 back into sys	stem will issue new check #121					
Name		-	Date of	Transaction	Amount Received	
Street Address	City	Stat	e	Zip Code		
Description	J.,,,,,					
Name		WWW.	Date of	Transaction	Amount Received	
Street Address	City	State	2	Zip Code		
Description						
Name		***************************************	Date of	Transaction	Amount Received	
Street Address	City	Stat	e	Zip Code		
Description						
	TOTAL SECTION K	50	0.00			
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D	thro	ugh K)		
Total Loans Received this Period (Section D)				:		
Total Receipts from Entities other than Individuals or Oth	ner Committees (Section E)	+				
Total Amount Transferred from Affiliated Business Treas	ury (Section F)	+				
Total Amount Transferred from Affiliated Labor Union o	r Other Organization Treasury (Section G) +				
Total Amount of Personal Funds of the Candidate Received	ed this Period (Section H)	+				
Total Amount of Interest from Deposits in Authorized Acc	counts (Section J)	+				
Total Miscellaneous Monetary Receipts not Considered C		+				
	Total of Other Monetary K) (Enter total on Line 15, Column A of Summar					

NAME OF COMMITTEE (Provide Complete Nat	ne as Registered with Filing Repository)		TYPE OF REPORT								
Big Steve Tracey for Mayor	4-0000		October 10 Filin	g							
	L1. Even	t Information		· · · · · · · · · · · · · · · · · · ·							
Event # Description Date of Event Letter				Was this a fur □ Yes	ndraising event?						
Location: Street Address		City		State	Zip Code						
Subpart 1: (All Committees) Was this event hosted at a personal resident	ce?	☐ Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) ☐ No									
Did this fundraiser include goods or service of up to \$200 or items donated by an indivi-		☐ Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) ☐ No									
Was this fundraiser a tag sale, auction, or o with purchases from an individual of up to		☐ Yes (If yes, enter Total Rec☐ No	eipts here.)	\$							
Subpart 2: (Party Committees, Municipal Were there purchases of advertising space i sign associated with this fundraiser?	Candidates and Political Comm n a program book or on a	☐ Yes (If yes, go to Section L.			Program Book						
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage a gathering held within the state with this fun		☐ Yes (If yes, enter Total Rec	cipts here.)	\$							
Event # Description Date of Event Letter				Was this a fun □ Yes	ndraising event?						
Location: Street Address		City		State	Zip Code						
Subpart 1: (All Committees) Was this event hosted at a personal residence	ce?		5 In-Kind Donations nase Party and complete ((s) for food, beverage a	required infor							
Did this fundraiser include goods or service of up to \$200 or items donated by an individual	s donated by a business entity dual of up to \$100?	☐ Yes (If yes, go to Section L and complete required ☐ No		ot Considered (Contributions						
Was this fundraiser a tag sale, auction, or owith purchases from an individual of up to		☐ Yes (If yes, enter Total Rec☐ No	eipts here.)	\$							
Subpart 2: (Party Committees, Municipal Were there purchases of advertising space i sign associated with this fundraiser?		nittees other than Exploratory Yes (If yes, go to Section Lagrand or on a Sign and comp No	3 Purchases of Adverti		Program Book						
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at gathering held within the state with this fundamental self-self-self-self-self-self-self-self-		☐ Yes (If yes, enter Total Reco	eipts here.)	\$							
SUBTOTAL Section L1—Subpart 1 (A.	ll Committees) Total Receipts fr	om Sale of Donated Items —	This Page								
		on L1—Subpart 3 (Town Commit pts from Food Purchases —									
		TOTAL of additional Section	L1 Pages								
		IPTS FROM SMALL PUF Line 16a, Column A of Summary									

	Public Act 11-48, et dual purchases from a							
NAME OF COMMITT	EE (Provide Complete Name as Re	paietered with Filing Reposite	nev)		TYPE OF REPO	RT		
Big Steve Tracey for		gisterea with I thing Repullin	777		October 10 F			
		nases of Advertising	ng in a Prog	ram Rook or e				
Name of Purchaser	13, 1 410	rases of Auvertisi	ng marrog.	Turn Book or v	J. H. U.S.	Purchas	e Made By:	
							siness Entity	☐ Other
Roberto Nic	colia					☐ Inc	lividual/Sole P	roprictorship
Street Address			City				State	Zip Code
130 West B	ayberry Road		Islip				NY	11751
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se	Amount of Si	gn Purchase
09/18/2019	08222019C			250.00				
Name of Purchaser			**************************************			Purchas	e Made By:	
						□ Bu	siness Entity	☐ Other
						☐ Ind	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se	Amount of Si	gn Purchase
Name of Purchaser						Purchas	e Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Inc	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se	Amount of Si	gn Purchase
Name of Purchaser						Purchas	e Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Ind	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se	 Amount of Sig	gn Purchase
Name of Purchaser						Purchas	e Made By:	
							siness Entity	Other
			Lat	·····		□ Ind	lividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se	Amount of Si	zn Purchase
	SUBTOTAL Section l	L3 Total Purchases of	Advertising in	Program Book -	- This Page 2	50.00)	
	SUBTOTAL	Section L3 Total Purc	chases of Adver	tising on a Sign -	— This Page			
			TOTAL o	f additional Secti	on L3 Pages			
то	TAL OF ALL PURCHASI	ES OF ADVERTISIN (Enter total on	G IN A PROG Line 16c, Colun	RAM BOOK or in A of Summary	ON A SIGN Page Totals)			

NAME OF COMMITTE	E (Provide Complete Name as Regis		TYPE OF REPORT					
Big Steve Tracey	for Mayor				October 10 F	iling		
	L4, In-	Kind Donations N	lot Conside	red Contribu	ıtions			
Name of Donor			·					
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair I	l Market Val	l ue of Donation
☐ Business Entity							, <u>, , , , , , , , , , , , , , , , , , </u>	
☐ Individual	Date Received	Event #		Aggregate Value fo	or this Event			
Sole Proprietorship								
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By: ☐ Business Entity								ue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received							
Name of Donor	<u> </u>			. [
Street Address			City				State	Zip Code
Donation Given By: ☐ Business Entity	Description of Donation					Fair M	larket Val	ue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value fo	or this Event			
Name of Donor	h							
Street Address			City				State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair N	Iarket Valı	ic of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for	r thìs Event			
		SUBTO	TAL Section	L4— This Page	3 · ·			
	·	TOTAL	of additional	Section L4 Page	es			
тот	AL OF ALL IN-KIND DON (Ente	NATIONS NOT CON er total on Line 21, Col						

NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Filing Reposite	ory)			TYPE OF REPORT			
Big Steve Tracey for M	layor				October :	10 Filing		
L5. I	n-Kind Donations Not Considere	d C	Contributions Associat	ted with a I	Iouse Part	ty		
Name of Host				committee?		0	e candidate or lendum 1.5	
Street Address			City	<u> </u>		State	Zip Code	
Description of Donation					Fair Mar	ket Value o	of Donation	
Event#	Aggregate Value of this Event—all hasts	Ag	gregate Value of all Events— <i>this ho</i>	st/candidate				
Name of Host				committee?		o	e candidate or lendum L5	
Street Address			City			State	Zip Code	
Description of Donation		••••			Fair Mar	ket Value o	of Donation	
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events— <i>this ho</i>	st/candidate				
Name of Host				committee?		0	e candidate or	
Street Address			City			State	Zip Code	
Description of Donation					Fair Mar	ket Value o	f Donation	
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho.	st/candidate				
Name of Host				committee?	supporting mo	Ö	e candidate or endum L5	
Street Address			City		***************************************	State	Zip Code	
Description of Donation					Fair Mar	ket Value o	f Donation	
Event#	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events— <i>this ho</i> .	st/vandidate				
	S	UB	TOTAL Section L5 — T	his Page				
			L of additional Section					
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Lin		ONSIDERED CONTRIE 2, Column A of Summary P					

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

NAME OF COMMITTEE (Provide Complete	Name as Registered with	Filing Repository)			TYPE OF	F REPORT				
Big Steve Tracey for Mayor					Octobe	er 10 Filing				
		M, In-Kind Cont	tril	outions						
Name					1111					
Street Address			City				State	Zip Code		
Type of contributor:	Date Received	Aggregate Contributions	Т	Description of In-Kind C	ontribution					
☐ Individual / Sole Proprietorship ☐ Other										
Is contributor a lobbyist, spouse,								darket Value Contribution		
ls this contribution associated with an event reported in Section L1? If yes, list Event #	□ No If yes,	ator a principal of a state co indicate which branch or comment the contract is with	brar			□No	l			
Name										
Street Address		f	City				State	Zip Code		
Type of contributor:	Date Received	Aggregate Contributions	П	Description of In-Kind C	ontribution			1		
☐ Individual / Sole Proprietorship ☐ Other										
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No		n excess of \$400 to a candic business he/she is associat n \$5,000?	ted v					Market Value Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ No If yes, i	itor a principal of a state coi indicate which branch or t rinnent the contract is with:	bran			□No				
Name										
Street Address			City		**************************************		State	Zîp Code		
Type of contributor:	Date Received	Aggregate Contributions	T	Description of In-Kind C	ontribution			1		
☐ Individual / Sole Proprietorship ☐ Other										
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No		n excess of \$400 to a candid business he/she is associate n \$5,000?	ted w				Fair Market Value of this Contribution			
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	☐ No If yes, i	tor a principal of a state cor indicate which branch or b rnment the contract is with:	bran			□No				
-		SUBTOTAL S	Sect	ion M — This Page	e.	<u> </u>				
		TUTAL of aguin	11011	ial Section M Page:	<u> </u>					
TOTAL OF ALL IN-KIND CON										
	N. Refund	lable Deposit to Te	elep	phone Company	Y		***************************************			
Last Name of Individual		First				Mi	Date Deposit	Made		
Residential Street Address	***************************************	City		:	State	Zip Code	1	Amount of Deposit		
Name of Telephone Company						·				
Street Address		City			State	Zip Code				
alleet Auditess		\(\frac{1}{2}\)								
TOTAL SE	CTION N (Enter t	total on Line 24, Column A	A of	Summary Page Total:	5)		·			

SLEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	TYPE OF REPORT		
Big S	Steve Tracey for Mayor		October 10 Fi	ling		
		Paid by Committee				
Name of Payee			Date of Payment	Method of Payment:		
Cloudage S	tratenies		09/13/2019	☑ Check # 118		
Street Address	trategies	Cîty	03/13/2013	Debit Card DEFT State Zip Code		
1319 Cleveland	N Heights Blyd	Cleveland Heights		OH 44121		
Purpose of Expenditure	Description	Cievelaria i leigitis	Event #			
(by code) A-PH-BNK	Phone Minutes for Primary F	Robo Calls	Eyen #	55.92		
Expenditure #	Type of Expenditure (Hemization in Addendum P Required un		chackad)	_		
(if applicable)	None of the below	read think by the below to t	incenery .			
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contri		ent ion: OA OB OC OD			
Name of Payee		- Organizar	Date of Payment	Method of Payment:		
Spectrum	n Marketing Companies, Inc.		09/16/2019	☐ Check #		
Street Address	i Marketing Companies, inc.	City	03/10/2013	Debit Card EFT State Zip Code		
		•				
95 Eddy Road	1	Manchester	Event #	NH 03102		
Purpose of Expenditure (by code)	Description		Lyon #	Amount 500.25		
A-WEB	Online Digital Ads			000.20		
Expenditure # - (f applicable)	Type of Expenditure (Itemization in Addendum P Required und	less "None of the below" is c	hecked)			
1,5,7,7,	☐ None of the below) Indonesia	ant.			
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contril		ion: o A o B o C o D			
				Method of Payment:		
Spectrum Marketing Companies, Inc. 09/16/			09/16/2019	☐ Check #		
Street Address	etting Companies, inc.	City	00/10/2010	Debit Card EFT State Zip Code		
	0. 11. 404	·				
95 Eddy Road,	· T	Manchester	Event #	NH 03102		
Purpose of Expenditure (by code)	Description		EAGUL #	Amount 228.41		
PRNT	Postcards			220.71		
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un	iless "None of the below" is	checked)			
ily upprocessor	☐ None of the below	proof 3 1				
	☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contract)	a	tion: oA oB oC oD			
Name of Payee			Date of Payment	Method of Payment:		
A			00/20/2010	☐ Check #		
Anedot.com Street Address		City	09/20/2019	☐ Debit Card ☐ EFT State Zip Code		
		·				
1920 McKinney	1	Dallas	F #	TX 75201		
Purpose of Expenditure (by code)	Description		Event #	Amount 9.70		
BNK	Online Donation Charge			3.70		
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un	less "None of the below" is c	checked)			
(3, 34, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	☐ None of the below					
-	☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contri		ion: oA oB oC oD			
	s	UBTOTAL Section P —				
	то	FAL of additional Section	n P Pages 9,110.53			
	TOTAL OF ALL EXPE		1 9 9 1 2 7 1			
	(Enter total on Line	19, Column A of Summary i	rage totals)			

SEEC FORM 20 Revised January 2018

Section P ADDITIONAL PAGE 13a of 17

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	TYPE OF REPORT		
Big (Steve Tracey for Mayor		October 10 Fili	ng		
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payment	Method of P	•	
Facebook			09/29/2019	☐ Check☐ Debit (
Street Address		City		State	Zip Code	
1 Hacker Way		Menlo Park		CA	94025	
Purpose of Expenditure (by code)	Description		Event #	1	Amount	
A-WEB	Social Media Advertising			35.00		
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un	less "None of the below" is a	checked)]		
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure ☐ Coordinated without reimbursement sought (in-kind contri	= '	fent tion: OAOBOCOD			
Name of Payee			Date of Payment	Method of P	•	
Costco			09/09/2019	☐ Check		
Street Address		City		State	Zip Code	
1718 Boston F	Post Road	Milford		СТ	06460	
Purpose of Expenditure (by code)	Description		Event #	1	Amount	
FOOD	Snacks for Headquarters for Primary		i	75.71		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required uni	less "None of the below" is c	checked)	7		
(I) applicable)	☐ None of the below					
	☐ Coordinated with reimbursement sought (joint expenditure ☐ Coordinated without reimbursement sought (in-kind contril					
Coordinated without reimbursement sought (in-kind contribution) Organization: o A o B o C o D				Method of P	ayment:	
PinPoint Promo	ations		09/09/2019	☐ Check #		
Street Address	nions	City	03/03/2010	Debit C State	Card DEFT Zip Code	
45 Railroad Ave	enue	West Haven		СТ	06516	
Purpose of Expenditure	Description		Event #		Amount	
(by code) CNSLT	Campaign Consultant			4,094.4	18	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)			
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditur ☐ Coordinated without reimbursement sought (in-kind contr			THE REAL PROPERTY OF THE PERSON OF THE PERSO		
Name of Payee	Coordinated Hillory Femous Services	Urganiza	Date of Payment	Method of P	'avment:	
·			00/20/2010	☐ Check	#_119	
Joseph Zullo Street Address		City	09/30/2019	Debit C	Card DEFT Zip Code	
		r			<i>'</i>	
2 Lisa Lane		East Haven	-	СТ	06512	
Purpose of Expenditure (by code)	Description		Event #	157.63	Amount	
Office	Envelopes, labels, supplies for hea	adquarters	 	157,63		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	•	checked)			
(і) аррисивіс)	☐ None of the below					
	☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contri		tion: o A o B o C o D			
	S	UBTOTAL Section P —	-This Page 4,362.82			
	TO	TAL of additional Sectio	on P Pages 4,747.71			
	TOTAL OF ALL EXPE	NSES PAID BY COM				

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Section P ADDITIONAL PAGE 13b of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	TYPE OF REPORT			
Big Steve Trace	ey for Mayor	,	October 10 Fil	ling			
P. Expenses Paid by Committee							
Name of Payee			Date of Payment	Method of Pa	*		
Paulina Katz			09/30/2019	Check # 121 Debit Card DEFT			
Street Address		City	100,00.20.0	State	ard DEFT Zip Code		
26 Glendale I	Place	Branford		СТ	06405		
Purpose of Expenditure	Description		Event #		Amount		
(by code) REF	Refund for donation overpaymer	nt		50.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	tess "None of the below" is	checked)				
7777	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contri	= -	lent tion: O A O B O C O D				
Name of Payee			Date of Payment	Method of Pa	=		
Trolley Squa	are Post Office		09/20/2019	☐ Check #			
Street Address		City		State	Zip Code		
175 Main Stre	et, Suite 2	East Haven		СТ	06512		
Purpose of Expenditure	Description		Event #	1	amount		
(by code) POST	Stamps for Campaign Mailing			660.00			
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is c	hecked)				
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure ☐ Coordinated without reimbursement sought (in-kind contri		ent ion: o A o B o C o D				
Name of Payce Date of Payment				Method of Pa			
Lisa Feeley			09/30/2019	Check # 120			
Street Address		City	00/00/2010	Debit C	ard EFT Zip Code		
55 Thompson S	Street, Unit 1H	East Haven			06513		
Purpose of Expenditure	Description	,,	Event #	A	mount		
(by code) *MISC	Cleaning of Headquarters			63.81			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	aless "None of the below" is	checked)				
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in kind containing the containi						
Name of Payee	Coordinated without reimbursement sought (in-kind control	Organiza	Date of Payment	Method of Pa	vment		
			·	Check #	•		
DialMyCalls.co	m		09/10/2019	Debit C	~~~ *		
Street Address		City		State	Zip Code		
1070 E. Indiant		Jupiter	Event #	1	33477		
Purpose of Expenditure (by code)	Description	т	Event #	100.00	mount		
A-PH-BNK	Minutes for Phones			100.00			
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un	less "None of the below" is c	checked)				
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contri		ion: o A o B o C o D				
	s	UBTOTAL Section P —					
	TO	TAL of additional Sectio	n D Pages				
	TOTAL OF ALL EXPE		MITTEE				
		19, Column A of Summary .					

SEEC FORM 20 Bertied January 2015

Section P ADDITIONAL PAGE 13c of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	TYPE OF REPORT		
Big Stev	ve Tracey for Mayor		October 10 Filing			
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payment	Method of Paymen	t:	
DialMyCalls.c	om		09/07/2019	Check #		
Street Address		City	00/01/2010	Debit Card State Zip C	⊠ EFT Code	
		·				
1070 E. Indian	town Road	Jupiter		FL 334	1 //	
Purpose of Expenditure (by code) A-PH-BNK	Minutes for phones used for p		vent#	50.00 Amou	nt	
Expenditure #	Type of Expenditure (Hemization in Addendum P Required un	less "None of the below" is che	ecked)			
(if applicable)	☐ None of the below					
	Coordinated with reimbursement sought (joint expenditure					
Name of Payee	Coordinated without reimbursement sought (in-kind contri	oution)	Date of Payment	Method of Payment	l:	
-			•	☐ Check #		
Wa	ılmart		09/19/2019	Debit Card	☑ EFT	
Street Address		City		State Zip C	ode	
702 S.W. Eigl	nth Street	Bentonville		AR 727	716	
Purpose of Expenditure (by code)	Description	Ev	rent #	Amou	nt	
*MISC	Computers for Headquarters			1,967.42		
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required uni	less "None of the below" is che	cked)			
	□ None of the below	ndependent	•			
Account	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril		OOA OB OC OD			
					t:	
			09052019	☐ Check #	***************************************	
Shore Publishii	19, LLC	City	03002013	Debit Card State Zip C	■ EFT	
		, i				
724 Boston Po	st Road, #202	Madison	***************************************	CT 064	43	
Purpose of Expenditure (by code)	Description		rent #	Amou	nt	
A-NEWS	Candidate Advertisment in News	paper		550.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is ch	ecked)			
ң аңтсатеу	☐ None of the below					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)					
Name of Payee	Contained trimine remains and a season (in this contained trimine)	Organizatio	Date of Payment	Method of Payment	t:	
ľ				Check #	<u>.</u>	
Facebook			09/30/2019	☐ Debit Card	\(\frac{1}{2}\) EFT	
Street Address		City		State Zip C	ode	
1 Hacker Way		Menlo Park		CA 940)25	
Purpose of Expenditure (by code)	Description	Ev	/ent #	Amou	nt .	
A-WEB	Social Media Campaign Adver	tising		35.00		
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un	less "None of the below" is cho	ecked)			
(it appreame)	☐ None of the below					
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contri		nt ntoAoBoCoD			
	s	UBTOTAL Section P — T				
10.	TO	TAL of additional Section	P Pages 1,271.48			
	TOTAL OF ALL EXPE		HTTEE 2 972 00			
	(Enter total on Line	19, Column A of Summary Pa	ge Totals) 3,013.90			

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Big Steve T	racey for Mayor		October 10 Filing		
	P. Expenses	Paid by Committee			
Name of Payee			Date of Payment	Method of Payment:	
Citizens Bank			09/28/2019	Check #	
Street Address		City	100/20/2010	☐ Debit Card ☑ EFT State Zip Code	
				OT 00540	
263 Hemingwa	y Avenue	East Haven	towards the thirty	CT 06512	
Purpose of Expenditure (by code)	Description	Even	t #	Amount	
BNK	Payment for Check Printing			9.99	
Expenditure #	Type of Expenditure (Hemization in Addendum P Required un	less "None of the below" is check	ed)	1	
(if applicable)	☐ None of the below				
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contr.	M			
Name of Payee	Cooldinated without remotiscine it sought (in-tail coin-	Urganization: C	Date of Payment	Method of Payment:	
	Dette De Bine		00/40/0040	☑ Check # 114	
	Patty DePino		09/10/2019	☐ Debit Card ☐ EFT	
Street Address		City		State Zip Code	
67 High Street		East Haven		CT 06512	
Purpose of Expenditure	Description	Even	#	Amount	
(by code) *MISC	Payment for Unofficial Checker at Polls on Da	y of Primary		175.00	
J	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is check	ed)		
(if applicable)	None of the below	ions Troncey income in circum	,		
	☐ Coordinated with reimbursement sought (joint expenditure ☐ Coordinated without reimbursement sought (in-kind contri		A OB OC OD		
	No. 1 L.CD				
,		Date of Payment	Method of Payment: CKCheck # 115		
Brianna Brockett		09/10/2019	☐ Debit Card ☐ EFT		
Street Address		City		State Zip Code	
74 Bradley Ave	enue	East Haven		CT 06512	
Purpose of Expenditure	Description	Even	#	Amount	
(by code) *MISC	Payment for Unofficial Checker at Poll	e on Day of Primary		175.00	
	<u> </u>		t0		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	niess "None of the below" is check	(ea)		
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure)	re)			
	Coordinated without reimbursement sought (in-kind cont		OA OB OC OD		
Name of Payee			Date of Payment	Method of Payment: Check # 116	
Barbara Natara	nian		09/10/2019	Debit Card DEFT	
Street Address	,	City		State Zip Code	
5 Manefield Gr	ove Road, Unit #352	East Haven		CT 06512	
Purpose of Expenditure	Description	Even	1#		
(by code)			• •	Amount 175.00	
*MISC	Payment of Unofficial Checker at Polls			., .,	
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un	iless "None of the below" is check	ed)		
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditur	e) 🔲 Independent			
	Coordinated without reimbursement sought (in-kind contr		OA OB OC OD		
	S	UBTOTAL Section P — Thi	: .		
Manuary 11	то	TAL of additional Section P			
		NSES PAID BY COMMI	730.49		
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Section P ADDITIONAL PAGE 13e of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	TYPE OF REPORT		
Big Steve Tra	acey for Mayor		October 10 Filing			
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payment	Method of Payment:		
Karla Sittnick			09/10/2019	Check # 117 Debit Card		
Street Address		City		State Zip Code		
41 Chidsey Ave	enue	East Haven		CT 06512		
Purpose of Expenditure	Description		Event #	Amount		
(by code) *MISC	Payment of Unofficial Checker at P			85.00		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is cl	recked)			
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contri		ent on: OA OB OC OD			
Name of Payee			Date of Payment	Method of Payment:		
Target Mark	geting		09/09/2019	Check #		
Street Address	Cetting .	City		Debit Card X EFT State Zip Code		
11049 Lakerio	lge Parkway	Ashland		VA 23005		
Purpose of Expenditure	Description	E	Event #	Amount		
(by code) A-OTH	Campaign Stickers			34.32		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und	less "None of the below" is ch	recked)			
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure ☐ Coordinated without reimbursement sought (in-kind contri		nt on: o A o B o C o D			
				Method of Payment;		
DialMyCalls.com			09/09/2019	Check #		
Street Address		City	00/00/2010	Debit Card X EFT State Zip Code		
1070 E. Indiant	own Road	Jupiter		FL 33477		
Purpose of Expenditure	Description	E	Event #	Amount		
(by code) A-PH-BNK	Minutes for phones used for phone	e banking		50.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in	iless "None of the below" is c	hecked)			
,	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditus ☐ Coordinated without reimbursement sought (in-kind control of the control of					
Name of Payee	Conditated Willout Territoria State of State of the Anna Cons	Urganizati	Date of Payment	Method of Payment:		
•				☐ Check #		
Pizza Grande			09/11/2019	☐ Debit Card ☑ EFT		
Street Address		City		State Zip Code		
400 Coe Avenu		East Haven	Event #	CT 06512		
Purpose of Expenditure (by code) FOOD	Pizza for Headquarters Day of Prir		svent #	63.00 Amount		
Expenditure #	Type of Expenditure (Hemization in Addendum P Required un		hecked)	•		
(if applicable)	□ None of the below	,	,			
	☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contribution)		ent on: o A o B o C o D			
	S	UBTOTAL Section P — '	This Page 232.32			
	то	TAL of additional Section	1 P Pages 504.17			
	TOTAL OF ALL EXPE	NSES PAID BY COMI				
L.,	(Enter total on Sinc	,				

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Section P ADDITIONAL PAGE 13f of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Big Ste	eve Tracey for Mayor			October 10 Filing		
	P. Expenses	Paid by Committee	<u>,</u>			
Name of Payee			1	Date of Payment	Method of	•
John & Maria's Piza	za			09/12/2019	☐ Check	
Street Address		City			State	Zip Code
280 Foxon Roa	ad :	East Haven			СТ	06513
Purpose of Expenditure	Description	Lastriavon	Event #		 	
(by code)	· ·		Dron, a		360.0	Amount O
FOOD	Food for Workers at Polls on Day of					•
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un	less "None of the below" is	checked)		
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure	e) 🔲 Indepen	dont			
	Coordinated with reimbursement sought (in-kind contri			. ов ос ор		
Name of Payce				Date of Payment	Method of i	=
Minuteman F	Press			09/23/2019	Check	
Street Address	1000	City			Debit State	Card 🔯 EFT Zip Code
000 14 : 01	,				ОТ	00540
330 Main Stre		East Haven	F		СТ	06512
Purpose of Expenditure (by code)	Description		Event #		144.17	Amount 7
PRNT	Campaign Pamphlets				177.17	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)	1		
19 497711477097	☐ None of the below) Indones	dana			
	☐ Coordinated with reimbursement sought (joint expenditure ☐ Coordinated without reimbursement sought (in-kind contri			овосор		
					Method of l	Payment;
					☐ Check #	
Street Address		City			☐ Debit	Card
		Ž				•
			ls . "			1
Purpose of Expenditure (by code)	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	uless "None of the below" is	s checked	()		
79 1934	☐ None of the below					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)			A OB OC OD		
Name of Payee		— Organiz		Date of Payment	Method of	Payment:
					☐ Check	
Street Address		City			Debit State	Card □ EFT Zip Code
onco ridiros		,			Since	aip conv
						<u> </u>
Purpose of Expenditure (by code)	Description		Event #			Amount
(-),						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)		
(if applicable)	☐ None of the below					
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contribute)					
		UBTOTAL Section P -		OBOCOD		
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				_		
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY CON 19, Column A of Summary				
	,					

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository	y)		TYPE OF REPORT			
Big Steve Tracey	for Mayor			October 10 Filing			
		enses Paid by Candi	idate				
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	<u> </u>		Date of Payment	Is reimb	ursement claimed?	
					П	Yes 🔲 No	
Street Address		City			State	Zip Code	
Sireet Address		City			Simo	Zip Code	
Purpose of Expenditure (by code)	Description		Event#			Amount	
(by code)							
Name of Payce (Name of 1	l 'endor, Person or Entity who candidate paid directly)		1	Date of Payment	ls reimb	nursement claimed?	
	, , , , , , , , , , , , , , , , , , , ,			•		Yes No	
		La					
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event #			Amount	
(by code)							
N 66 (N 61			1,	D-1 c D	1 1		
Name of Payee (Nume of)	endor, Person or Entity who candidate paid directly)			Date of Payment		ursement claimed?	
						Yes 🗍 No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description	!	Event #			Amount	
(by code)							
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		[1	Date of Payment	Is reimb	ursement claimed?		
						Yes 🗌 No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description	1	Event#			 Amount	
(by code)	Description						
Name of Payee (Name of F	endor, Person or Entity who candidate paid directly)		Ε	Date of Payment	Is reimbursement claimed?		
						Yes □ No	
Street Address		City			State	Zip Code	
			V				
Purpose of Expenditure (by code)	Description		Event #			Amount	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		I	Date of Payment	ls reimb	ursement claimed?	
					□ '	Yes 🔲 No	
Street Address		City			State	Zip Code	
		1	- "				
Purpose of Expenditure (by code)	Description		Event #		•	Amount	
		SUBTOTAL Section Q —	- 1 his l	rage			
	m.c	TAI of alitit to - *	55 (A. P.	1.4.7.4			
		OTAL of additional Sectio	n Q Pa	iges			
	TOTAL OF ALL EXP	PENSES PAID BY CA	NDID/	ATE			
		ne 26, Column A of Summary					

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTI	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF RE	PORT	
Big Steve Tracey			October 1		
,	R. Expenses Incurre	d on Committee Cre	dit Card		-
Name of Issuing Instit		Type of Credit Card:			
		☐ Visa ☐ Master C	ard 🔲 Discover [American Express	Other:
Name of Vendor, Person or	Entity			Date of Ti	ransaction
		T-x:			la: a i
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind co	ture) 🔲 Indepe		C o D	
Name of Vendor, Person or	Entity	Marketon - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Date of T	ransaction
Street Address		City		State	Zìp Code
Purpose of Expenditure (by code)	Description	1	Event #		Amount
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D					.80
Name of Vendor, Person or	Entity			Date of Tr	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expendi Coordinated without reimbursement sought (in-kind co	ture) 🔲 Indepe	•	C o D	
	su	JBTOTAL Section R — T	his Page		
	тот	AL of additional Section	R Pages		
тот	TAL OF ALL EXPENSES INCURRED ON C (Enter total on Line	COMMITTEE CREDI 27, Column A of Summary I			

						·····
NAME OF COMMIT	$\Gamma ext{EE}$ (Provide Complete Name as Registered with Filing Repository)			OF REPORT		
Big Steve Trac	ey for Mayor		Octo	ber 10 Filin	g	
	S. Expenses Incurred by Comi	nittee but Not Paid	During this	Period		
Name of Creditor		<u> </u>			Date Incurr	ed
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expendi Coordinated without reimbursement sought (in-kind co	☐ Indepe	endent	B o C o D		
Name of Creditor					Date Incurr	ed
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description	<u> </u>	Event #			ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required of None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	☐ Indepe	endent	в ос о р		
Name of Creditor	1				Date Incurr	ed
Street Address		City		<u> </u>	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		E	ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	☐ Indepe	endent	в ос о р		
		SUBTOTAL Section	S-This Page		<u> </u>	
	т	OTAL of additional Sec	tion S Pages			
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	NG THIS PERIOD BUT ine 28, Column A of Summa				
	Previously reported Exp	enses Unpaid and still O	utstanding			
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	BY COMMITTEE BU' ne 28a, Column A of Summa				

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTE	EE (Provide Complete Nume as Registered with Filing Repositor)	אני		T	YPE OF RE	PORT			
Big Steve Tracey				0	ctober 1	0 Filing			
	T. Itemization of Reimb	our	rsements and Second	lary Pa	ayees				
Last Name of Worker/Cons		Fir		-	-	МІ	Date of P Person or	ayment to Venc Entity	dor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u> </u>				n Section P:		vorker/Consulta	
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expen	nditu	ure) 🔲 Indepen	dent		ос о в			
Last Name of Worker/Cons	ultant	Fire	rst			МІ	Date of P Person or	ayment to Vend Entity	dor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					n Section P:		orker/Consultation	
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code	•
Purpose of Expenditure (by code)	Description			Event#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	nditu	ure) 🔲 Indepen	ident		ос о в			
Last Name of Worker/Cons	ultant	Fir	rst			МІ	Date of P Person or	ayment to Vend Entity	dor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					n Section P;		orker/Consulta	ant as
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant		City		·		State	Zip Code	
Purpose of Expenditure (by code)	Description		1	Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require) None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of	nditu	rre) 🔲 Indepen	dent		· C D			
		s	SUBTOTAL Section T —	This Pa	ige				
		то	OTAL of additional Section	on T Pa	ges				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE W	νò	RKERS AND CONSU	JLTAN	TS		-		
