SEEC FORM 20

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

RECEIVED FOR FILING OCT 2 9 2019 TOWN CLERK'S OFFICE EAST HAVEN, CONN.

ven, conn. Wulki, Cct C

195 NOI Also on This Space For Official TOWN CLERK

COVER PAGE

1. NAME OF COMMITTEE									
Big Steve Tracey for Mayor									
2, TREASURER NAME									
First		MI	La	ast					Suffix
Linda				lenne:	ssey				
3. TREASURER ADDRESS									
Street Address			City				State	Zip C	
34 Columbus Avenue			East	Haver	l		СТ	06	512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOU	GHT (Complet	te only if C	Candidate	Committee)			18 at 1 had also	RICT NUMBER
(mm/dd/yyyy) 11/05/2019	Mayor							(if applicable	;)
7. CANDIDATE NAME (Complete only if	Candidate or Explorate	ory Committee)							
First		MI	L	ast					Suffix
Big Steve			-	Tracey	1				
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	O7th day prece	O7th day preceding primary O7th day preceding referendum OInitial Contribu							r Disbursement
O April 10 filing	O30 days follo	wing primar	ry	45 days following referendum Amendme				it to	
July 10 filing	●7th day prece	ding electio	on	O Def	icit	oort:			
October 10 filing	12th day prec								
O24 Hour Independent Expenditure OPrimary OElection	O45 days follo not held in N	wing election							
9. PERIOD COVERED									
	Beginning Da	ate			Ending Date				
	10/01/2019		(thru	10/27/2019				
					1.1.1.000000000000000000000000000000000				
10. CERTIFICATION									
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Linda Hennessey TREASURER OR DEPUTY TREASURER (SIGNATURE) PRINT NAME OF SIGNER DATE (mm/dd/yyyy)									
	found to be set to			C.11	lated and a later	the second	nalos C		
A person who is					olated any provisions of nprisonment or both.	ine cam	paign find	ince stati	ues

Page 1 of 17

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Big Steve Tracey for Mayor	7th Day Preceding Election						
	COLUMN A This Period	COLUMN B Aggregate					
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00					
12. Balance on hand at the beginning of Reporting Period	24,311.36						
13. Contributions Received from Individuals (Sections A and B)	9,850.00	34,161.36					
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00					
15. Other Monetary Receipts (Sections D through K)	1,967.42	1,967.42					
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)	1,150.00	1,150.00					
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	12,967.42	37,278.78					
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	37,278.78	37,278.78					
19. Expenses Paid by Committee (Section P)	32,295.68	32,295.68					
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	4,983.10	4,983.10					
21. In-Kind Donations not Considered Contributions Received (Section L4)	200.00	200.00					
22. In-Kind Donations not Considered Contributions — House Party (Section L5)							
23. In-Kind Contributions Received (Section M)							
24. Refundable Deposit to Telephone Company (Section N)							
25. Loan Balance							
25a. + Loans Received (Section D)							
25b. + Interest and Penalties on Loan							
25c Payments on Loan							
25d. Total Outstanding Loan Amount							
26. Campaign Expenses Paid by Candidate (Section Q)							
27. Expenses Incurred on Committee Credit Card (Section R)							
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)							
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		The second state of the second					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)	(ע	:	TYPE OF REPORT				
Big Steve Tracey for Mayor			7th Day Preceding Election				
A. Total Contributions from Small Contributors-Reco		nis Period ONLY OTAL SECTION A	\$				
B. Itemized (Contrib	outions from Indivi	duals				
Last Name		irst				MI	
Panzo		Lorraine					
Residential Street Address	City				State	Zip Code	
2401 Marina Isle Way, 101	Jup				FL	33477	
Principal Occupation		Name of Employer					
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No						ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Section L1? No If yes, indicate which of government the contributor of government the contributor aprincipal of the section L1?	branch or		_	● No			
Method of Contribution:	·····	Date Received	1				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Order	10/8/19	500.00)			
Last Name		irst	1			МІ	
Gravino		Stacy					
Residential Street Address	City				State	Zip Code	
132 Vista Drive	Eas	st Haven			CT	06512	
Principal Occupation	I	Name of Employer					
Town Clerk		Town of East Hav	/en				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Section 1 If contribution is in excess of Section 2 No does contributor or business here are valued at more than \$5,000?	400 to a ca /she is asso	andidate for a chief executive ociated with have a contract Yes No	e officer of with said r	a municipality nunicipality		nount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Section L1? If yes, indicate which of government the co	branch or		te contracto	● No			
Method of Contribution:		Date Received	,	Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMe	oney Order	10/08/19	50.00				
Last Name		irst	1			MI	
Tracey		Joseph					
Residential Street Address	City				State	Zip Code	
58 Edgar Street	Eas	st Haven			CT	06512	
Principal Occupation		Name of Employer					
Real Estate		Self					
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 ca /she is asso	andidate for a chief executive ociated with have a contract Yes No	e officer of with said r	a municipality nunicipality		ount of Contribution 0.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Section L1? If yes, indicate which of government the co	branch or	ith: O Executive	O Legisi	● No ative			
Method of Contribution:		Date Received		Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Ordei	r 10/10/19	500.00)			
SI	J BTOT	AL Section B — This	Page	050,00			
тот	TAL of a	additional Section B	Pages 7	7500.00			
TOTAL OF ALL CONTRIBUTIONS FF (Enter total on L		DIVIDUALS (Sections Addumn A of Summary Page		3550.00			
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Big Steve Tracey for Mayor	,			7th D	ay Precedin	g Elect	ion	
A. Total Contributions from Sm (See instructions for definition of Small Co			is Period ONLY OTAL SECTION A	\$				
	B. Itemized Con	trib	utions from Indivi	duals	1 1			
Last Name		Fit	rst					MI
Muir		F	Ryan					
Residential Street Address	[0	City				State	Zip C	Code
38 Zwicks Farm Road		Plan	ntsville			CT	06	479
Principal Occupation	<u></u>		Name of Employer				1	
Human Resources Manager			Wells Fargo					
or dependent child of a lobbyist? No			andidate for a chief executive officer of a municipality ociated with have a contract with said municipality OYes No				unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A	Yes Is contributor a principal of a st If yes, indicate which bran of government the contract	ich or 1						
Method of Contribution:			Date Received Aggregate Contributions					
Ocash OPersonal Check Ocredit/Debit Car	rd OPayroll Deduction OMoney	Order	10/16/19	0/16/19 100.00				
Last Name		Fir	rst	<u> </u>				MI
DePino		1	Chris					
Residential Street Address	(City				State	Zip C	Code
58 Cosey Beach Avenue, 2		East	t Haven			CT	06	512
Principal Occupation		-	Name of Employer				1	
Lobbyist			Depino Nunez & I	3riggs,	LLC			
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a car is assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer o	of a municipality municipality		unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A	Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or	branches _	_	⊙ №			
Method of Contribution:			Date Received	Aggregat	e Contributions	7		
Ocash OPersonal Check Ocredit/Debit Car	rd OPayroll Deduction OMoney	Order	10/01/19	250.0	00			
Last Name		Fi	rst			-		MI
Burris		<i>F</i>	Angela					
Residential Street Address	C	City				State	Zip (Code
193 Thompson Street, Unit A	·	East	t Haven			CT	06	513
Principal Occupation			Name of Employer					
IT Analyst			Yale New Haven	Health				
or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?					50.		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A	Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or l	branches	e contrac	●No			
Method of Contribution:			Date Received	Aggregat	e Contributions	7		
OCash Personal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order	10/10/19	50.00)			
	SUBT	ОТА	L Section B — This	Page	400.00			
	TOTAL	ofac	dditional Section B F	ages	7100.00			
TOTAL OF AI	LL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A lumn A of Summary Page		7500.00			
	•			- 1				

Section B ADDITIONAL PAGE 30

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)			TYPE OF REPORT					
Big Steve Tracey for Mayor				7th Day Preceding Election					
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)			s Period ONLY VEAL SECTION A	\$					
B. Itemi	ized Cont	tribu	itions from Individ	luals					
Last Name		Firs	t				MI		
DePalma		Jo	oanne						
Residential Street Address	Ci	ity			State	Zip	Code		
254 Cosey Beach Avenue	1	East	Haven		СТ	0	6512		
Principal Occupation			Name of Employer						
Financial Advisor			Planning Partners	, LLC					
	ness he/she is		didate for a chief executive iated with have a contract Yes No			.mount 0.00	of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Yes Is contributor a prin If yes, indicate of government	which branc	h or b							
Method of Contribution:			Date Received	Aggregate Contributions					
OCash Personal Check Ocredit/Debit Card OPayroll Deduction	Money C	Order	10/10/19	50.00					
Last Name		Firs	ıt				MI		
DiAdamo		K	evin						
Residential Street Address	Ci	ity			State	Zig	Code		
360 Fountain Street, Unit 15		New	Haven	СТ	0	6515			
Principal Occupation			Name of Employer						
Assistan Clerk			CT Judicial Branc	h					
	ness he/she is		didate for a chief executive inted with have a contract Yes No			mount	of Contribution		
Is this contribution associated with an event reported in Section L1? Wes, list Event # 101019A Yes No If yes, indicate of government	which branc	ch or b		e contractor? Yes					
Method of Contribution:			Date Received	Aggregate Contributions					
OCash Personal Check Ocredit/Debit Card Payroll Deduction	Money C	Order	10/10/19	50.00					
Last Name		Firs	st				МІ		
Galligan		Ji	im						
Residential Street Address	C	ity			State	Zi	p Code		
239 Main Street		Durh	am		СТ	C	6422		
Principal Occupation	•		Name of Employer						
Engineer			Nafis & Young						
	ness he/she is		didate for a chief executive inted with have a contract Yes No			.mount	of Contribution		
Is this contribution associated with an event reported in Section L1? **If yes, list Event # 101019A* Section 4	which branc	ch or b		○ Legislative					
Method of Contribution:			Date Received	Aggregate Contributions					
OCash Personal Check OCredit/Debit Card OPayroll Deduction	OMoney C	Order	10/10/19	800.00					
	SUBTO	DTA.	L Section B — This	Page 900.00					
TOTAL of additional Section B Pages 6200.00									
TOTAL OF ALL CONTRIBUTION			VIDUALS (Sections A						
(zonie) who			7,						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Big Steve Tracey for Mayor			7th D	ay Precedin	g Elec	tion		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$					
B. Itemized Co	ntrib	utions from Indivi	duals					
Last Name	Fir	-					MI	
Geraci-Anastasio	L	isa						
Residential Street Address	City				State	1 .	Code	
81 Salerno Avenue	East	Haven			CT	0	6512	
Principal Occupation		Name of Employer						
Social Worker		State of Connecti	cut					
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?						Amount of Contrib		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Is this contributor a principal of a lifyes, indicate which bra of government the contra	nch or t							
Method of Contribution:		Date Received	Aggrega	te Contributions				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	10/10/19	50.0	0				
Last Name	Fir	st				<u>i</u>	MI	
Norman	[Donna						
Residential Street Address	City				State	Zip	Code	
15 Clancy Street	East	Haven			CT	0	6512	
Principal Occupation		Name of Employer			····	•		
Registrar of Voters		Town of East Hav	/en					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						ount	t of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A O Yes Is contributor a principal of a If yes, indicate which brace of government the contraction.	anch or	branches	_	● №				
Method of Contribution:		Date Received	,	te Contributions				
OCash Personal Check Ocredit/Debit Card Payroll Deduction Money	y Order	10/8/19	50.0	0				
Last Name	Fir	rst	L				MI	
Parente	L	inda Faye						
Residential Street Address	City				State	Zip	Code	
7 Farm River Road	East	t Haven			CT	0	6512	
Principal Occupation	3	Name of Employer			I		········	
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?						0.00	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Section L1? One of government the contraction of the contractio	anch or l	branches	OLeg	⊙ No islative				
Method of Contribution: Dale Received				te Contributions				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	10/09/19	250.	00				
SUB*	ТОТА	L Section B — This	Page	350.00				
TOTAL of additional Section 1				Pages 5850.00				
TOTAL OF ALL CONTRIBUTIONS FROM		IVIDUALS (Sections / umn A of Summary Page		6200.00				

Section B ADDITIONAL PAGE 3f of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Big Steve Tracey for Mayor			7th C	ay Precedin	g Elec	tion			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$	·					
B. Itemized Co	ntrib	utions from Indivi	duals						
Last Name	Fir	rst					MI		
Velleca		ohn				1.	1		
Residential Street Address	City				State	1 '	Code		
11 Robin Drive	East	: Haven			CT	06	3513		
Principal Occupation	•	Name of Employer							
Retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to 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					, Am		of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or b	branches	_	⊙ No					
Method of Contribution:		Date Received	Aggrega	te Contributions	7				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	10/10/19	50.0	0					
Last Name	Fin	st					МІ		
Enders	s	Sandra							
Residential Street Address	City				State	Zip	Code		
23 Oregon Avenue						06	3512		
Principal Occupation Name of Employer									
Clinician Catholic Charities									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						ount 6	f Contribution		
Is this contribution associated with an event reported in Section LI? If yes, list Event # 101019A Section LI? No Yes Is contributor a principal of a fryes, indicate which brace of government the contraction.	ınch or l	branches _	_	⊙ No					
Method of Contribution:		Date Received		le Contributions	┥				
OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	10/10/19	100.	00					
Last Name	Fir	rst			-		MI		
Cirello	J	lohn							
Residential Street Address	City				State	Zip	Code		
752 Townsend Avenue	New	/ Haven			CT	06	5512		
Principal Occupation	•	Name of Employer				-			
Attorney		Cirello & Vessicch	nio, LL	.C					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of State o					, Am 50		of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Section L1? If yes, indicate which bra of government the contral of t	nch or t	branches	_	ŌNo					
Method of Contribution: Date Received Aggregate					7				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	10/10/19	50.00)					
SUB	гота	L Section B — This	Page	200,00					
TOTAL of additional Section B Pages 5350.				5350.00	0.00				
TOTAL OF ALL CONTRIBUTIONS FROM		IVIDUALS (Sections A umn A of Summary Page		5550.00					
,									

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Big Steve Tracey for Mayor				7th 🗅	ay Precedin	g Elec	lion	
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)			Period ONLY AL SECTION A	\$				
B. Itemized Co	ntri	ibuti	ons from Individ	luals				
Last Name		First						MI
Cirello		Mic	helle					
Residential Street Address	City					State	1 1	Code
752 Townsend Avenue	Ne	ew H	aven			СТ	06	3512
Principal Occupation			ame of Employer					
Admin		١	Yale University					
	in is in excess of \$400 to a candidate for a chief executive officer of a municipality, itor or business he/she is associated with have a contract with said municipality re than \$5,000? One of the executive officer of a municipality of the executive of the exe				, Amo		of Contribution	
event reported in Section L!? No If yes, indicate which bra								
If yes, list Event # 101019A of government the contra			ate Received		te Contributions	_		
OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMone	v Orde	ler .	10/10/19	50.0		-		
Last Name		First						МІ
Karbowski		Pau	ıl					
Residential Street Address	City	, 5,6				State	Zip	Code
171 Angela Drive						CT	1 1	3512
Principal Occupation			ame of Employer				1	
Retired			vor Smptoyor					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Historia in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candid	late for a chief executive ed with have a contract Yes No	e officer with said	of a municipality I municipality	, Amo		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Section L1? Of government the control of a principal o	anch o	or bra		_	⊙ No			
Method of Contribution:		D	ate Received	Aggrega	te Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	ler	10/10/19	50.0	0			
Last Name		First						MI
Nault		Ror	nald					
Residential Street Address	City					State	1	Code
21 Bayberry Lane	Gu	uilfor	rd			СТ	00	6431
Principal Occupation		- 1	lame of Employer					
Engineer		1	Luchs Consulting	Engir	eers			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						/. Am		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Section L1? If yes, indicate which brateful of government the contraction of government the contraction.	inch o	or brai with:	nches Executive	○ Leg	islative ONo			
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SUB	тот	ſAL:	Section B — This	Page	150.00			
TOTA	L of	addi	itional Section B F	ages	5200.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 5350.00								

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Big Steve Tracey for Mayor			7th E	Day Precedin	g Elect	lion		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$					
B. Itemized Co	ntril	butions from Indiv	iduals					
Last Name		First					МІ	
DiAdamo		Nick						
Residential Street Address	City				State	Zip	Code	
103 Wooster Street	Ne	w Haven			CT	06	3511	
Principal Occupation		Name of Employer	·					
Pilot		Clay Lacy						
		a candidate for a chief executive officer of a municipality associated with have a contract with said municipality Oyes No				00	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Section 2.17 Yes Is contributor a principal of a lf yes, indicate which bra of government the contra	nch o	~ ~						
Method of Contribution:		Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Orde	er 10/10/19						
Last Name		<u> </u>	.i				М	
Scarpellino		Daniel						
Residential Street Address	City				State	Zip	Code	
2 Mansfield Grove Road, #176		st Haven	CT	1 '	3512			
Principal Occupation	L	Name of Employer				Щ.		
Owner Scarpellino's Deli								
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?						ount 6	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Section L1? No Yes Is contributor a principal of a fryes, indicate which brateful of government the contraction.	anch o	or branches	_	⊙ No				
Method of Contribution:		Date Received	Aggrega	te Contributions				
Ocash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Orde	er 10/10/19	100.	.00				
Last Name		First					MI	
O'Donnell		Jack						
Residential Street Address	City				State	1	Code	
47 Hunters Way	Ha	ımden			СТ	00	6514	
Principal Occupation		Name of Employer						
Attorney		Law Offices of Ja	ack O'[Donnell, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?					, Amo		of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 50.00 Yes No Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch o	r branches	_	ctor? Yes No gislative				
Method of Contribution: Ocash Personal Check Ocredit/Debit Card Open Deduction Omone	y Orde	Date Received 10/10/19	Адугеда 50.0	nte Contributions O				
SUB'	тот	AL Section B — Thi	s Page	200.00				
TOTA	Lof	additional Section B	Pages	5000.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A + B) Totals)	5200.00						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Big Steve Tracey for Mayor				7th E	ay Precedin	g Elec	tion	
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$				•
B. Itemized	Contr	ibu	itions from Indivi	duals				
Last Name		Firs	il					MI
Plant		Ai	ndrew					
Residential Street Address	City	1	****			State	Zip	Code
67 Smith Street	W	/est	Haven			CT	0	6516
Principal Occupation			Name of Employer					
Security	Self							
			candidate for a chief executive officer of a municipalit ssociated with have a contract with said municipality Oyes No				ount ,00	of Coutribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Yes Is contributor a principal of the principal of the principal of the principal of government the contributor as principal of the princip	branch							
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Last Name		Firs	<u> </u>			мі		
Purcell		В	eth					
Residential Street Address	City	, ,		.,.		State	Zip	Code
23 Jeffrey Road	1		Haven			СТ		6513
Principal Occupation			Name of Employer			L		
Finance Manager 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?	400 to a /she is a	cano	I didate for a chief executive fated with have a contract Yes No	e officer with sai	of a municipality i municipality		ount	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Yes Is contributor a principal If yes, indicate which of government the co	i branch	or b	oranches	_	⊙ №			
Method of Contribution:			Date Received	Aggrega	te Contributions			
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Last Name		Firs	St.					МІ
Zullo		J	oseph					
Residential Street Address	City					State		Code
2 Lisa Lane	E	ast	Haven			CT	0	6512
Principal Occupation			Name of Employer					
Attorney			Zullo, Zullo & Jac	ks, LL	С			
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?						1	ount 0.00	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Section L1? If yes, indicate which of government the co	branch	or b	ranches _	_	⊙ No			
Method of Contribution:			Date Received		te Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OM	oney Oro	der	10/10/19	250.	00			
st	U BTO '	TA	L Section B — This	Page	350.00			
тої	ral of	f ad	ditional Section B I	ages	4650.00			
TOTAL OF ALL CONTRIBUTIONS FF (Enter total on L			VIDUALS (Sections A		5000.00			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Big Steve Tracey for Mayor			7th D	ay Precedin	g Elec	lion				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$							
		•								
B. Itemized Co.	ntribu	utions from Indivi	duals				-			
Last Name	Fir	st					MI			
Anastasio	K	athleen								
Residential Street Address	City				State	Zip	Code			
108 Prospect Place Ext.	East	Haven			СТ	06	512			
Principal Occupation		Name of Employer								
Retired										
	or dependent child of a lobbyist? ON does contributor or business he/she is associated with have a contract with said municipality					Amount of Cont				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Section L1? No Ves No If yes, indicate which brain of government the contraction of government the contraction.	nch or b	oranches	e contrac OLegi	N₀						
Method of Contribution:		Date Received	Aggregat	e Contributions	7					
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/10/19	100.0	00						
Last Name	Fin	st					Mi			
Kolb	F	rank								
Residential Street Address	City				State	1 .	Code			
8 Erico Drive	East	Haven	·		CT	06	3512			
Principal Occupation		Name of Employer								
Attorney		Kolb & Associates	S							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves odes contributor or business he/she valued at more than \$5,000?						ount o	f Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or l	branches	_	⊙ No						
	Ct is wit	Date Received		e Contributions	\dashv					
Method of Contribution: Ocash Personal Check Ocredit/Debit Card Payroll Deduction Omoney	Order	10/03/19	100.							
Last Name	Fir			- -			MI			
Kolb	F	rank								
Residential Street Address	City				State	Zip	Code			
8 Erico Drive	East	Haven			CT	06	3512			
Principal Occupation		Name of Employer								
Attorney		Kolb & Associates	s							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Viscontribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						ount 6	of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or t	oranches	_	ŌNo						
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SUB	гота	L Section B — This	Page	1100.00						
TOTA	Lofac	Iditional Section B I	ages ?	3550.00						
TOTAL OF ALL CONTRIBUTIONS FROM		IVIDUALS (Sections A		4650,00						
1	,									

NAME OF COMMITTEE (Provide Complete Name as Registered with File	ing Repository)			TYPE	OF REPORT				
Big Steve Tracey for Mayor			<u> </u>		Day Preceding Election				
A. Total Contributions from Small Contribut (See instructions for definition of Small Contributor)			nis Period ONLY OTAL SECTION A	\$	· · · · · · · · · · · · · · · · · · ·				
and the second s									
B. It-	emized Con	trib	outions from Individ	duals				4.144	
Last Name			irst					MI	
Ranfone		F	Robert						
Residential Street Address	C	City				State	Zip	Code	
44 Iver Avenue		Eas	t Haven			CT	06	3512	
Principal Occupation Name of Employer									
Retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No							Amount of Contribution		
Is this contribution associated with an event reported in Section L1? We be a state contractor or prospective state of government the contract is with: Section L1? No be a state contractor or prospective state of government the contract is with: Observative					etor? Yes islative				
Method of Contribution:			Date Received	Aggrega	te Contributions			•	
OCash Personal Check OCredit/Debit Card OPayroll Deduc	ction OMoney	Order	10/10/19	1,00	0.00				
Last Name		Fi	irst	<u> </u>				MI	
Katz			Paulina						
Residential Street Address	C	City				State	Zip	Code	
25 Glendale Place		Brai	nford			CT	06	3405	
Principal Occupation			Name of Employer				1		
Owner .			PoPo's Club Car						
	business he/she i		ndidate for a chief executive ciated with have a contract Yes No			Amount of Contribution			
event reported in Section L1? No If yes, ind	a principal of a s icate which bran ment the contrac	ich or		_	⊙ No				
Method of Contribution:			Date Received	Aggrega	te Contributions				
OCash Personal Check Ocredit/Debit Card Payroll Deduc	ction Money (Order	10/10/19	100.	00				
Last Name		1	irst					MI	
Coady		,	James					<u> </u>	
Residential Street Address	C	City				State	1 '	Code	
442 Thompson Avenue		Eas	st Haven			СТ		3512	
Principal Occupation Retired			Name of Employer						
			Indidate for a chief executive	a ofti ann	-6isinalit	. 1		F.C 4-12 41	
	business he/she i		ociated with have a contract Yes No				0.00 0.00	of Contribution	
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	TOTAL	of a	dditional Section B F	Pages	2350.00				
TOTAL OF ALL CONTRIBUT (Ente			DIVIDUALS (Sections A lumn A of Summary Page		3550.00				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT					
Big Steve Tracey for Mayor				7th C	ay Precedin	g Elec	tion			
A. Total Contributions from State (See instructions for definition of Small)	· ·		is Period ONLY OTAL SECTION A	\$						
	,									
	B. Itemized Co	ntrib	utions from Indivi	duals				<u>. </u>		
Last Name		Fir	st					MI		
Hennessey		T	homas							
Residential Street Address		City				State	Zip	Code		
34 Columbus Avenue		East	Haven			CT	06	5512		
Principal Occupation			Name of Employer							
Owner			AF Forbes, Inc.							
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?						ount 6	of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A	Yes Is contributor a principal of a If yes, indicate which braid of government the contract	nch or t	oranches	e contra	⊙ No					
Method of Contribution:	1		Date Received	Aggrega	te Contributions	7				
OCash Personal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	10/10/19	250.	00					
Last Name		Fir	st					МІ		
Hennessey		L	inda							
Residential Street Address		City				State	Zip	Code		
34 Columbus Avenue		East	Haven			CT	06	3512		
Principal Occupation		L	Name of Employer							
Homemaker										
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?						0.00	of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches		⊙ No					
Method of Contribution:	1 0180		Date Received		te Contributions	┨				
Ocash Personal Check Ocredit/Debit C	ard OPayroll Deduction OMoney	Order	10/10/19	250.	00					
Last Name		Fir	rst	1		-1		M!		
Romano		J	lames							
Residential Street Address		City			-,	State	Zip	Code		
155 Salerno Avenue		East	t Haven			CT	06	6512		
Principal Occupation			Name of Employer							
Retired										
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?						ount (of Contribution		
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + I (Enter total on Line 13, Column A of Summary Page Total					B) 2250.00					
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Big Steve Tracey for Mayor	7th D	Day Preceding Election					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$				
B. Itemized Co	ntribu	tions from Indivi	duals		11 - 11		
Last Name	First						MI
Cappiello	G	erald					
Residential Street Address City State Zip							
289 Willow Street	New	Haven			СТ	06	5511
Principal Occupation		Name of Employer					
Marshal State of Connecticut							
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? Yes No 100.00							f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Section 4.19 No ls contributor a principal of a lf yes, indicate which braid of government the contract.	nch or br	ranches	_	● No			
Method of Contribution:		Date Received	Aggregat	e Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	10/10/19	100.0	00			
Last Name	First						MI
Cirillo	Fr	ank					
Residential Street Address	City		VI. 1		State	Zip (Code
59 Penny Lane	Wood	dbridge			CT	06	5525
Principal Occupation	1	Name of Employer					
Attorney		Cirillo Law					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Ves does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or b	ranches	_	O No			
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Last Name	First	<u> </u>					МІ
Coady	Ja	amie					
Residential Street Address	City				State	Zip	Code
433 Thompson Avenue	East	Haven			CT	06	3512
Principal Occupation		Name of Employer					
Administrator		City of New Have	n				
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?					, Ame		f Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Security Secu							
Method of Contribution:		Date Received	Aggregat	e Contributions	1		
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	10/9/19	50.00)			
SUBT	ТОТАІ	. Section B — This	Page	250.00			
TOTAL	L of ad	ditional Section B P	ages	1500.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections A		1750.00			
		- 5					

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				7th Day Preceding Election				
A. Total Contributions from Sma (See instructions for definition of Small Con	ii ii		nis Period ONLY OTAL SECTION A	\$				
								. "
	B. Itemized Con	itrib	outions from Indivi	duals		· .	÷	
Last Name		F	îrst			,		MI
Spinella		;	Shanelle					
Residential Street Address	(City	,, ,			State	Zip	Code
462 Main Street		Eas	t Haven			CT	06	3512
Principal Occupation Name of Employer								
Hair Stylist Country Squire F				air Sal	on			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contravalued at more than \$5,000? Yes No						, Ame		of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of the section L1? Yes, indicate which branch or branches				_	● No			
If yes, list Event # 101019A Method of Contribution:	or government the continue	. 10 111	Date Received		te Contributions	-		
Oredit/Debit Card Oredit/Debit Card	OPayroll Deduction OMoney	Order	10/10/19	50.0				
Last Name			îrst		-	!		Мі
Ruggiero		- 1	Carl, Sr.					""
Residential Street Address		City				State	Zin	Code
12 Oak Hill Drive		•	st Haven			CT	1 '	3513
Principal Occupation Name of Employer							L	
Retired			Tame of Employee					
or dependent child of a lobbyist? No do	contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?					, Amo		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	branches	_	⊙ No			
Method of Contribution:			Date Received	Aggrega	te Contributions			
●Cash ○Personal Check ○Credit/Debit Card	OPayroll Deduction OMoney	Order	10/10/19	50.0	0			
Last Name		F	irst	1				Mi
Mauro		:	Sue					
Residential Street Address	(City				State	Zip	Code
58 Vista Drive		Eas	st Haven			CT	06	6512
Principal Occupation	, , , , , , , , , , , , , , , , , , ,		Name of Employer					
General Clerk			Town of East Hav	/en				
or dependent child of a lobbyist? No do	contribution is in excess of \$400 to contributor or business he/she is alued at more than \$5,000?					, Ame		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Yes No Is contributor a principal of a state contractor or prospective states of government the contract is with: Executive				_	●No			
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 10/10/19					te Contributions)			
	SUBT	OTA	AL Section B — This	Page	150.00			
TOTAL of additional Section B Pages 1350.00								
TOTAL OF ALL	L CONTRIBUTIONS FROM (Enter total on Line 1		DIVIDUALS (Sections A lumn A of Summary Page		1500.00			

Section B ADDITIONAL PAGE 30 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Big Steve Tracey for Mayor			7th D	n Day Preceding Election				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$					
B. Itemized Co	ntrib	uțions from Indivi	duals				-	
Last Name		rst					MI	
Ruggiero	J	Joseph						
Residential Street Address	City				State	Zip Code		
170 Charter Oak Avenue	East	t Haven			ÇT	00	3512	
Principal Occupation		Name of Employer						
Retired								
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?					ount o	of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches				tor? Yes				
If yes, list Event # 101019A of government the contra		Date Received		e Contributions	-			
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order		50.00					
Last Name	Fi	rst	<u> </u>				MI	
Sittnick	J	Judith						
Residential Street Address	City				State	Zip	Code	
41 Chidsey Avenue	Eas	t Haven			CT	00	6512	
Principal Occupation	I	Name of Employer						
Self		Judy's All-Americ	an					
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	ndidate for a chief executive ciated with have a contract Yes No	e officer 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 # 101019A Section L1? Of government the contraction of government the contraction of government the contraction.	anch or	branches	_	● No				
Method of Contribution:		Date Received	<u>, </u>	e Contributions	1			
OPersonal Check	y Order	10/10/19	50.0	0				
Last Name		rst	<u> </u>		<u> </u>		MI	
Maltese	5	Salvatore						
Residential Street Address	City				State	Zip	Code	
11 Holland Road	Eas	t Haven			CT	0	6512	
Principal Occupation		Name of Employer						
Tax Preparer		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?						ount (of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Section L1? If yes, indicate which bra of government the contra	ınch or	branches	_	ŎNo				
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	Date Received 10/10/19	Aggregal	e Contributions					
Gressonal Check Octedio Debit Card Orayroli Deduction Omone	10/10/10	1 30.00						
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TOTAL of additional Section B Pages 120					1200.00			
TOTAL OF ALL CONTRIBUTIONS FRO! (Enter total on Line		IVIDUALS (Sections A lumn A of Summary Page		1350.00				
(Amer som on which	, 501							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Big Steve Tracey for Mayor	7th D	ay Precedin	g Elec	tion			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$				
B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name	Fir	rst					MI
Gravino	١	//ark					
Residential Street Address	City				State	Zip	Code
25 Salerno Avenue	East	t Haven			CT	00	6512
Principal Occupation	Name of Employer						
Owner	East/West Produc	ctions					
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?				, ,	, Amo		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Yes Is contributor a principal of a If yes, indicate which bra of government the contraction of government the contraction.	nch or l	branches	e contrac	No			
Method of Contribution:		Date Received	Aggrega	te Contributions	٦		
●Cash	/ Order	10/10/19	50.0	0			
Last Name	Fit	rst	//				MI
Tatta	0	Christina					
Residential Street Address	City				State	Zip	Code
751 North Farms Road	Wall	lingford			CT	0	6492
Principal Occupation		Name of Employer					
Book Keeper		Central Auto Auci	tion				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000?				id municipality 50.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	_	● No			
Method of Contribution:	OC 15 11.11	Date Received	, -	te Contributions	_		
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	10/10/19	50.0				
Last Name	Fir	rst	l				Mi
Burroughs	١	/lichael					
Residential Street Address	City				State	Zip	Code
2 Edgar Street	East	t Haven			СТ	0	6512
Principal Occupation	1	Name of Employer				-1	
Production Manager		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?					, Amo		of Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 101019A Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative							
Method of Contribution: Office to Contribution: Office to Contribution Office to Contribu	Onder	Date Received 10/10/19	Aggrega	te Contributions			
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SUB	ГОТА	L Section B — This	Page	150.00			
TOTAL	Lofac	dditional Section B I	ages	1050.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page		1200.00			·

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing R	(epository)			TYPE	OF REPORT				
Big Steve Tracey for Mayor				7th 🗅	Pay Preceding Election				
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$					
B. Item	ized Cont	ribı	itions from Indivi	duals					
Last Name		Fire	st					MI	
Diotaiuto		A	ndrew						
Residential Street Address	Ci	ity				State	1	Code	
6 Edgar Street	[∃ast	Haven			CT	00	3512	
Principal Occupation									
Installer Frontier									
	iness he/she is		didate for a chief executive intensity of the contract of the			50.		of Contribution	
Is this contribution associated with an event reported in Section L1? We yes, list Event # 101019A Is contributor a principal of a state contractor or prospective sta If yes, indicate which branch or branches of government the contract is with: Executive					No				
Method of Contribution:			Date Received	Aggrega	te Contributions	1			
●Cash	n OMoney C)rder	10/10/19	50.0	0				
Last Name	······································	Fir	st					Mi	
DiAdamo		H	larry						
Residential Street Address	Ci	ity				State	Zip	Code	
45 Glen Ridge Road	1	Ham	den			CT	06	3518	
Principal Occupation			Name of Employer						
Insurance Sales			Elm City Insuranc	:e					
Is contributor a lobbyist, spouse, or dependent child of a lobbytst? Yes of No Vision If contribution is in execution of the spouse of the sp	iness he/she is	a can assoc	didate for a chief executive intensity of the contract Yes No	e officer with said	of a municipality d municipality	Amount of Contribution 50.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A O Yes Is contributor a pr If yes, indicate of governmen	e which branc	ch or l	_		⊙ No				
Method of Contribution:			Date Received	Aggrega	te Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction	n OMoney C)rder	10/10/19	50.0	0				
Last Name		Fir	st					МІ	
DeAngelo		J	ohn						
Residential Street Address	C	ity				State	Zip	Code	
71 Mass Avenue		East	Haven			CT	0	3512	
Principal Occupation			Name of Employer						
Retired									
	iness he/she is		didate for a chief executive ciated with have a contract Yes No			. Ame		of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Is contributor a principal of a state contractor or prospective state contractor of prospective state contract is with: One of government the contract is with: One of government the contract is with:					islative ONo				
Method of Contribution: Ocash Opersonal Check Ocredit/Debit Card Opersonal Deduction Omoney Order Date Received 10/10/19					te Contributions				
Geasii Oreisoliai Check Geledib Debit Card Orașioli Deductio	······································			50.0					
	SUBT	OTA	L Section B — This	Page	150.00			· -	
	TOTAL	of ac	lditional Section B I	ages	900.00				
TOTAL OF ALL CONTRIBUTIO (Enter to	NS FROM tal on Line 13	IND	IVIDUALS (Sections A umn A of Summary Page	A + B) Totals)	1050.00				
•			* * · · · · · · · · · · · · · · · · · ·						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Big Steve Tracey for Mayor					n Day Preceding Election				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$					
B. Itemized Co	ntri	ibu	itions from Indivi	duals				11. 11.	
Last Name		Firs	t		•			MI	
Williams		St	teve						
Residential Street Address	City	······				State	Zip	Code	
62 Alps Road	Br	anf	ford			CT	0	6405	
Principal Occupation	Name of Employer								
Food Service Jacks Concess									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipe does contributor or business he/she is associated with have a contract with said municipe valued at more than \$5,000? Yes No							iount	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch (or bi	ranches	e contrac	⊙ No				
Method of Contribution:			Date Received		te Contributions	\dashv			
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	v Ord	ler l	10/10/19	50.0					
Last Name		Firs		00.0				МІ	
Williams			v ylan					INIT	
	le:		yiaii		1	Camaa	7:-	Code	
Residential Street Address	City	onf	ford			State	1 '	6405	
62 Alps Road		CI 11	Name of Employer			U1		0400	
Principal Occupation Food Service			Jacks Concession	an Ina					
									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes One History of State of \$400 of a lobbyist? No Ves Odes contributor or business he/she valued at more than \$5,000?							iount),00	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Section L1? If yes, list Event # 101019A	inch:	or b	ranches	_	⊙ No				
Method of Contribution:			Date Received	Aggrega	te Contributions	1			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Ord	ler	10/10/19	50.0	0	-			
Last Name		Firs	it	l				Mi	
Inzitari		Le	eonard						
Residential Street Address	City	L				State	Zip	Code	
175 South End Road	Ea	ast	Haven			СТ	0	6512	
Principal Occupation	.L		Name of Employer						
Law Clerk			Action Law						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?							ount	of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 101019A Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 101019A Yes O No Executive O Legislative									
Method of Contribution;			Date Received	Aggrega	te Contributions	7			
● Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Ord	ler	10/10/19	50.0	0				
SUBT	гот	ΓÁΙ	L Section B — This	Page	150.00				
TOTAL	L of	ad	ditional Section B I	Pages	750.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 900.00									

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Big Steve Tracey for Mayor				7th D	Day Preceding Election				
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$					
B, Itemized C	ontr	ibu	itions from Indivi	duals		*. *			
Last Name		Firs	it					MI	
Cleary		D	ennis						
Residential Street Address	City					State	Zip	Code	
108 Mad River Road	W	lolc	ott			CT	06	3716	
Principal Occupation									
Consultant Cleary Engineers									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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					, Ame	of Contribution			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective sta If yes, indicate which branch or branches					itor? Yes No				
If yes, list Event # 101019A of government the cont			Date Received		te Contributions	\dashv			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMor	ney Orc	der	10/10/19	50.0					
Last Name		Firs	<u> </u>				******	MI	
Coss		D	avid						
Residential Street Address	City					State	Zip	Code	
26 Ralphs Lane	E	ast	Haven			CT	06	3512	
Principal Occupation			Name of Employer						
Teacher			Hamden Public S	chools	;				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?						y. Amount of Contribution 100.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Yes Is contributor a principal of If yes, indicate which to of government the contributor approximation of the section of the se	branch	or b	oranches _		⊙ No	_			
Method of Contribution:			Date Received	Aggrega	e Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	aey Ord	der	10/10/19	100.	00				
Last Name		Fire						MI	
Mouenix		S	ean						
Residential Street Address	City					State	1 '	Code	
121 George Street	E	ast	Haven			СТ	00	6512	
Principal Occupation			Name of Employer						
Estimations			ProKleen						
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?							ount 6	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Yes No Yes No Is contributor a principal of If yes, indicate which be of government the company of the principal of government the company of the principal of the principal of government the company of the principal of the p	ranches _	_	ŎNo						
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Mon	Date Received 10/10/19	Aggrega	te Contributions						
SU	вто	TA.	L Section B — This	Page	250.00				
тот	AL of	f ad	lditional Section B I	Pages	500.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 750.00									

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Big Steve Tracey for Mayor	7th D	Day Preceding Election						
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$					
B. Itemized Co	ntrib	utions from Indivi	duals					
Last Name	Fit	rsi	······································				MI	
DiAdamo	<i>A</i>	Arthur						
Residential Street Address	City				State	1 '	Code	
138 Townsend Avenue	New	/ Haven			СТ	06	5512	
Principal Occupation		Name of Employer						
Bonds		DiAdamo & Trace	· .					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Uf 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 OYes No	with said	I municipality		0.00	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Is this contributor a principal of a lf yes, indicate which bra of government the contra	ınch or i	branches	e contrac	● No				
Method of Contribution:		Date Received	Aggregat	e Contributions				
● Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	10/10/19	100.0	00	***************************************			
Last Name	Fü	rst				· · · · · · · · · · · · · · · · · · ·	MI	
Demers		Angelica						
Residential Street Address	City				State	1 1	Code	
488 Thompson Avenue	East	t Haven			CT	06	3512	
Principal Occupation		Name of Employer						
Teacher		East Haven Scho	ol Sys	tem				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Ves Valued at more than \$5,000?	to a car is asso	ndidate for a chief executiv ciated with have a contract Yes • No	e officer with said	of a municipality I municipality		00.00	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Section L1? Or Yes No If yes, indicate which brown of government the contraction of government the contraction.	anch or	branches	_	⊙ No				
Method of Contribution:		Date Received		e Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	10/10/19	100.					
Last Name	Fi	irst	I				Mi	
Scarpellino	ı	Dominic						
Residential Street Address	City				State	_ `	Code	
333 River Street	Hob	ooken			NJ	0	7030	
Principal Occupation		Name of Employer						
Supervisor		US Roof						
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 e is asso	indidate for a chief executiv ociated with have a contract Yes • No	e officer with sai	of a municipality I municipality		10 unt 6	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Section L1? If yes, indicate which brase of government the contraction of government the contraction.	anch or	branches	CLeg	●No islative				
Method of Contribution:	Date Received 10/10/19	1	te Contributions					
● Cash Personal Check Credit/Debit Card Payroll Deduction OMone	100.0	00						
SUB	TOTA	AL Section B — This	Page	300.00				
TOTAL of additional Section B Page					es 200.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section. (Enter total on Line 13, Column A of Summary Page)				+ B) 500.00				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Big Steve Tracey for Mayor			7th Day Precedir	ng Elec	ction		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S		is Period ONLY OTAL SECTION A	\$		·		
B. Itemized Con	ıtribı	utions from Indivi	duals				
Last Name	Fir					МІ	
Imperato	V	/icki					
	City			State	Ι'	Code	
445 Foxon Road	Norti	h Branford		СТ	U	6471	
Principal Occupation		Name of Employer Statewide Constr					
Owner							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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						of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	e contractor? Yes OLegislative						
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/10/19	100.00				
Last Name	Fir	rst				MI	
Katz		Daniel					
Residential Street Address	L City			State	Zip	Code	
10 Stonegate Circle	Che	shire		CT	00	6410	
Principal Occupation	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Name of Employer		II.			
Owner		Goody's Hardwar	e LLC				
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?				y, Am	of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101019A Yes Is contributor a principal of a sevent reported in Section L1? No If yes, indicate which brain of government the contract	nch or	branches	te contractor? Yes O Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/10/19	100.00				
Last Name	Fir	rst				MI	
				Louis	7:-		
Residential Street Address	City			State	2.15	Code	
Principal Occupation		Name of Employer		1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, An	nount (of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes No Is contributor a principal of a section L1? If yes, indicate which brance of government the contract	ich or l	branches th: O Executive	ONo Legislative				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received Aggregate Contribution							
SUBT	ОТА	L Section B — This	Page 200.00				
TOTAL	ofac	dditional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Big Steve Tracey for Mayor			7th Day Preceding Election				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed tl	nis Period ONLY OTAL SECTION A	\$				
B. Itemized Co.	ntrib	outions from Individ	duals				
Last Name		irst				МІ	
Ranfone		Daniel					
Residential Street Address	City			State	Zip (
38 Sunnyside Drive	Nor	thford Name of Employer		CT	06	472	
Principal Occupation							
Lineman		United Illuminating					
Is contributor a tobbyist, spouse, or dependent child of a tobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contributi				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second reported in Section L1? If yes, list Event #	e contractor? Yes OLegislative						
Method of Contribution:		Date Received	Aggregate Contributions				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Ordei	r 10/18/2019	1,000.00				
Last Name	F	irst	L		-	MI	
Jaffe		Loria					
Residential Street Address	City			State	Zip (Code	
140 Mill Street, #637	st Haven		CT	06	512		
Principal Occupation	·	Name of Employer					
Service Representative		Frontier Commun	ications				
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?					unt o	f Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	te contractor? Yes				
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	Orde	r 10/21/2019	100.00				
Last Name	F	irst				MI	
DelVecchio		Angelina					
Residential Street Address	City			State	Zip		
176 Townsend Terrace	Nev	w Haven		CT	06	512	
Principal Occupation		Name of Employer					
Retired			-1	·····			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executiv ociated with have a contract Yes No	e officer of a municipalit with said municipality		ount o 0.00	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a section L1? If yes, indicate which bra of government the contraction of government the contraction.	r branches	O Legislative					
Method of Contribution:	Date Received	Aggregate Contributions					
Cash Personal Check Credit/Debit Card Payroll Deduction Money	r 10/22/2019	200.00					
SUB	гот	AL Section B — This	Page 1300.00		,		
TOTAL of additional Section B Pages 8550.00							
	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 9850.00						

NAME OF COM	MITTEE (Provide Comple	ete Name as Registered	with Filing Repos	itory)		TYPE OF REPORT		
	cey for Mayor	8	······································		·	7th Day Prece		
		C1. (Contributio	ns from (Other Cor	nmittees		
Name of Committee					Name of T	reasurer		· · · · · · · · · · · · · · · · · · ·
Address		university of the second secon		Is this con event repo	rted in Section	ciated with an Yes No n L1?	Amount of	Contribution
City		State	Zip Code	Date Re		Aggregate Contributions		
Name of Committee					Name of T	reasurer		
Address					rted in Section	ciated with an Yes No n L1?	Amount of	Contribution
City		State	Zip Code	Date Re		Aggregate Contributions		
Name of Committee		1			Name of T	reasurer		
Address			a e e e e e e e e e e e e e e e e e e e	Is this con event repo	rted in Section	ciated with an Yes No n L1? es, list Event #	Amount of	Contribution
City		State	Zip Code	Date Re		Aggregate Contributions		
	C2.]	Reimbursemer	its or Surp	lus Distril	outions fr	om other Committees		
Name of Committee					Name of T			·
Address				City			State	Zip Code
Date Received	Expenditure #	Payment Type		l			Amount	of Receipt
	(if applicable)	OReimbursen	nent for shared	expense C	Surplus Distr	ibution		•
Description								
Name of Committee					Name of T	reasurer		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type O Reimburs	ement for share	d expense (Surplus Di	stribution	Amount	of Receipt
Description					100 11			
			SUBTO	TAL Sect	ion C — T	his Page		
			TOTAL	of addition	al Section	C Pages		
		ALL COMMIT s C1 + C2) (Enter						

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Reposit	ory)			TYPE OF REPORT			
Big Steve Tracey for Mayor				Ì	7th Day	/ Preceding E	lection	
\mathbf{D}	. Loans	Receive	ed this Period	d				
Name of Lender			Source of Loan: Bank Ca	the reserve that the) Individua	Other	Date of Receipt	
Street Address	City	1	• •		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)			,				Amount Received	
Street Address	City				State	Zip Code		
Name of Lender			Source of Loan: Bank Ca	andidate C) Individua	Other	Date of Receipt	
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)	***************************************		11.1		•	•	Amount Received	
Street Address	City				State	Zip Code		
Name of Lender			Source of Loan: Bank Ca	andidate C) Individua	Other Committee	Date of Receipt	
Street Address	City	· · · · · · · · ·			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)						Amount Received		
Street Address	City			••	State	Zip Code		
			TOTAL SEC	TION D				
E. Receipts from Entities other tha	n Indiv	iduals (or Other Con	nmittees	s (Referei	ıdum Committe	es ONL¥)	
Name of Entity								
Street Address	· · · · · · · · · · · · · · · · · · ·			Date l	Received		Amount Received	
City	<u>.</u> ,	State	Zip Code	Aggre	egate Contril	butions		
Name of Entity								
Street Address				Date l	Received		Amount Received	
City		State	Zip Code	Aggre	egate Contri	butions		
Name of Entity			•	_	·			
Street Address		***		Date	Received		Amount Received	
City		State	Zip Code	Aggr	egate Contri	butions		
		1 12.00 (1).00 (1).00 (1).00 (1).00 (1).00 (1).00 (1).00 (1).00 (1).00 (1).00 (1).00 (1).00 (1).00 (1).00 (1).00	TOTAL SEC	TION E				

NAME OF COMMITTE	EE (Provide Complete Name as Registered	l with Filing Repository)		TYPE OF REPOR	
Big Steve Tracey	for Mayor			7th Day Pred	eding Election
F	. Amount Transferred fr	om Affiliated Busir	iess Treasury <i>(Bus</i>	iness Entity Committ	ees ONLY)
Date of Receipt	Is this transaction associate event reported in Section L		yes, list Event#		Amount
Date of Receipt	Is this transaction associate event reported in Section L		yes, list Event #		Amount
Date of Receipt	Is this transaction associate event reported in Section L		yes, list Event #		Amount
Date of Receipt	Is this transaction associate event reported in Section L				Amount
			TOTAL SECTION	ON F	
	ransferred from Affiliate		Other Organizatio		nization Committees ONLY)
Date of Receipt	D	ate of Receipt		Date of Receipt	
Amount		Amo	unt		Amount
			TOTAL SECTION	N G	
	H. Personal Funds of th	ne Candidate Receiv	ved this Period <i>(C</i>	andidate Committees	ONLY)
Date of Receipt	Method of payment:				Amount
	OCash	O Personal Check	O Credit/Deb	it Card	
Date of Receipt	Method of payment: Cash	O Personal Check	O Credit/Deb	it Card	Amount
Date of Receipt	Method of payment:				Amount
	OCash	O Personal Check	O Credit/Deb	it Card	
Date of Receipt	Method of payment:				Amount
	OCash	O Personal Check	O Credit/Deb	it Card	
			TOTAL SECT	ION H	
		I. Anonymous (Contributions		
	Per Public Act 11-48, A				

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.

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) T			TYPE OF REPORT				
Big Steve Tracey for Mayor		7th D	ay Preceding Ele	ection			
J. Interest	from Deposits in Authoriz	zed Accounts					
Name of Institution	**************************************	Date Re	eceived	Amount			
Street Address	City	State	Zip Code				
Name of Institution		Date Ro	eceived	Amount			
Street Address	City	State	Zip Code				
	TOTA	AL SECTION J					
K. Miscellaneous I	Monetary Receipts not Con	sidered Contrib	utions				
Name Walmart		1	ate of Transaction 10/05/2019	Amount Received			
Street Address	City	State	Zip Code	1,967.42			
120 Commercial Parkway	Branford	СТ	06405				
Description Return of Laptop Computers not needed by Ca	mpaign which were purchas	ed					
Name			Pate of Transaction	Amount Received			
			Lance and the second	_			
Street Address	City	State	Zip Code				
Description							
Name		. [Date of Transaction	Amount Received			
Street Address	City	State	Zip Code				
Description	- Address -		,,,,, L				
Name			Date of Transaction	Amount Received			
Street Address	City	State	Zip Code				
Description		1 .					
	TOTAL SI	ECTION K 1,9	967.42				
SUMMARY OF OTH	ER MONETARY RECEIF	PTS (Sections D t	hrough K)				
Total Loans Received this Period (Section D)							
Total Receipts from Entities other than Individuals or	Other Committees (Section E)	+					
Total Amount Transferred from Affiliated Business Tr	easury (Section F)	+					
Total Amount Transferred from Affiliated Labor Unio	on or Other Organization Treasu	ny (Section G) +					
Total Amount of Personal Funds of the Candidate Rec	eived this Period (Section H)	- f -	The state of the s				
Total Amount of Interest from Deposits in Authorized	Accounts (Section J)	+	***************************************				
Total Miscellaneous Monetary Receipts not Considere		+	1,967.42				
(Add Sections D throu	Total of Other igh K) (Enter total on Line 15, Colum	r Monetary Rece on A of Summary Page T					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Big Steve Tracey for	Mayor		7th Day Preced	ing Election				
	L1. Event	t Information						
Event # Date of Event Letter 10/10/19 A	Description Candidate Meet and Greet			Was this a fur	ndraising event?			
Location: Street Address		City		State	Zip Code			
640 Silver Sands Ro	ad	East Haven		ст	06512			
Subpart 1: (All Committee Was this event hosted at			5 In-Kind Donations nuse Party and complet t(s) for food, beverage a	e required infor	Contributions mation for any			
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No						
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Rec No	eipts here.)	\$				
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commander of the commander of	Yes (If yes, go to Section L	Committees) 3 Purchases of Advert plete required informa		Program Book			
Subpart 3: (Town Come Did your committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	ceipts here.)	\$				
Event # Date of Event Letter	Description			Was this a fun	ndraising event?			
Location: Street Address		City		State	Zip Code			
Subpart 1: (All Committee Was this event hosted at			5 In-Kind Donations use Party and completet(s) for food, beverage	e required infor	Contributions mation for any			
	de goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section I and complete required O No		not Considered	Contributions			
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	O Yes (If yes, enter Total Rec	ceipts here.)	\$				
Were there purchases of sign associated with this		Yes (If yes, go to Section L	Committees) 3 Purchases of Advert plete required informa		Program Book			
Subpart 3: (Town Come Did your committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Rec	eipts here.)	\$				
SUBTOTAL Section	n L1-Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page					
	SUBTOTAL Sect Total Rece	ion L1—Subpart 3 <i>(Town Comm</i> i ipts from Food Purchases —	ttees ONLY) This Page					
		TOTAL of additional Section	garder (1941) and data					
		IPTS FROM SMALL PU Line 16a, Column A of Summar						

1.150.00

II. EVENT ACTIVITY (Sections L1-L5)

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 TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) 7th Day Preceding Election Big Steve Tracey for Mayor L3. Purchases of Advertising in a Program Book or on a Sign Purchase Made By: Name of Purchaser (Business Entity Other Karen Dattilo O Individual/Sole Proprietorship State Zip Code Street Address City CT 06512 462 Main Street East Haven Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase 09/26/19 101019A 50.00 Name of Purchaser Purchase Made By: Business Entity Other Alfred Zullo O Individual/Sole Proprietorship Street Address City State Zip Code Madison CT 06443 357 Horsepond Road Aggregate Purchases for All Events Amount of Sign Purchase Date Received Event # Amount of Program Ad Purchase 10/10/19 101019A 250.00 Purchase Made By: Name of Purchaser Business Entity Other Glen Conway O Individual/Sole Proprietorship Zip Code Street Address State City 439 Waite Street Hamden CT 06517 Aggregate Purchases for All Events Date Received Event# Amount of Program Ad Purchase Amount of Sign Purchase 10/10/19 101019A 250.00 Purchase Made By: Name of Purchaser (Business Entity Other Frank Antollino Individual/Sole Proprietorship Zip Code Street Address City State Branford CT 18 Queach Road 06405 Aggregate Purchases for All Events Date Received Event # Amount of Program Ad Purchase Amount of Sign Purchase 10/10/19 101019A 250.00 Name of Purchaser Purchase Made By: Other | Business Entity Vincent Consiglio O Individual/Sole Proprietorship Street Address State Zip Code City CT 287 Thompson Street East Haven 06513 Aggregate Purchases for All Events Amount of Sign Purchase Date Received Event # Amount of Program Ad Purchase 10/9/19 101019A 250.00 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 additional Section L3 Pages 100.00 TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN

(Enter total on Line 16c, Column A of Summary Page Totals)

Section L3. ADDITIONAL PAGE 9a 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 TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) 7th Day Preceding Election Big Steve Tracey for Mayor L3. Purchases of Advertising in a Program Book or on a Sign Purchase Made By: Name of Purchaser Business Entity Other Melissa Moras Individual/Sole Proprietorship Street Address City Zip Code State 2891 State Street Hamden CT 06517 Aggregate Purchases for All Events Date Received Event # Amount of Program Ad Purchase Amount of Sign Purchase 50.00 10/10/19 101019A Name of Purchaser Purchase Made By: Other Business Entity Melissa Moras O Individual/Sole Proprietorship Street Address City State Zip Code 2891 State Street Hamden CT 06517 Date Received Aggregate Purchases for All Events Event# Amount of Program Ad Purchase Amount of Sign Purchase 101019A 50.00 10/10/19 Name of Purchaser Purchase Made By: OBusiness Entity Other O Individual/Sole Proprietorship Street Address City Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Purchase Made By: Name of Purchaser OBusiness Entity Other ☐ Individual/Sole Proprietorship Street Address City Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: OBusiness Entity Other OIndividual/Sole Proprietorship Street Address City Zip Code Aggregate Purchases for All Events Date Received Event # Amount of Program Ad Purchase Amount of Sign Purchase SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page 100.00 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

(Enter total on Line 16c, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	E (Provide Complete Name as	Registered with Filing Repository			TYPE OF REPOR	T		
Big Steve Tracey for	or Mayor				7th Day Prece	ding E	Election	
	L4.	In-Kind Donations l	Not Consider	ed Contribu	tions			
Name of Donor					·			
Beer Exchange								
Street Address			City				State	Zip Code
640 Silver Sands F	Road		East Have	n			CT	06512
Donation Given By:	Description of Donation		1			Fair N	Iarket Val	ue of Donation
 Business Entity 	Food for fundraise	r				200	00	
O Individual	Date Received	Event #	Aggregate Value for this Event					
O Sole Proprietorship	10/10/19	101019A		200.00				
Name of Donor								,
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair I	larket Val	ue of Donation
OBusiness Entity								
OIndividual	Daily 1999 1999					1		
OSole Proprietorship	prietorship							
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair I	l	ue of Donation
OBusiness Entity	-							
OIndividual	Date Received	Event #		Aggregate Value fo	or this Event	-		
O Sole Proprietorship								
Name of Donor	<u> </u>					1		
Street Address			City	**			State	Zip Code
Donation Given By:	Description of Donation	A				Fair I	darket Val	ue of Donation
Business Entity	Brayingtion of Bonation					Yau i	vaniet van	ut of Donation
O Individual	Date Received	Event #	Aggregate value for this		r this Event	_		
O Sole Proprietorship								
		SUBI	'OTAL Section	L4—This Page	200.00			
		тота	L of additional	Section L4 Page	es :			
TOI	AL OF ALL IN-KIND	DONATIONS NOT CO	NSIDERED CO	ONTRIBUTION	is			
		(Enter total on Line 21, C	olumu A of Sum	nary Page Total	8)			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Prov	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REF	PORT	
Big Steve Tracey for Ma	*				7th Day Pr		Election
L5. I	n-Kind Donations Not Considered	d C	Contributions Associa	ted with a I	Iouse Part	y .	
Name of Host				committee?)	e candidate or endum L5
Street Address			City	<u> </u>		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 ha	st/candidate			
Name of Host				committee?	supporting mo OYes ONo mplete Itemiza)	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	Ag	gregate Value of all Events—this ho	ost/candidate			
Name of Host				committee?	supporting mo OYes ONo implete Itemiza	0	e candidate or endum L5
Street Address			City	West works or y		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— <i>this he</i>	ost/candidate			
Name of Host				committee?	supporting mo OYes ONo mplete Itemiza	3	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 he	ost/candidate			
SUBTOTAL Section L5 — This Page							
			AL of additional Section				
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Lin		ONSIDERED CONTRI 22, Column A of Summary				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Registered with	Filing Repository)		+	REPORT	i valgoria de grando de la selección de la Calenda de Agrigió Maior de la companio de la companio Maior de la companio
Big Steve Tracey for Mayor				/th Day	y Preceding I	=lection
		M. In-Kind Contr	ibutions			
Name						
Street Address		Ci	у			State Zip Code
T. Constitute Committee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		
Type of contributor: Committee O Individual / Sole Proprietorship Other		Aggregate Communications	Distription of the Color	Commission		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		excess of \$400 to a candidate business he/she is associated \$5,000?				Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes,	ator a principal of a state cont indicate which branch or br comment the contract is with:			ONo	
Name						
Street Address		Ci	ty			State Zip Code
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		
OIndividual / Sole Proprietorship OOther						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		n excess of \$400 to a candida r business he/she is associated n \$5,000?				Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes,	ttor a principal of a state cont indicate which branch or br ernment the contract is with:		_	ON₀	
Name					L	
Street Address		Ci	ty			State Zip Code
	.		In the second	0		
Type of contributor: Ocommittee Olndividual / Sole Proprietorship Oother	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		n excess of \$400 to a candida business he/she is associated n \$5,000?				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,	ntor a principal of a state cont indicate which branch or br transent the contract is with:	ractor or prospective stanches Executive	_	O _{No}	
3,000			ction M — This Pa	ge		
		in the Design of the Control of the Section 1995 (Section 1995)	onal Section M Pag			
TOTAL OF ALL IN-KIND CON	TRIBUTIONS (1	Enter total on Line 23, Colum	ı A of Summary Page T	otals)		
	N. Refun	dable Deposit to Tel	ephone Compa	ny		
Last Name of Individual		First			МІ	Date Deposit Made
Residential Street Address	AMPARA .	City		State	Zip Code	Amount of Deposit
Name of Telephone Company		1		1		
Street Addrage		City	LLL LLOUR DELIVER DELI	State	Zip Code	_
Street Address		City		DIRIU	MIP COUC	
TOTAL SI	ECTION N (Enter	total on Line 24, Column A	of Summary Page Tol	als)		1

SEEC FORM 20 Resised January 2015

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TY	PE OF REPORT			
Big Steve Trace	y for Mayor		7tl	n Day Precedin	g Electio	n	
	P. Expenses	Paid by Committee					
Name of Payee			Date	of Payment	Method of	Payment:	
Spectrum			10)/24/19	O Check		
Street Address		City			O Debit State	Card OEFT Zip Code	
95 Eddy Road,	Suite 101	Manchester			NH	03102	
			Event #				
Purpose of Expenditure (by code) A-DM	Description Campaign Mailer		Event #		4,172	Amount .00	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	e) Indepen	ndent	Эв Ос О р			
Name of Payee			Date	of Payment	Method of I	=	
Spectrum			10	/9/2019	Check # Debit Card EFT		
Street Address		City			State Debit	Card	
95 Eddy Road, S	Guite 101	Manchester			NH	03102	
Purpose of Expenditure	Description		Event #			Amount	
(by code) A-WEB Digital Ads					1,682.75		
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) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization A B C D							
Name of Payee				of Payment	Method of		
Spectrum			10	/9/2019	Check O Debit		
Street Address	Legislatic description of the control of the contro	City			State	Zip Code	
95 Eddy Road, S	Suite 101	Manchester			NH	03102	
Purpose of Expenditure	Description		Event #	Event #		Amount	
(by code) A-DM	Campaign Mailer				4,172.60		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the	re) Indeper	ndent	<u>) </u>	ļ		
Name of Payee			Date	e of Payment	Method of	-	
Spectrum			10	0/17/2019	O Check		
Street Address		City			O Debit State	Card	
95 Eddy Road,	Suite 101	Manchester			NH	03102	
Purpose of Expenditure	Description		Event #	·····		Amount	
(by code) A-DM	Campaign Mailer				4,172	.55	
Expenditure # (if upplicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	e) [Indepen	ndent	Ов Ос ∩ р			
	S	UBTOTAL Section P —	– This Pag	e 14199,90			
	TO	TAL of additional Secti	on P Page	s 18095.78			
	TOTAL OF ALL EXPE	NSES PAID BY CON		∵ Lazzma oo			
	and the same of the same on Thire	, seeming any manually		-, ,			

Section P. ADDITIONAL PAGE 13a of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Big Steve Trace	y for Mayor				7th Day Preceding	g Election	า	
	P. Expenses	Paid by Cor	nmittee	,				
Name of Payce					Date of Payment	Method of P	-	
Spectrum					10/1/2019	Check Debit (
Street Address		City				State	Zip Code	
95 Eddy Road, S	Suite 101	Mancheste	r,			NH	03102	
Purpose of Expenditure (by code)	Description			Event #	1		Amount	
A-DM	Campaign Mailer					4,172.	30	
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un	less "None of th	e below" is a	checke	d)	.,		
	None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure		Independ	lant				
	Coordinated without reimbursement sought (in-kind contri				A OB OC OD			
Name of Payee					Date of Payment	Method of P	•	
Spectrum]	10/17/2019	O Check O Debit (
Street Address		City				State	Zip Code	
95 Eddy Road, Suite 101 Manchester					NH	03102		
Purpose of Expenditure (by code)	Description			Event #	ŧ	Amount		
A-WEB Online Campaign Ads						1,682.75		
Expenditure # Type of Expenditure (Hemization in Addendum P Required unless "None of the below" is checked)								
(ly approxime)	None of the below (does not involve another candidate or com		> 1					
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization Organization Organization								
						Method of P	•	
Shore Publishing	9				10/14/19	Check # Debit Card		
Street Address		City		L		State	Zip Code	
724 Boston Pos	Road, #202	Madison				CT	06443	
Purpose of Expenditure (by code)	Description			Event #	į	Amount		
A-NEWS	Campaign Ad					750.00		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of th	ie below" is	checke	ed)	700.0	•	
(if applicable)	None of the below (does not involve another candidate or co		~					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control		Organiza		A OB OC OD			
Name of Payee			Organiza	1	Date of Payment	Method of P	ayment:	
Shore Publishing	3			l	10/21/19	O Check		
Street Address		City		1		O Debit (Card	
724 Boston Post	: Road, #202	Madison				CT	06443	
Purpose of Expenditure	Description	•		Event #	4		Amount	
(by code) A-NEWS	Campaign Ad					750.00		
Expenditure #	Type of Expenditure (Hemization in Addendum P Required un	iless "None of th	e below" is	checke	d)	730.00		
(if applicable)	None of the below (does not involve another candidate or con	mmittee)	_					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri		Independ	_	u			
					A OB OC OD			
	S	UBTOTAL S	ection P —	- This	Page 7355.35			

Section P. ADDITIONAL PAGE 13b of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Big Steve Trace	ey for Mayor			7th Day Preceding Election			
	P. Expenses	Paid by Committee	;				
Name of Payee				Date of Payment	Method of I	•	
JC Design				10/3/19	O Check		
Street Address		City	L		State	Zip Code	
454 Main Street		East Haven			СТ	06512	
Purpose of Expenditure (by code)	Description		Event #			Amount	
A-Sign	Candidate Signs				1,810.50		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	mmittee)	ndent ationOA	а Ов Ос Ор			
Name of Payee		-		Date of Payment	Method of Payment: O Check #		
Facebook 10/2/19						" Card © EFT	
Street Address		City			State	Zip Code	
1 Hacker Way Menlo Park					CA	94025	
Purpose of Expenditure (by code) A-WEB Campaign Ads					Amount		
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization A B C D D							
Name of Payee Date of Payment						Payment: #193	
Minuteman Pre	ss			10/15/19	● Check # 123 ● Debit Card ● EFT		
Street Address		City			State	Zip Code	
330 Main Street	t	East Haven			СТ	06512	
Purpose of Expenditure (by code)	Description Candidate Literature		Event #		Amount 880.32		
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	numittee) re) Indepen	ndent	d) A OB OC OD			
Name of Payee			-	Date of Payment	Method of I	•	
Conquest Comr	munications Group		***************************************	10/17/19	O Debit		
Street Address		City	i		State	Zip Code	
2812 Emerywoo	od Pky., Ste 103	Richmond			VA	23294	
Purpose of Expenditure (by code)	Description Candidate Survey		Event #		4,655.	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	nunittee) (e) O Indepen	ndent _	() <u>a Ob Oc Od</u>			
	S	SUBTOTAL Section P -	– This I	Page 7361.23			
	· · · · · · · · · · · · · · · · · · ·	- 101 Mar -		-			

Section P. ADDITIONAL PAGE 13c of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Big Steve for Ma	ayor			7th Day Precedin	g Electio	n	
	P. Expenses	Paid by Committee	;				
Name of Payce				Date of Payment	Method of I	-	
Joseph Zullo				10/15/19	Check		
Street Address		City			State	Zip Code	
2 Lisa Lane		East Haven			CT	06512	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
REF	Purchase of 5 laptop computers for campa	aign headquarters			4 101	Λo	
Expenditure #	Type of Expenditure (Hemization in Addendum P Required un	iless "None of the below" is	checke	ed)	1 ,191.	00	
(if applicable)	None of the below (does not involve another candidate or con						
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control			A OB OC OD			
Name of Payee				Date of Payment	Method of F	•	
Anedot				10/21/19	O Check		
Street Address		City	•	***************************************	State	Zip Code	
1920 McKinney Avenue, 7th Floor Dallas				TX	75201		
Purpose of Expenditure (by code)						Amount	
BNK	Fee associated with online donation platfor	rm			4.30		
Expenditure # (if applicable)	1						
in themself	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure		dans				
Name of Payee Date of Payment						ayment:	
Stop and Shop				10/07/19	Check		
Street Address		City			State	Zip Code	
370 Hemingway	Avenue	East Haven			СТ	06512	
Purpose of Expenditure	Description		Event	#		Amount	
(by code) POST	Stamps for campaign letters				110.0	'n	
Expenditure #	Type of Expenditure (Hemization in Addendum P Required to	nless "None of the below" i.	s check	ed)	110.0		
(if applicable)	None of the below (does not involve another candidate or co	ommittee)					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con		_	DA OB OC OD			
Name of Payee				Date of Payment	Method of I	Payment:	
24 Hour Wristba	inds.com			10/15/2019	O Check		
Street Address		City		<u></u>	O Debit	Zip Code	
14550 Beechnu	t Street	Houston			TX	77083	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
A-OTH	Resuable bags for campaign giveaways				636.38	3	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	tless "None of the below" is	checke	ed)			
iii wyymasiney	None of the below (does not involve another candidate or co		idant				
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	· ·	_)a Ob Oc Od			
	S	SUBTOTAL Section P –			-		

SEEC FORM 20 Bished January 2015

Section P. ADDITIONAL PAGE 13d of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF RE	TYPE OF REPORT			
Big Steve Tracey	y for Mayor		7th Day F	Preceding	g Election	n	
	P. Expenses	Paid by Committee					
Name of Payee Facebook			Date of Paymen 10/15/19	ię	Method of P Check Debit G	#	
Street Address		City			State	Zip Code	
1 Hacker Way		Menlo Park			CA	94025	
Purpose of Expenditure (by code)	Description		Event #			Amount	
A-WEB	Campaign Ads				50.00		
Expenditure # (if applicable)	Type of Expenditure (Hemization 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 contri	nmittee) i Independ	ent ionOA OB O				
Name of Payee			Date of Paymen	it	Method of Payment:		
Stop and Shop			10/20/19		O Check #O Debit Card		
Street Address City					State	Zip Code	
370 Hemingway Avenue East Haven				СТ	06512		
Purpose of Expenditure (by code)			Event #			Amount	
POST Stamps for campaign letters					110.0	n	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is c	hecked)		110.0	.	
(if applicable)	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri) Independ	ent iorOAOBO6	с Ов			
Name of Payee			Date of Paymen		Method of Payment:		
AT+T			10/17/19		○ Check # ○ Debit Card ● EFT		
Street Address		City			State	Zîp Code	
208 S. Akard Str		Dallas			TX	75202	
Purpose of Expenditure (by code) APHBNK	Pre-paid minutes for phones at headquarte		Event #		Amount 53.76		
Expenditure # (i) applicable)	Type of Expenditure (Itemization in Addendum P Required un	uless "None of the below" is	checked)				
	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure)	re) Indepen		_			
	Coordinated without reimbursement sought (in-kind cont	ribution) Organiza	tion OA OB O Date of Paymen	С Ор	3.1.4		
Name of Payee					Method of Payment: O Check #		
AT+T			10/24/19		O Debit (
Street Address		City			State	Zip Code	
208 S. Akard Str	eet	Dallas			TX	75202	
Purpose of Expenditure (by code)	Description		Event #			Amount	
APHBNK	Pre-paid minutes for phones at headquarte	ers			21,85		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D						
•	SUBTOTAL Section P — This Page 235.61						

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT			
Big Steve Trace	7th Day Precedin	7th Day Preceding Election					
	P. Expenses	Paid by Committee	·				
Name of Payee			Date of Payment	Method of Payment:			
AT+T			10/24/19	O Check			
Street Address		City		State	Žip Code		
208 S. Akard Str	reet	Dallas		TX	75202		
Purpose of Expenditure (by code)	Description		Event #		Amount		
APHBNK	Pre-paid minutes for phones used at head	quarters		53.76			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)]			
	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure		dant				
	Coordinated with reimbursement sought (in-kind contri		tionOA OB OC OD				
Name of Payce Date of Payment				Method of Payment:			
Dunkin Donuts			10/24/19	○ Check # ○ Debit Card ● EFT			
Street Address		City	***************************************	State	Zip Code		
320 Main Street East Haven				СТ	06512		
Purpose of Expenditure (by code)	Description		Event #		Amount		
FOOD	Coffee brought to seniors when campaign	visited		64.37			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required um	less "None of the below" is a	checked)				
13 143	None of the below (does not involve another candidate or con		lout				
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	. • • •			:		
Name of Payee			Date of Payment	Method of P	•		
Petonito's Pastry	y Shop		10/24/19	Check # Debit Card			
Street Address		City		State	Zip Code		
190 Main Street		East Haven	СТ	06512			
Purpose of Expenditure (by code)	Description		Event #	,	Amount		
FOOD	Cookies brought to seniors when campaign	n visited		274.00			
Expenditure #	Type of Expenditure (Ilemization in Addendum P Required un	iless "None of the below" is	checked)	2/4.0	U		
(if applicable)	None of the below (does not involve another candidate or co	numittee)					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)		ation OA OB OC OD				
Name of Payee			Date of Payment	Method of P	*		
Dunkin Donuts			10/25/19	O Check			
Street Address		City		State	Zip Code		
320 Main Street		East Haven		СТ	06512		
Purpose of Expenditure	Description		Event #		Amount		
(by code) FOOD	Coffee brought to seniors when campaign	visited		32.18			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						
u approunes	(f applicable) None of the below (does not involve another candidate or committee)						
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri		tion OA OB OC OD				
	ic		•				
SUBTOTAL Section P — This Page 424.31							

SEEC FORM 20 Revised January 2018

Section P. ADDITIONAL PAGE 13f of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Big Steve Trace	y for Mayor			7th Day Preceding Election			
	P. Expenses	Paid by Commi	ttee				
Name of Payee Quickbase Inc.				Date of Payment 10/16/19	Method of I	:#	
Street Address		City		<u> </u>	O Debit	Zip Code	
150 Cambridge	Park Drive	Cambridge			MA 02140		
Purpose of Expenditure (by code) MISC	ode)					Amount 638.10	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	nmittee)	w" <i>is checke</i> lependent ganization		-		
Name of Payee				Date of Payment	Method of Payment:		
Anedot 10/16/19					O Check # Debit Card EFT		
Street Address	Street Address City			-	State	Zíp Code	
1920 McKinney Avenue, 7th Floor Dallas					TX	75201	
Purpose of Expenditure (by code) BNK	Fee associated with online donation platfor	rm	Event	#	Amount 42.90		
Expenditure # (if applicable)	Type of Expenditure (Hemization 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)	lependent	d) A ○ B ○ C ○ D			
Name of Payee				Date of Payment	Method of F	•	
Anedot				10/7/19	Check # Debit Card ©EFT		
Street Address		City			State	Zip Code	
	Avenue, 7th Floor	Dallas				75201	
Purpose of Expenditure (by code) BNK	Fee associated with online donation platfo	rm	Event	#	Amount10.30		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the belo	ow" is check	ed)	10.00		
1	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) O In	dependent ganization	Ол Ов Ос Ор			
Name of Payee			<u> </u>	Date of Payment	Method of I	•	
AT+T				10/25/19	O Check	_	
Street Address		City		14-14-14-14-14-14-14-14-14-14-14-14-14-1	State	Zip Code	
208 S. Akard St	reet	Dallas			TX	75202	
Purpose of Expenditure (by code) APHBNK	Prepaid minutes for phones used in heado	quarters	Event	#	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the belo	w" is checke	ed)			
	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control Coordinated with reimbursement sough	e) One	dependent ganization.) <u>a Ob Oc Od</u>			
	s	UBTOTAL Section	P — This	Page 702.52			

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Section P. ADDITIONAL PAGE 13g of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Big Steve Tracey for Mayor 7th D				g Election
	P. Expenses	Paid by Committee		
Name of Payee Facebook			Date of Payment 10/25/19	Method of Payment: Check # Debit Card DEFT
Street Address		City		State Zip Code
1 Hacker Way		Menlo Park	Event #	CA 94025
Purpose of Expenditure (by code) A-WEB	Online ads	Amount 75.00		
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required um None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	mmittee)	·	75.00
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card © EFT
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 und None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	ennittee)	dent	
Name of Payee		The Theorem	Date of Payment	Method of Payment: O Check # O Debit Card O EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	mmittee)	ndent	
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card © EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nunittee)		
	S	UBTOTAL Section P -	-This Page 75.00	

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repositor	y)	TYPE OF REPORT				
Big Steve Tracey	for Mayor		7th Day Precedi	7th Day Preceding Election			
	Q. Campaign Ex	penses Paid by Cand	idate				
Name of Payee (Name of V	endor, Person or Entity who vandidate paid directly)		Date of Payment	ls reiml	oursement claimed?		
					Yes O No		
Street Address		City		State	Zip Code		
	9-10-11-10-11-10-11-10-11-11-11-11-11-11-		17 . 1		<u> </u>		
Purpose of Expenditure (by code)	Description		Event #		Amount		
		!					
Name of Payee (Name of P	endor, Person or Entity who candidate puid directly)		Date of Payment	ls reimi	bursement claimed?		
					Yes O No		
Street Address	Auditoria (Maria Auditoria)	City		State	Zip Code		
					-		
······			l		1		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Name of Payee (Name of 1	'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?		
					Yes O No		
Street Address		City		State	Zip Code		
	Y		D 4				
Purpose of Expenditure (by code)	Description		Event #		Amount		
Name of Payee (Nume of V	lame of Payee (Nume of Vendor, Person or Entity who candidate paid directly)			Is reim	bursement claimed?		
					Yes O No		
Street Address		City		State	Zip Code		
	Y		l'n '. "		<u> </u>		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	ls reiml	bursement claimed?		
					Yes O No		
Street Address		City		State	Zip Code		
	La		Event #	-	Amount		
Purpose of Expenditure (by code)	Description		Even #		Amoun		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	fs reim	bursement claimed?		
				0	Yes O No		
Street Address		City		State	Zip Code		
			Event #		Amount		
Purpose of Expenditure (by code)	Description		EACH 4		Amount		
		SUBTOTAL Section Q -	- This Page				
		V-10 2/11/ SUCHOR V					
	Till state of the	OTAL of additional Section	on Q Pages				
		PENSES PAID BY CA					
tativ – spjakh	(Enter total on L	ine 26, Column A of Summarj	Page Totals)				

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repositor)		TYPE OF REPO	RT	
Big Steve Tracey		· · · · · · · · · · · · · · · · · · ·	7th Day Pred		ion
	R. Expenses Incurre	ed on Committee Cre	edit Card		
Name of Issuing Instit		Type of Credit Card:			
		O Visa O Master (Card ODiscover OA	American Express	Other:
Name of Vendor, Person o	r Entity			Date of T	ransaction
	NATURE AND ADDRESS OF THE ADDRESS OF	Lav			7'-0-1-
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	•	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind of	diture)	is checked) endent ization (A O B OC	O D	
Name of Vendor, Person o	r Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind of the coordinated)	diture) O Indep	is checked) endent ization: A B C	ОР	
Name of Vendor, Person o	r Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind of the coordinated)	diture) Indep	is checked) endent ization: OA OB OC	Ор	
		SUBTOTAL Section R —	This Page		
	то	TAL of additional Section	n R Pages		
то	TAL OF ALL EXPENSES INCURRED ON (Enter total on Li	COMMITTEE CREI ne 27, Column A of Summary	OIT CARD Page Totals)		
			1		

NAME OF COMMIT	TEE (Provide Complete Name as Registered with	r Filing Repository)	TYPE OF REPORT		
Big Steve Trace		- 2	7th Day Prece	eding Electi	on
3 -1-1-2 11-3-0		ed by Committee but Not P			
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred timate or Actual)
Expenditure # (If applicable)	Type of Expenditure (Itemization in Adden- None of the below Coordinated with reimbursement sou Coordinated without reimbursement	ught (joint expenditure)	elow" is checked) Independent Organization: A B C (O Þ	
Name of Creditor				Date Incui	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)
Expenditure # (sf applicable)	Type of Expenditure (Itemization in Adden None of the below Coordinated with reimbursement sou Coordinated without reimbursement	ught (joint expenditure)	elow" is checked) Independent Organization: A B C (O P	
Name of Creditor				Date Incu	ned
Street Address	Laboret Laboret	City	10000	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)
Expenditure # (If applicable)	Type of Expenditure (Itemization in Adden None of the below Coordinated with reimbursement so Coordinated without reimbursement	ught (joint expenditure)	Independent	O Þ	
		SUBTOTAL Se	ction S-This Page		
		TOTAL of addition	al Section S Pages		
TOTAL OF ALL	EXPENSES INCURRED BY COMM	AITTEE DURING THIS PERIOI (Enter total on Line 28, Column A of .	O BUT NOT PAID Summary Page Totals)		
	Previousl	y reported Expenses Unpaid and	still Outstanding		
	TOTAL OF ALL EXPENSE ()	ES INCURRED BY COMMITTE Enter total on Line 28a, Column A of S	E BUT NOT PAID Summary Page Totals)		

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Reposit	ory)			PE OF RE				
Big Steve Tracey	for Mayor			7th	ו Day P	receding	g Election	n	
	T. Itemization of Reim	bursements	and Secon	dary Pay	yees				
Last Name of Worker/Cons	ruliant	First				Mi		Payment to Ven or Entity	dor,
Name of Vendor, Person of	Entity Paid by Committee Worker/Consultant	_1	waa			Section P:	_	Worker/Consult	tant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			•	, v	State	Zip Code	
Purpose of Expenditure (by code)	Description	•	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-kit)	penditure)	O Indepe		0 0) () () () ()			
Last Name of Worker/Con	sultant	First				Mì		Payment to Ver or Entity	idor,
Name of Vendor, Person o	Entity Paid by Committee Worker/Consultant					n Section P;	_	Worker/Consul	itant 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-kit)	spenditure)	O Indep	is checked) endent O	0 (
Last Name of Worker/Con	sultant	First				MI		f Payment to Ver or Entity	ndor,
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant		4100-11-7			in Section P:	_	e Worker/Consu	itant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		<u> </u>		Amount	
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditured Coordinated Without reimbursement sought (in-k	spenditure)	O Indep	is checked) endent O	0 () () ()			
		SUBTOTA	L Section T	— This Pa	ige				
		TOTAL of	dditional Sec	tion T Pa	ges				
TOTAL OF ALI	REIMBURSEMENT TO COMMITTER	E WORKERS	AND CON	SULTAN	TS				
					124 mg				