### **SEEC FORM 20**

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

RECEIVED EAST HAVEN, CT.

Page 1 of 17

2021 MAR -4 P 3: 08

Macy Prowing CLERK Do Not Mark in this Spice For Official Use Only

#### **COVER PAGE**

1. NAME OF COMMITTEE									
Carfora 2019								· · · · · · · · · · · · · · · · · · ·	
2. TREASURER NAME									
First		MI	Last						Suffix
Richard			Esposito						
3. TREASURER ADDRESS									
Street Address			City				State	Zip C	
56 Morgan Ave			East Havei	n ————		*****	СТ	065	12
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	only if Candid	ate Com	mittee)				RICT NUMBER
(mm/dd/yyyy) 11/05/2019	Mayor							(if applicable	) 
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)							
First		MI	Last						Suffix
Joeseph			Carfo	ora					
8. TYPE OF REPORT (Check One Box)				Timer			. 1315 1414 11	)	
O January 10 filing	7th day preced	Jing primary	<b>O</b> 7	th day	preceding referend		Initial Cor		r Disbursement
O April 10 filing	O30 days follow	ving primary	O4	5 days	following referend	um _	Amendme		
July 10 filing	O7th day preceding electio		OD	eficit		Т	Type of Re	port:	
October 10 filing	12th day prece		1 <b>O</b> T	Termination					
O24 Hour Independent Expenditure Primary Election	O45 days follow not held in No								
9. PERIOD COVERED							13 (A. 18 19)		
	Beginning Da	te			Ending Date				
	01/01/2020	<del> </del>	thru	12/	/31/2020				
10. CERTIFICATION				41.F.					
I hereby certify and state, under p Disclosure Statement for the pe						on this Ite	mized Ca	mpaign F	inance
Genthal CognA		R	Richard Esp	oosito				3/21	[20;21
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	P	RINT NAMI	E OF SI	GNER		-	DATE (	mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

#### **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) Carfora 2019	TYPE OF REPORT TERMINATION	
Candia 2019	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00
12. Balance on hand at the beginning of Reporting Period	1508.79	
13. Contributions Received from Individuals (Sections A and B)	2600.00	2600.00
14. Receipts from Other Committees (Sections C1 and C2)	2500.00	2500.00
15. Other Monetary Receipts (Sections D through K)	0.00	0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	5,100.00	5,100.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	6,608.79	6,608.79
19. Expenses Paid by Committee (Section P)	6,608.79	6,608.79
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	0.00	0.00
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)		TYPE OF REPORT		with weathers in	
Carfora 2019			TERMINATION			
A. Total Contributions from ST (See instructions for definition of Small C		ed this Period ONLY SUBTOTAL SECTION A	\$	·········		
	B. Itemized Cor	ntributions from Indivi	duals			
Last Name LUZZİ		First Claire			MI	
Residential Street Address		City		State	Zip Code	
434 Thompson ave		East Haven		CT	06512	
Principal Occupation		Name of Employer				
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?			/, Amo	unt of Contribution	
	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac		_ O No			
Method of Contribution:  Cash Personal Check Credit/Debit Ca	ard OPayroll Deduction OMoney	Date Received   Order   09/27/2020	Aggregate Contributions			
Last Name		First			MI	
Luzzi		Michael				
Residential Street Address		City		State	Zip Code	
3 Whalers Point		East Haven		СТ	06512	
Principal Occupation Attorney	·	Name of Employer Self				
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 t	o a candidate for a chief executiv	e officer of a municipality	, Amo	unt of Contribution	
or dependent child of a lobbyist?   No	does contributor or business he/she valued at more than \$5,000?	is associated with have a contract  Yes No	with said municipality	100	0.00	
~	Yes Is contributor a principal of a solution of government the contract		te contractor?  O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order 09/28/2020	1000.00			
Last Name Deiso		First			MI	
Residential Street Address		Rose		F 64-4-	Tz:- C1-	
17 Taylor PI		Branford		State CT	Zip Code 06405	
Principal Occupation		Name of Employer			100403	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?			, Amo	unt of Contribution	
	ibution associated with an ed in Section L1?  Yes No Is contributor a principal of a state contractor or prospective state con					
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Ca	ard OPayroll Deduction OMoney	Order 09/30/2020	600.00			
	SUBT	OTAL Section B — This	Page 2600.00			
		of additional Section B l				
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections A 13, Column A of Summary Page				

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

NAME OF COMM Carfora 2019	ITTEE (Provide Complete	Name as Registered	with Filing Reposi	tory)	va Haginesi		TYPE OF REPORT TERMINATION			
			Ton tuilbutio	na from O	bar Can	<del> </del>				
Name of Committee			onnibuno	ins from O	Name of Tr				emski je spejenski	
	nocratic Town Comi	mittee			Richard	Esposito				
Address PO Box 120446				Is this contri	ed in Section	iated with an L1? s, list Event #	OYes ONo	Amount o 2500.00	Contribution	
City		State	Zip Cođe	Date Rece			te Contributions	_		
East Haven		ст	06512	10/09/2	2020	2500.	00			
Name of Committee					Name of Tr	easurer				
Address				Is this contri event reporte	ed in Section	L1?	O Yes ONo	Amount o	f Contribution	
City		State	Zip Code	Date Rece			te Contributions			
Name of Committee				1	Name of Tr	reasurer				
TARING OF COMMINIES					ATOMIN OF TH	- Canelas VI				
Address Is this contribution associate event reported in Section If yes,						L1?	Yes No	Amount o	f Contribution	
City		State	Zip Code	Date Rece			te Contributions			
: .	C2. Re	eimbursemer	its or Surpl	lus Distribi	itions fro	om other	Committees			
Name of Committee		<del></del>			Name of Ti					
Address				City	i			State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type		•				Amoun	of Receipt	
		OReimburser	nent for shared o	expense OS	urplus Distri	ibution				
Description			··········							
					lar co					
Name of Committee					Name of Ti	reasurer				
Address				City				State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type						Amoun	of Receipt	
	19 apparations	O Reimburs	sement for share	d expense C	Surplus Dis	stribution			•	
Description	1	•								
			SUBTO	TAL Sectio	n C — Ti	bis Page	2500.00			
			TOTAL	of additiona	l Section	C Pages	2500.00			
		ALL COMMIT C1 + C2) (Enter					2500.00			
	•	· · · · ·			· · · · · · · · · · · · · · · · · · ·		-			

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Reposito	ory)			YPE OF F	CDI OKI	
Carfora 2019		T	3 41 4 35 4 3		ERMINA	ATION	
Name of Lender	D. Loans	Receive	ed this Period Source of Loan:				Date of Description
Name of Lenuci			OBank O Candi	lidate 🔘 I	ndividual	Committee	Date of Receipt
Street Address	City			S	tate	Zip Code	Is there a Cosigner or Guarantor of this loan?  O Yes O No
Name of Cosigner/Guarantor (if applicable)	•			•			Amount Received
Street Address	City				State	Zip Code	
Name of Lender	<b>F</b>		Source of Loan:  Bank Cand	lidate 🔘 I	ndividual	Other Committee	Date of Receipt
Street Address	City			5	State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: OBank Cand	lidate 🔘	ínđividual	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 <i>(if applicable)</i>							Amount Received
Street Address	City				State	Zip Code	
			TOTAL SECTI	ION D			
E. Receipts from Entities other th	nan Indiv	iduals (	or Other Comn	nittees	(Referen	dum Committe	es ONLY)
Name of Entity							
Street Address				Date Re	ceived		Amount Received
City		State	Zip Code	Aggreg	ate Contrib	utions	
Name of Entity							
Street Address			<u> </u>	Date Re	ceived		Amount Received
Sity			Zip Code	Aggreg	ate Contrib	utions	
Name of Entity		[		<u> </u>			<u> </u>
Street Address				Date Re	ceived	***************************************	Amount Received
City		State	Zip Code	Aggreg	ate Contrib	utions	
			TOTAL SECT	ION E			

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

NAME OF COMMITTEE (P	Provide Complete Name as Regis	tered with Filing R	(epository)		TYPI	OF REPORT		
Carfora 2019					TER	MINATION		
F. A	mount Transferred	from Affil	iated Bu	siness Treasury (Busine	ss Ent	ity Committees ONLY)		
Date of Receipt	Is this transaction assoc event reported in Section		OYes No	If yes, list Event#		Amount		
Date of Receipt	Is this transaction assoc event reported in Section		Syes No	If yes, list Event#		Amount		
Date of Receipt	Is this transaction assoc event reported in Section		8Yes No	If yes, list Event #		Amount		
Date of Receipt	Is this transaction assoc event reported in Section		8Yes No	If yes, list Event #		Amount		
				TOTAL SECTION	F			
G. Amount Tran	sferred from Affilia	ted Labor	Union o	r Other Organization	Treas	ury (Organization Committees ONLY)		
Date of Receipt		Date of Receipt	•			Date of Receipt		
Amo		A	mount		Amount			
				TOTAL SECTION (	; ;			
H.	. Personal Funds of	the Candid	date Rec	eived this Period (Can	didate (	Committees ONLY)		
Date of Receipt	Method of payment:					Amount		
	<b>O</b> Cash	O F	Personal Che	eck Credit/Debit C	ard			
Date of Receipt	Method of payment:			,		Amount		
	<b>○</b> Cash	O F	Personal Che	eck Credit/Debit C	ard			
Date of Receipt	Method of payment:					Amount		
	<b>O</b> Cash	O	Personal Che	eck Credit/Debit C	ard			
Date of Receipt	Method of payment:					Amount		
	O Cash	O F	Personal Che	eck Credit/Debit C	ard			
				TOTAL SECTIO	NΗ			
				The second secon				
		I. An	onymou	s Contributions				

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.

Herised January 2015	I. WONE IAKT RECEIFT	5 (Sections A-K)		* "Bt / VI I /
NAME OF COMMITTEE (Provide Complete Na.	me as Registered with Filing Repository)	TYPE OF	REPORT	
Carfora 2019		TERMINA	ATION	
	J. Interest from Deposits in Author	orized Accounts		
Name of Institution		Date Receiv	ed	Amount
Street Address	City	State	Zip Code	
			,	
Name of Institution		Date Receiv	ed	Amount
	Lan			
Street Address	City	State	Zip Code	
	<b>T</b> O	TAL SECTION J		
K. Mis	cellaneous Monetary Receipts not C	Considered Contributi	ons	
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description	I			
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
	TOTAL	SECTION K		
SUMMAR	Y OF OTHER MONETARY RECE	EIPTS (Sections D thr	ough K)	
Total Loans Received this Period (Section 1)	on D)			
Total Receipts from Entities other than	Individuals or Other Committees (Section E	+		
Total Amount Transferred from Affilia	ted Business Treasury (Section F)	+		
	ted Labor Union or Other Organization Tre			
	Candidate Received this Period (Section H)			**************************************
Total Amount of Interest from Deposits		+		
Total Miscellaneous Monetary Receipts	not Considered Contributions (Section K)	t hou Manatowy Dagains		
(Add S	1 Otal Of Ot ections D through K) <i>(Enter total on Line 15, Co</i>	her Monetary Receip Lumn A of Summary Page Total		

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

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	. :					
Carfora 2019	,	· · · · · · · · · · · · · · · · · · ·	TERMINATION						
	L1. Even	t Information							
Event # Date of Event Letter	Description			Was this a fi	undraising event?				
Location: Street Address		City		State	Zip Code				
Subpart 1: (All Committee Was this event hosted at	•		.5 In-Kind Donations I use Party and complet st(s) for food, beverage	te required info	ormation 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.)  O 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 Red O No	ceipts here.)	\$					
Subpart 2: (Party Comn Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L	o Committees) .3 Purchases of Advert plete required inform		a Program Book				
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Re	ceipts here.)	\$					
Event # Date of Event Letter	Description		·	Was this a fo	undraising event				
Location: Street Address		City		State	Zip Code				
Subpart 1: (All Committee Was this event hosted at	•		.5 In-Kind Donations a use Party and complet st(s) for food, beverage	te required info	ormation for any				
	le goods or services donated by a business entity nated by an individual of up to \$100?								
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Re	ceipts here.)	\$					
Subpart 2: (Party Comn Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	Yes (If yes, go to Section I	Committees) 3 Purchases of Adveruplete required inform		a Program Book				
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	ceipts 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 Commi</i> ipts from Food Purchases —	ittees ONLY) This Page						
		TOTAL of additional Section	n L1 Pages						
		IPTS FROM SMALL PU		***************************************					

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

NAME OF COMMITTEE	(Provide Complete Name as Register	ed with Filing Reposito	ny)		TYPE OF REPOR	RT.		
Carfora 2019			·····		TERMINATION			<del>****</del>
	L3. Purchase	s of Advertisi	ig in a Progr	am Book or c	on a Sign			
Name of Purchaser		Services and the service of the serv	<b>6</b>			Purchas	e Made By:	
						( Bus	siness Entity	Other
						Ξ	ividual/Sole P	_
Street Address			City				State	Zip Code
								`
		T		<u> </u>				
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se z	Amount of Si	gn Purchase
Name of Purchaser						Purchase	e Made By:	
					1	_	siness Entity	Other
					1	Ξ	ividual/Sole P	_
Street Address			City			<u> </u>	State	Zip Code
							State	2.10 0000
								:
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purchas	se /	Amount of Si	gn Purchase
Name of Purchaser						Dumbaa	e Made By:	
Name of Fuchaser					1	_	siness Entity	O Other
						=		Other
Street Address			City			<b>O</b> IIIu	ividual/Sole P	Zip Code
Sites Addiess			Chy				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se z	Amount of Si	gn Purchase
N. CD I								
Name of Purchaser							e Made By:	<b>~</b> ~ ~ .
						_	siness Entity	O Other
Street Address			City			<b>U</b> ind	ividual/Sole P	
Sheet Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purchas	se 2	Amount of Si	gn Purchase
3								
Name of Purchaser						_	e Made By:	<u> </u>
						_	siness Entity	O Other
Ct			Lav			lnd	ividual/Sole P	· · · · · · · · · · · · · · · · · · ·
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purchas	se /	Amount of Si	gn Purchase
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in	Program Book –	This Page			
	SUBTOTAL Secti	ion L3 Total Purc	hases of Advert	ising on a Sign -	— This Page			
			TOTAL of	additional Secti	on L3 Pages			
TOTAL	L OF ALL PURCHASES O	F ADVEDTICIN	C IN A PPOCI	RAM ROOK	ON A SICN			
IOIA	o of all i oronases o			n A of Summary				

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

NAME OF COMMITTE	E (Provide Complete Name a	s Registered with Filing Reposit	ory)	TYPE OF RE	PORT	Lane I.	
Carfora 2019				TERMINATIO	ON		
	L <sub>4</sub>	. In-Kind Donation	s Not Consi	dered Contributions			
Name of Donor							· · ·
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair I	/Iarket V	alue of Donation
Business Entity							
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
O doie Trophecoismp							
Name of Donor							
						State	
Street Address			City			Zip Code	
Donation Given By:	Description of Donation				Fair I	Market V	alue of Donation
OBusiness Entity OIndividual							
Osole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor							
St. A Albana			City			Leur	Zip Code
Street Address			City			State	Zip Code
					ł		
Donation Given By:  Business Entity	Description of Donation	,			Fair I	Market V	alue of Donation
O Individual	Date Received	Event #		Aggregate Value for this Event			
O Sole Proprietorship	Date Received	Event #		Aggregate value for titls givent			
Name of Donor							
Name of Dollor							
Street Address			City		······································	State	Zip Code
STATE TRACES			0.1.9				Lip over
Donation Given By:	Description of Donation				17311	<u> </u>	alue of Donation
O Business Entity	Description of Domicion				Fair	viarket v	aine oi Donanon
OIndividual	Date Received	Event #		Aggregate value for this Event	_		
O Sole Proprietorship				·			
					<u> </u>		
			BTOTAL Sec	tion L4 — This Page			
		TO	FAL of addition	nal Section L4 Pages			
тот	FAL OF ALL IN-KIN	D DONATIONS NOT C					
		(Enter total on Line 21,	Cotumn A of S	ummary Page Totals)			
ı							
ı							

NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Filing Repos	sitory)		TYPE OF RE	PORT	
Carfora 2019				TERMINAT	ION	
L5. I	n-Kind Donations Not Consider	red Contributions Associa	ated with a H	Iouse Part	v	
Name of Host	11 - 12 - TO THE MAN PARAMETER AND THE STATE OF THE STATE		Is this event s committee?	supporting me	ore than or	ne candidate or
Street Address		City	1 ** -		State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	nost/candidate			
Name of Host	I		committee?	Supporting me OYes ON mplete Itemize	0	ne candidate or
Street Address		City			State	Zip Code
Description of Donation			***************************************	Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this I	nost/candidate			
Name of Host			committee?		0	ne candidate or dendum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	nost/candidate			
Name of Host		•	committee?	Supporting mo OYes ON mplete Itemize	0	ne candidate or dendum L5
Street Address		City	<u></u>		State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
		SUBTOTAL Section L5 —	This Page			
	T	OTAL of additional Section	L5 Pages			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on I	T CONSIDERED CONTRI Line 22, Column A of Summary				

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

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Repository		: :::::		ТҮРЕ О	F REPO	ORT		
Carfora 2019							TERMIN	IATIO	N		
			M. In-Ki	nd Cont	tri	butions					
Name											
Street Address				10	City					State	Zip Code
					υ.,						
Type of contributor: Committee	Date Recei	ved	Aggregate Cont	ributions		Description of In-Kind (	Contribution	n			1
OIndividual / Sole Proprietorship OOther											
Is contributor a lobbyist, spouse, Yes						for a chief executive of th have a contract wit				Fair N	Jarket Value
or dependent child of a lobbyist? O No		t more than	\$5,000?			OYes ONo		-			Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	If yes,		of a state contractor or prospective state contractor?  branch or branches tract is with:  Executive Legislative							
Name											
Street Address					City	······································				State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship Other	Date Recei	ved	Aggregate Cont	tributions		Description of In-Kind (	Contributio	n			
	If cont	ibution is ir	verses of \$400	O to a candie	date	for a chief executive of	officer of	a munic	rinality	Poin !	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co		business he/sh		ted	with have a contract w					Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	×									
Name											
Street Address					City	r				State	Zip Code
										1	
Type of contributor: Committee	Date Rece	ved	Aggregate Cont	tributions	·····	Description of In-Kind (	Contribution	F1			
OIndividual / Sole Proprietorship Oother										4	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		r business he/sh		ted	e for a chief executive of with have a contract w Yes No					Market Value Contribution
Is this contribution associated with an						actor or prospective sta	ite contrac	tor?	QYes		
event reported listed in Section L1?  If yes, list Event #	O No		indicate which rnment the con			nches  Executive	<b>O</b> Legisla	ative	ONo		
			SUE	STOTAL S	Sec	tion M — This Pag	ge				
			TOTA	AL of addi	itio	nal Section M Page	es				
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS (1	Enter total on Li	ine 23, Colui	mn.	A of Summary Page To	tals)				
	N	Refun	dable Den	osit to T	ele	phone Compan	v				
Last Name of Individual	11	, Lividii		First		Lucus comban	· ·		MI	Date Depos	t Made
Residential Street Address			City				State	Zip C	ode		Amount of Deposit
Name of Telephone Company								<u> </u>			
Street Address			City				State	Zip C	ode		
TOTAL SI	CTION	IN (Enter	total on Line 2	4. Calumn	A 6	f Summary Page Tota	ds)	<u> </u>			····

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

SEEC FORM 20 Revised January 2015

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT TERMINATION			
Carrora 2017	D Eyponsos	Paid by Committee				
Name of Payee	1. Expenses	Taid by Committee	Date of Payment	Method of	Payment:	
DNA Campaigns			11/05/2020	Method of Payment:  O Check #30842 O Debit Card O EFT		
Street Address		City		State	Card OEFT Zip Code	
800 Village Walk #	<b>#248</b>	Guilford		СТ	06437	
Purpose of Expenditure (by code)  CNSLT	Description Event # Final invoice 19-230 Canvass Robo Call Mailer			Amount 5,090.66		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr					
Name of Payee			Date of Payment	Method of	•	
Wix.com			06/30/2020	O Check #O Debit Card		
Street Address	,	Tel AViv, Isreal		State	Zip Code	
Purpose of Expenditure (by code) WEB	Re-occuring web page payment. Services turned off.				Amount	
Expenditure # (If applicable)						
Name of Payee			Date of Payment	Method of	•	
Key Bank				O Check		
Street Address 245 Main St		East Haven		State CT	Zip Code 06512	
Purpose of Expenditure (by code) BNK	Description Bank Fess Incurred		Event #	50.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont					
Name of Payee East Haven DTC			Date of Payment 11/05/2020	Method of Chec	<sub>k #</sub> 30843_	
Street Address		City		State	Zip Code	
PO Box 120446		East Haven		СТ	06512	
Purpose of Expenditure (by code) CNTB	Description Remaining funds RMB to EHDTC				Amount	
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 controlled)	re) O Independ				
		SUBTOTAL Section P —	This Page 6608.79			
	To	TAL of additional Section	on P Pages			
	TOTAL OF ALL EXPE	NSES PAID BY COM				

NAME OF COMMITT	BE (Provide Complete Name as Registered with Filing Reposit	torati dell'alla dell'alla direct	TYPE OF REP	OPT			
Carfora 2019 TERMINATIO					1		
Name of Pavee (Name of V	endor, Person or Entity who candidate paid directly)	xpenses Paid by Cand	Date of Payment	To note	bursement claimed?		
rianic of rayeo (rimine by 7	control, colsen of Zamiy is no community pull threeny)		Date of Tayment		_		
				0	Yes O No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)							
			<u> </u>				
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is rein	bursement claimed?		
				0	Yes O No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		A		
(by code)	Description		EACH #		Amount		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is rein	bursement claimed?		
					Yes No		
Street Address		City		State	Zip Code		
		,		State	Lip Sout		
Purpose of Expenditure (by code)	Description		Event #		Amount		
(.,							
Name of Payee (Name of V	l endor, Person or Entity who candidate paid directly)		Date of Payment	Is rein	ibursement claimed?		
				0	Yes No		
Ct+ A J.J		Lo					
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)							
Name of Pavee (Name of V	  endor, Person or Entity who candidate paid directly)		Date of Payment	In noise	bursement claimed?		
	, comment of the comm		Bute of Tuymon				
				0	Yes O No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)							
N 60 (1/ 61							
ivame of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	ls rein	bursement claimed?		
					Yes O No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)	·		[				
		SUBTOTAL Section Q -	— This Page				
		FOTAL of additional Secti	on Q Pages				
		XPENSES PAID BY CA					
	i Anning in (Enter total on)	Line 26, Column A of Summai	y Page Totals)				

# IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository	9	TYPE OF REPORT	<u> </u>	
Carfora 2019 TERMINATION					
	R. Expenses Incurre	ed on Committee Cre	dit Card		
Name of Issuing Instit		Type of Credit Card:			
		O Visa O Master C	ard ODiscover OAmeric	can Express	Other:
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 Required None of the below Coordinated with reimbursement sought (joint expend	diture) O Indepe			
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 Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	diture) O Indep		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 Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	diture)		D	
	S. S	UBTOTAL Section R —	This Page		
	TO	TAL of additional Section	R Pages		
	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lin	COMMITTEE CRED ne 27, Column A of Summary			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposi	itorul	TYPE OF REPORT	, nie tealig van			
Carfora 2019 TERMINATION							
	S. Expenses Incurred by Co	ommittee but Not P					
Name of Creditor				Date Incu	rred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	Event #			Amount Incurred (Estimate or Actual)		
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-kit)	(penditure)	clow" is checked) Independent Organization: OA OB OC (	O P			
Name of Creditor				Date Incu	rred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kit)	spenditure)	low" is checked) Independent Organization: OA OB OC (	O P			
Name of Creditor	-			Date Incu	rred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #	E .	nount Incurred stimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-kit)	(penditure)	Ilow" is checked) Independent Organization: OA OB OC (	O Þ			
		SUBTOTAL Sec	tion S-This Page	•			
		TOTAL of additions	ll Section S Pages				
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE D (Enter total	URING THIS PERIOD on Line 28, Column A of S					
	Previously reported	Expenses Unpaid and s	till Outstanding				
	TOTAL OF ALL EXPENSES INCURI (Enter total o	RED BY COMMITTEE on Line 28a, Column A of Si					

NAME OF COMMITTE	BE (Provide Complete Name as Registered with Filing Reposito	n3)		TYPI	E OF RE	PORT		. 1911 11 11 11	
Carfora 2019				TERI	TERMINATION				
	T. Itemization of Reim	bursements	and Secondar	гу Рау	ees				
Last Name of Worker/Cons	sultant	First				MI		Payment to V or Entity	endor,
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant	_1		1		n Section P:	_	Worker/Cons	ultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		<u> </u>			State	Zip Code	<u> </u>
Purpose of Expenditure (by code)	Description		Eve	ent #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint expectation) Coordinated without reimbursement sought (in-king)	penditure)	of the below" is ch	nt O	о <sub>в</sub> с	) O D			
Last Name of Worker/Con	sultant	First				МІ		f Payment to V or Entity	endor,
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	1				n Section P:	_	Worker/Cons	ultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		•			State	Zip Code	
Purpose of Expenditure (by code)	Description		Eve	ent#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	penditure)	of the below" is checked of the below" is checked of the below is checked of t	ent O	О С	) () o c o b			
Last Name of Worker/Cor	sultant	First				MI		f Payment to V or Entity	endor,
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant				reported i	to Reimburse in Section P: eck #	_	e Worker/Cons Debit Card	sultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description		Ev	rent #				Amount	
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TOTAL OF ALI	REIMBURSEMENT TO COMMITTEE	WORKERS	AND CONSUL	LTANT	s				
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