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 JUL 12 A 10: 24

DO NOT MARK STANSALOTTICE PROJECT OF

COVER PAGE

1. NAME OF COMMITTEE				
Carfora	for mo	yor.		
2. TREASURER NAME			FSI	
First	MI A	Last Defalma		Suffix
3. TREASURER ADDRESS				
Street Address	C	ity	State	Zip Code
10 Seaview.		East Haven	C	7 06512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete of	only if Candidate Committee)	The Sales	6. DISTRICT NUMBER
(mm/dd/yyyy)/02/J02/	mayor			(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			
First Joseph	MI	Carfora		Suffix
8. TYPE OF REPORT (Check One Box)	STATE STATE OF THE			
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial (Contribution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amend	dment to
July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of	f Report:
October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November			
9. PERIOD COVERED			11/2	C. A. P. Prince
	Beginning Date	Ending Date		
9	04/01/2021	thru 06/30/202	/	
10. CERTIFICATION				e i kesak adılık
	eriod covered is true, accura	at all of the information set forth on the te and complete. RICHALO A DOIS / WEINT NAME OF SIGNER	is Itemized	Campaign Finance 7/9/2/ DATE (mm/dd/yyyy)
Maria Cara Cara Cara Cara Cara Cara Cara				

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.

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	
Carfora for mayor.	July 10	Filing
	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		
12. Balance on hand at the beginning of Reporting Period	0.00	
13. Contributions Received from Individuals (Sections A and B)	500.00	
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0,00
15. Other Monetary Receipts (Sections D through K)	0,00	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	9,00	
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	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	500,00	_
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	500.00	
19. Expenses Paid by Committee (Section P)	9.00	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	<u></u>	
21. In-Kind Donations not Considered Contributions Received (Section L4)	1	
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 as Registered with Filing Repository)	· · ·	TYPE OF REPORT	-
		T. W 10	G111
	Lat. D. C. LONESZ	July 10	tiling.
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	UBTOTAL SECTION A	\$	
(,,,			
		·	
	tributions from Indivi	duals	
Luzzi	First .	3	MI
<u></u>	Michae East Have	<i>,</i> !s	itate Zip Code
3 Whalers Pt.	Fast Hour	ويم ا	T 06519
Principal Occupation	Name of Employer		-: 100/2
LAW	LAW office	es of Michae	el J. Luczi
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to	o a candidate for a chief executive	e officer of a municipality,	Amount of Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	s associated with have a contract Yes □No	with said municipality	500,00
	ate contractor or prospective state		3 /
event reported in Section L1? If yes, list Event # No If yes, indicate which bram of government the contract	ch or branches is with:	☐ Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/15/2021	500.00	
Last Name	First		MI
Residential Street Address	City	s	tate Zip Code
Principal Occupation	Name of Employer		L
a rincipal occupation	Name of Employer		
Is contributor a lobbyist, spouse,	n a candidate for a chief executive	e officer of a municipality	Amount of Contribution
or dependent child of a lobbyist? No does contributor or business he/she			Amount of Contribution
valued at more than \$5,000? Is this contribution associated with an Yes Is contributor a principal of a s	tate contractor or prospective state	te contractor?	
event reported in Section L1?	ch or branches	□ No	
If yes, list Event # of government the contract Method of Contribution:	Date Received	Legislative Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order		
Last Name	First		MI
		•	
Residential Street Address	City	S	State Zip Code
Principal Occupation	Name of Employer		
The state of the s			1
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she	s associated with have a contract		Amount of Contribution
valued at more than \$5,000? Is this contribution associated with an Yes Is contributor a principal of a second se	☐ Yes ☐ No		
event reported in Section L1?		□ No	
If yes, list Event # of government the contract Method of Contribution:	t is with: Executive Date Received	☐ Legislative Aggregate Contributions	
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money		Aggregate Contributions	
	<u> </u>		<u>I</u>
SUBT	OTAL Section B — This	Page	
TOTAL	of additional Section B I	Pages	
TOTAL OF ALL CONTRIBUTIONS FROM			
		, -	

I. MONETARY RECEIPTS (Sections A—K)

		, tea						
NAME OF COMMIT	TEE (Provide Complete No	ane as Registered v	vith Filing Reposi	tory)	•	TYPE OF REPORT	<u></u>	
	·		- 4 53 43					
L		C1. (Contributio	ns from O				
Name of Committee					Name of Tre	easurer		
Address				Is this contr	Is this contribution associated with an Oyes ONo event reported in Section L1? If yes, list Event #			f Contribution
City		State	Zip Code	Date Reco	Aggregate Contributions			
Name of Committee					Name of Tre	Pasumr		
Traine of Communico					, (42)			
Address				Is this contr	ed in Section	ated with an Yes No L1? , list Event #	Amount o	f Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions		
	•							
Name of Committee					Name of Tr	Passifor		
Tvanie of Committee					Ivanic of 11	,45 U.C.		
Address				Is this contrevent report	ed in Section	ated with an Yes No L1? , list Event #	Amount o	f Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions		
	Cz. Rei	mbursemen	ts or Surn	ns Distrib	utions fro	m other Committees		
Name of Committee	, , ,		or our p		Name of Tr			
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type					Amoun	t of Receipt
	(i) appreciately	OReimbursen	nent for shared o	expense O	Surplus Distril	bution		-
Description	<u> </u>	l <u></u>				·		
Name of Committee				 	Name of Tr	easurer		
Address				City			State	Zip Code
Date Received	Expenditure # (If applicable)	Payment Type	ement for share	d expense	Surplus Dis	tribution	Amoun	t of Receipt
Description	1						_	
			SUBTO	TAL Section	on C — Tl	nis Page	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·			of addition:				
	TOTAL OF A	LL COMMIT C1 + C2) (Enter						
	\	1-11-1	-		_ <u></u>	× /		

Revised January 2015 1. IVIUNE	IAAI	RECI	711 19 (Seci				·
NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Reposit	(o'ry)		TY	PE OF I	REPORT	
D .	. Loans		d this Period,	n			
Name of Lender			Source of Loan: OBank Canc	didate 🔵 Inc	fividual	Other Committee	Date of Receipt
Street Address	City			Sta	te	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			l St:	ate	Zip Code	
outer reduces	J Carly			}		Zip Code	
Name of Lender			Source of Loan:	<u> </u>			Date of Receipt
			OBank O Cand	didate 🔿 Inc	lividual		Date of Receipt
Street Address	City		·	Sta	te	Committee 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	Čity	-		Sta	ate	Zip Code	
Name of Lender			Source of Loan; OBank O Cano	didate 🔘 Inc	dividual	Other Committee	Date of Receipt
Street Address	City			Sta	te	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)			•		ļ		Amount Received
Street Address	City			Šta	ate .	Zip Code	
			TOTAL SECT	ION D		J	
E. Receipts from Entities other tha	n India	idnole o	v Other Com	mittoos (7)	a Can an	tem Camultta	ONIT YO
Name of Entity	H IHUIV	iuuais v	1 Other Com	mittees (w	ejerene	nan Commue	S ONLI)
	3	•					
Street Address	-			Date Rece	ived		Amount Received
City		State	Zip Code	Aggregate	Contribu	tions	
N CF-str.		<u> </u>	<u> </u>				
Name of Entity							
Street Address				Date Rece	ived	j	Amount Received
City		State	Zip Code	Aggregate	Contribu	itions	
Name of Entity			•				
Street Address			-	Date Rece	ived		Amount Received
City		State	Zip Code	Aggregate	: Contribi	utions	
		ι .	TOTAL SECT	ION E	T		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Pro	vide Complete Name as Regist	ered with Filing Repository)		TYPE OF REPORT			
	A T C 3	Control Acceleration	- In the second of the second		at a tu arean		
P. All	,		siness Treasury (Busin	ess En	Amount		
Date of Receipt	Is this transaction associ event reported in Section		If yes, list Event #		Amount		
Date of Receipt	Is this transaction associ		If yes, list Event #		Amount		
	event reported in Section	L1? ONo					
Date of Receipt	Is this transaction associ	103	If yes, list Event #		Amount		
Date of Receipt	Is this transaction associ	2 100	If yes, list Event #		Amount		
, n , n			TOTAL SECTION	۱F			
G. Amount Transf	ferred from Affilia	ted Labor Union o	r Other Organization	Treas	SULY (Organization Conunittees ONLY)		
Date of Receipt	· · · · · · · · · · · · · · · · · · ·	Date of Receipt	•		of Receipt		
Amoun	t	Amount			Amount		
*		`	TOTAL SECTION	G			
н. :	Personal Funds of	the Candidate Rec	eived this Period (Can	didate	Conunittees ONLY)		
Date of Receipt	Method of payment:				Amount		
	OCash	O Personal Cho	cck Credit/Debit C	Card			
Date of Receipt	Method of payment:				Amount		
	OCash	O Personal Cho	cck Credit/Debit 0	Card			
Date of Receipt	Method of payment:				Amount		
•	O Cash	O Personal Cho	eck Credit/Debit C	Card			
Date of Receipt	Method of payment:				Amount		
	OCash	O Personal Che	eck Credit/Debit (Card			
			TOTAL SECTION	H NC			
		I. Anonymou	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.

TOTAL SECTION K

Total of Other Monetary Receipts

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through 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 Treasury (Section F) + Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) + Total Amount of Personal Funds of the Candidate Received this Period (Section H) + Total Amount of Interest from Deposits in Authorized Accounts (Section J) + Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +

(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Sections L1—L5)

Revised James 2015		(VIII (Sections DI	<u> </u>		
NAME OF COMMITTEE	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT				-
	Ļı. Even	t Information		Ĺ	
Event # Date of Event Letter	Description	-		Was this a fur	ndraising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a			L5 In-Kind Donations n ouse Party and complet ost(s) for food, beverage	e required info	rmation for any
	e goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section and complete require O No		10t Considered	Contributions
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Re	eceipts here.)	\$	
Were there purchases of a sign associated with this	•	OYes (If yes, go to Section			Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total R	eceipts here.)	\$	
Event #	Description		;		
Date of Event Letter				Was this a fur	ndraising event? ONo
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committ	ees)	<u> </u>			<u> </u>
Was this event hosted at a	a personal residence?		L5 In-Kind Donations nouse Party and complet ost(s) for food, beverage	e required info	rmation for any
	le goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section and complete require O No		not Considered	Contributions
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 R	eceipts here.)	\$	
Subpart 2: (Party Comm 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	y Committees) L3 Purchases of Advert aplete required informa		Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Ro	eceipts here.)	\$	
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items –	—This Page		
		lon L1—Subpart 3 (Town Comm lipts from Food Purchases —			
	<u> </u>	TOTAL of additional Secti	on L1 Pages		
		IPTS FROM SMALL PU			

Pe indiv	er Public Act 11-4 idual purchases fro	8, effective January 1 om a committee tag s	, 2012 commale, auction,	mittees are no , or a sale of o	longer requi donated items	ired 1 s. Se	to itemize ection L2.	small removed
NAME OF COMMIT	TEE (Provide Complete Nan	ne as Registered with Filing Reposito	n;)		TYPE OF REPOR	₹Ţ	,	
<u>-</u>						ī.,		
	L3. P	urchases of Advertisin	ig in a Prog	ram Book or	on a Sign			
Name of Purchaser					Ì		se Made By:	O • ·
						Ξ	isiness Entity	Other
						O Inc	dividual/Sole P	,
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se	Amount of Si	gn Purchase
Name of Purchaser		<u> </u>		1	-	Purchas	se Made By:	3
						OBu	siness Entity	Other
						One	dividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se	Amount of Si	gn Purchase
Name of Purchaser						Purcha	se Made By:	
						Ξ	ısiness Entity dividual/Sole P	Other roprietorship
Street Address			City			-	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se	Amount of Si	gn Purchase
Name of Purchaser						Purcha	se Made By:	
rume of a division							isiness Entity	Other
					_	_	dividual/Sole P	_
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se	Amount of Si	gn Purchase
					,			
Name of Purchaser						_	se Made By: isiness Entity	Other
						Ξ	dividual/Sole P	_
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se	Amount of Si	gn Purchase
	SUBTOTAL Sec	ction L3 Total Purchases of	Advertising in	Program Book	— This Page			
	SUBTO	TAL Section L3 Total Purc	hases of Adver	rtising on a Sign	— This Page	_		_
	4, 13		TOTAL o	f additional Sect	ion L3 Pages			
T	OTAL OF ALL PURC	HASES OF ADVERTISIN (Enter total on	G IN A PROG Line 16c, Colum	RAM BOOK of nn A of Summary	ON A SIGN Page Totals)			

H. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	E (Provide Complete Name as R	egistered with Filing Repositor	y)(v		TYPE OF REPORT			
					_			
,	L4. I	n-Kind Donations	Not Conside	red Contribu	itions			
Name of Donor		••						
Street Address			City		:	_	State	Zip Code
]	
Donation Given By:	Description of Donation				-	Fair I	larket Val	ue of Donation
Business Entity								
OIndividual	Date Received	Event #	-	Aggregate Value for	or this Event]		
O Sole Proprietorship								
Name of Donor								
Street Address			City	···			State	Zip Code
Date: / Iddiess			3.1,					-,
Donation Given By:	Description of Donation		1			Fair I	l Market Val	ue of Donation
OBusiness Entity								
OIndividual	Date Received	Event #	Event # Aggregate Value for this Eve					
Sole Proprietorship								•
Name of Donor								
								<u></u>
Street Address			City				State	Zip Code
							_	
Donation Given By: Business Entity	Description of Donation					Fair Market Value of Donation		
Olndividual	n. n	Event #		A manage Malue 6	eLia Tirane	1		
O Sole Proprietorship	Date Received	Event #		Aggregate Value f	or this Event			
Name of Donor							 :	
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair I	Market Val	ue of Donation
O Business Entity O Individual		In . a		Ta	addia Franci	-		
O Sole Proprietorship	Date Received	Event #		Aggregate value fo	r this Event			
	<u></u>	OT THE	TOTAL GARAGE		<u></u> i			
		SUB		n L4 — This Pag	е			
	,	TOTA	L of additiona	l Section L4 Pag	es			
тот	TAL OF ALL IN-KIND I	OONATIONS NOT CO Enter total on Line 21, C						
					<u>· · · · · · · · · · · · · · · · · · · </u>			•
	•							

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pro	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT		
			-				
L5. I	n-Kind Donations Not Considere	d Contributions Associa	ted with a F	Iouse Part	ty	•	
Name of Host	·		Is this event s committee?	supporting m	ore than or o	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 h	ost/candidate				
Name of Host			committee?		o	ne candidate or lendum 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	ost/candidate				
Name of Host			committee?		o	ne candidate or	
Street Address		City	-		State ·	Zip Code	
Description of Donation				Fair Mai	rket Value	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate				
Name of Host			committee?	supporting models OYes ON	o	ne candidate or	
Street Address		City			State	Zip Code	
Description of Donation				Fair Mai	rket Value	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate				
	S	UBTOTAL Section L5	This Page		٠		
		OTAL of additional Section					
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Lin	ne 22, Column A of Summary					
					•		

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

Revised Isabasty 2019	11 110	1111101	122 22 22 2	1000		I I D (Section		~,			
NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with .	Filing Repository)				TYPE OF	REP	ORT		
· · · · · · · · · · · · · · · · · · ·			M. In-Kii	ud Confi	rili	outions					
Name		<u>_</u>									
					N/a					State	Zip Code
Street Address					lity					Blace	2.000
Type of contributor: OCommittee	Date Recei	ived	Aggregate Contr	ibutions	T	Description of In-Kind (Contribution				
OIndividual / Sole Proprietorship OOther									1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor	bution is in atributor or l at more than	business he/she	to a candida is associated	d w	or a chief executive of the have a contract with Yes No	fficer of a th said mu	munic nicipa	ipality, lity		Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	tor a principal o indicate which rnment the cont	branch or b	orar	ctor or prospective stanches Executive	_		8Yes No		
Name											
Street Address				Įc	City	_				State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship Other	Date Recei	ived	Aggregate Contr	ributions		Description of In-Kind (Contribution	ı			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No						Fair Market Value of this Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	tor a principal o indicate which i rament the cont	branch or b	ran	ctor or prospective stanches Executive	_		8Yes No		
Name		•									
Street Address				C	City			,		State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship Other	Date Recei	ived	Aggregate Contr	ributions		Description of In-Kind	Contribution	1			
Is contributor a lobbyist, spouse, O Yes						for a chief executive					Market Value
or dependent child of a lobbyist? No	does co	ontributor or at more that		c is associate		with have a contract w Yes No	ith said m	unicip	ality	of thi	s Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes No	If yes,	tor a principal o indicate which rnment the cont	branch or b	rar	ctor or prospective statiches Executive	_		8Ycs No		
3,,,,,,,,,,		J				tion M — This Pa	ze ze				-
<u> </u>			<u> </u>			nal Section M Pag	_				
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS (1			_						
						phone Compan					
Last Name of Individual		- LIVIUM		First		iomina			МІ	Date Depos	sit Made
Residential Street Address	-	_	City				State	Zip (Code		Amount of Deposit
Name of Telephone Company	-							·			
Street Address			City				State	Zip	Code		
TOTAL S	ECTION	N N (Enter	total on Line 2	4, Column .	ıl oj	Summary Page Tota	zis)	1			

SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

		_		
Page	13	nΓ	1'	7

Revised January 2015		201130 (80000000		 -			
NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Repository)	<u>) </u>	TYPE OF REPORT				
	P. Expenses	Paid by Committee	· · · · · · · · · · · · · · · · · · ·				
Name of Payee		<u> </u>	Date of Payment	Method of Payment:			
Maine of Fayee			2000000	O Check #			
				O Debit Card OEFT			
Street Address		City		State Zip Code			
Sifect Address		Cay		Date 2.p cost			
				}			
Purpose of Expenditure (by code)	Description		Event#	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 Payce			ationOA OB OC OD Date of Payment	Method of Payment:			
			·	Check#			
				O Debit Card OEFT			
Street Address		Čity		State Zip Code			
Purpose of Expenditure	Description	<u> </u>	Event #	Amount			
(by code)	- Distription			Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below	_					
	Coordinated with reimbursement sought (joint expenditu		_				
	Coordinated without reimbursement sought (in-kind cont	tribution) Organiza	ation OA OB OC OD				
Name of Payee	_ 		Date of Payment	Method of Payment:			
				O Check #			
				O Debit Card OEFT			
Street Address		City		State Zip Code			
Purpose of Expenditure	Description	<u> </u>	Event #	Amount			
(by code)				11110211			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below" i	is checked)				
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) O None of the below O Coordinated with reimbursement sought (joint expenditure) O Coordinated without reimbursement sought (in-kind contribution) O Organization O O B O C O D						
Name of Payce		- 5	Date of Payment	Method of Payment:			
				O Cheek #O Debit Card			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	unless "None of the helow" is	s checked)	1			
(if applicable)		итезэ топе ој те остон т	S CHECKEUY				
	None of the below Coordinated with reimbursement sought (joint expendit) Coordinated without reimbursement sought (in-kind con	-	ndent				
		SUBTOTAL Section P -		-			
	т	OTAL of additional Sect	ion P Pages	<u>.</u>			
	TOTAL OF ALL EXP						
	(Enter total on Lit	ne 19, Column A of Summar	y Page Totals)				

Revised January 2015	TV. EXTERNOL	- (Sections						
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT				
	O. Campaign Exp	enses Paid by Candi	date					
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?			
				0	Yes O No			
Street Address	,	City		State	Zip Code			
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	Is reim	bursement claimed?			
				O Yes O				
Street Address		City		State	Zip Code			
Purpose of Expenditure	Description		Event #		Amount			
(by code)	· ·							
Name of Payee (Name of V	l 'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?			
				0	Yes O No.			
Street Address		City	<u>-</u>	State	Zip Code			
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	Is reim	bursement claimed?			
				0	Yes O No			
Street Address	·	City		State	Zip Code			
Purpose of Expenditure	Description		Event #		Amount			
(by code)								
Name of Payee (Name of V	 endor, Person or Entity who candidate paid directly		Date of Payment	Is reim	bursement claimed?			
				0	Yes O No			
Street Address		City			Zip Code			
Purpose of Expenditure	Description		Event #	Amount				
(by code)								
Name of Payee (Name of V	l lendor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?			
				0	Yes O No			
Street Address		City		State	Zip Code			
Purpose of Expenditure	Description		Event #		Amount			
(by code)			·					
		SUBTOTAL Section Q —	– This Page					
	ŢC	OTAL of additional Section	on Q Pages					
	TOTAL OF ALL EXI	PENSES PAID BY CA	NDIDATE y Page Totals)					
L								

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
.	R. Expenses Incur	und on Comm	vittaa Cradit (Cord	<u></u>		
Name of Issuing Instit		Type of Credi		caru	<u></u> -		
· · · · · · · · · · · · · · · · · · ·		O Visa	Master Card	O Discover C	American Express	Other:	
Name of Vendor, Person o	r Entity		_	-	Date of T	ransaction	
						- P	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Ever	nt #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Requirement Sought (Joint expenditured with reimbursement sought (Joint expenditured without reimbursement sought (In-kin	enditu re)	O Independent		СОР		
Name of Vendor, Person of	r Entity	•			Date of T	Fransaction	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Ever	nt #		Amount	
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum R Requirement Sought (joint expectation) Coordinated with reimbursement sought (joint expectation) Coordinated without reimbursement sought (in-kin	penditure)	O Independen		с Ор		
Name of Vendor, Person or Entity						Date of Transaction	
Street Address		City			State	Zip Code .	
Purpose of Expenditure (by code)	Description		Eve	nt# ×		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expected Coordinated without reimbursement sought (in-kin)	с Ор					
	F	SUBTOTAL S	ection R — This	Page			
	, 1	TOTAL of addit	onal Section R P	'ages			
ТО	TAL OF ALL EXPENSES INCURRED O	N COMMITT Line 27, Column A	EE CREDIT (of Summary Page	CARD Totals)			
					-		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
NAME OF COMMITT	EE (Provide Complete Name as Registered wi	I IPE OF REPOR	TIPE OF REPORT					
	S Eynenses Incur	red by Committee but Not I	Paid During this Period	1				
Name of Creditor	5. Papellsta inter	Total by Committee State		Date Incurred	Date Incurred			
Street Address		City		State Zip Code	•			
Purpose of Expenditure (by code)	Description		Event #					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adde One of the below Coordinated with reimbursement so Coordinated without reimbursement	ought (joint expenditure)	elow" is checked) Independent Organization: B C	Ор				
Name of Creditor	-		-	Date Incurred				
Street Address		City		State Zip Code	_			
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)	•			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adde O None of the below Coordinated with reimbursement so Coordinated without reimbursement	ought (joint expenditure) at sought (in-kind contribution)	elow" is checked) Independent Organization: A B C	Ов				
Name of Creditor				Date Incurred				
Street Address		City	· · · · · · · · · · · · · · · · · · ·	State Zip Code				
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adda) None of the below Coordinated with reimbursement s Coordinated without reimbursement		Independent Organization:	ОР				
		SUBTOTAL S	ection S-This Page		_			
		TOTAL of addition	al Section S Pages					
TOTAL OF ALL	EXPENSES INCURRED BY COM	MITTEE DURING THIS PERIO (Enter total on Line 28, Column A of	D BUT NOT PAID Summary Page Totals)					
-	Previous	sly reported Expenses Unpaid and	still Outstanding					
, ,	TOTAL OF ALL EXPENS	SES INCURRED BY COMMITTE (Enter total on Line 28a, Column A of	E BUT NOT PAID Summary Page Totals)					

MANE OF COLOUR	CU (Dentila Complete Name of Besteven J. 16th Direct Dentilation D	rina)		TVDE	r për	ORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TY					THE OF REPORT				
	T. Itemization of Rein	nbursements	and Secondary	Payee:	s				
Last Name of Worker/Consultant		First				MI		Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant						Committee	Worker/Con	sultant as
				1 <u>-</u>	Chec	Section P: k #	_ O D	ebit Card	OEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description		Even	. #				Amount	-
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-key)	spenditure)	of the below" is che	0 0	ВО	C O D			
Last Name of Worker/Con	sultant	First	_			МІ		Payment to ' or Entity	Vendor,
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant			терс		Section P:	_	Worker/Con	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		-	•	_	State	Zip Code	
Purpose of Expenditure (by code)	Description		Even	t #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-key)	spenditure)	Independent	0 0	Во	C o D			
Last Name of Worker/Cor	nsultant	First				МІ	I	Payment to or Entity	Vendor,
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			 	rep		Section P:	_	Worker/Con	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				 .	State	Žip Code	3
Purpose of Expenditure (by code)	Description		Ever	nt#		_		Amount	
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum T Requirement Sought (joint expenditure) Coordinated with reimbursement sought (in-key) Coordinated without reimbursement sought (in-key)	xpenditure)	Independen Organization	0 0) С) C O D			
	· .	SUBTOTA	L Section T — Ti	is Page					
		TOTAL of a	dditional Section 1	Γ Pages					
TOTAL OF ALI	L REIMBURSEMENT TO COMMITTE	E WORKERS	AND CONSUL	TANTS					