### **SEEC FORM 20**

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

RECEIVED FOR FILING

APR 1 5 2019

TOWN CLERK'S OFFICE

EAST HAVEN, CONN.

Stary Yourno, CCTC

Page 1 of 17

Do Not Mark in This Space For Othor CLERK

#### **COVER PAGE**

1. NAME OF COMMITTEE								
Carfora	2019!							
2. TREASURER NAME								
Richard Richard	MI		Last ESPOSIFO Suffix					
3. TREASURER ADDRESS								
Street Address 56 Morgar	n AUC	City	East Have	n	State CT	Zip Co	ode 3518	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (C	Complete only i	if Candidate Committee)			6. DISTI	RICT NUMBER	
(mm/dd/yyyy) 11/05/B019	ma	Mayor (fapplicable						
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Comi	mittee)						
Joseph	MI		Carfor	9			Suffix	
8. TYPE OF REPORT (Check One Box)								
O January 10 filing	7th day preceding p	rimary	7th day preceding	g referendum	Initial Cor		r Disbursement	
April 10 filing	O30 days following p	rimary	045 days following					
OJuly 10 filing	7th day preceding el	O7th day preceding election O Deficit						
October 10 filing	12th day preceding of		Termination					
O24 Hour Independent Expenditure OPrimary OElection	O45 days following el not held in November							
9, PERIOD COVERED								
	Beginning Date		Ending	g Date				
Ğ	01/01/2019	9	thru <u>03/3</u>	1/2019	_			
10. CERTIFICATION								
I hereby certify and state, under p Disclosure Statement for the per  Lechard  TREASURER OR DEPUTY TREASURE	riod covered is true, a	accurate a			Itemized Ca	umpaign Fi	) /30/9	
	(OLOTATI OLD)	I Kuv.	THE OF BRITISH			DATE (	iiiiii da yyyy)	
A person who is	found to have knowing faces o		llfully violated any pr alty or imprisonment		ampaign fin	ance statu	tes	

#### **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	
Carfora 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	0.00	
13. Contributions Received from Individuals (Sections A and B)	0	0
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
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	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	0	0
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	0	0
19. Expenses Paid by Committee (Section P)	0	0
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	0	0
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	Ø	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)			TYPE OF REPORT			
A. Total Contributions from Sm	all Contributors Deceiv	ed th	is Pariod ONLV				
A. Total Contributions from Sm (See instructions for definition of Small Co			OTAL SECTION A	\$			
	B. Itemized Cor		utions from Indivi	duals			
Last Name		Fir	sı				MI
Residential Street Address	,,,	City	errore and the desire of the second s		State	Zip	Code
Principal Occupation			Name of Employer				
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount o	f Contribution
1	Yes Is contributor a principal of a s  No If yes, indicate which bran  of government the contrac	ıch or t	oranches	CLegislative Syes			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney						1
Last Name		Fir	st				МІ
Residential Street Address		City			State	Zip (	Code
Principal Occupation			Name of Employer			1	
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nch or	branches	te contractor? Yes No			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Can	rd Payroll Deduction Money	Order Fi	and the second				MI
Last Name		T'A	131				MI
Residential Street Address		City			State	Zip	Code
Principal Occupation	•		Name of Employer		I,,,,,,	_1_	
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	ount o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nch or l	branches h: Executive	OLegislative ONo			
Method of Contribution:  Cash Personal Check Credit/Debit Cash	rd ()Payroll Deduction ()Monev	Order	Date Received	Aggregate Contributions			
		entere.	L Section B — This	Pogo			
				848.888			
			dditional Section B I				
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A lumn A of Summary Page				

# I. MONETARY RECEIPTS (Sections A-K)

NAME OF COM	MITTEE (Provide Compl	ete Name as Registered v	vith Filing Reposi	tory)		TY	PE OF REPORT			
		C1. (	Contributio	ns froi	n Other Co	mmittees				
Name of Committee					Name of T	reasurer				
Address				Is this event i	eported in Sectio	ciated with an C n L1? es, list Event #	Yes ONo	Amount o	f Contribution	
City		State	Zip Code	Date	e Received	Aggregate C	ontributions			
Name of Committee					Name of T	Teasurer				
Address					eported in Sectio	ciated with an <b>(</b> n L1? es, list Event #	_	Amount o	f Contribution	
City		State	Zip Code	Dat	e Received	Aggregate C	ontributions			
Name of Committee					Name of T	reasurer				
Address	15 111				this contribution associated with an Yes No vent reported in Section L1?  If yes, list Event #			Amount o	Amount of Contribution	
City	State Zip Code			Date	e Received	Aggregate C		para para na		
	C2.	Reimbursemen	ts or Surpl	lus Dist	ributions fr	om other Co	mmittees			
Name of Committee					Name of I					
Address	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			С	ity			State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type	nent for shared o	expense	Surplus Distribution			Amoun	Amount of Receipt	
Description				·					***************************************	
Name of Committee					Name of T	reasurer				
Address				С	ity			State	Zip Code	
Date Received	Expenditure # (If applicable)	Payment Type  Reimburs	ement for share	d expense	OSurplus Di	stribution		Amount	of Receipt	
Description		<u> </u>								
			SUBTO	TAL S	ection C — T	his Page				
			TOTAL	of addit	ional Section	C Pages				
		F ALL COMMIT is C1 + C2) (Enter								

NAME OF COMMITTEE (Provide Complete Name as Reg	gistered with Filing Reposit	tory)		ТҮРЕ	OF REPORT	
	D. Loans	Receiv	ed this Period	l l		
Name of Lender			Source of Loan:  Bank Can	ididate 🔘 Indivi	dual 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)	<b> </b>			I		Amount Received
Street Address	City			State	Zip Code	-
Name of Lender			Source of Loan: Bank Can	ididate () Indiv	idual Other	Date of Receipt
Street Address	City	City			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	I		Source of Loan:  Bank Can	ndidate O Indiv	idual 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	
			TOTAL SECT	TON D		
E. Receipts from Entities	other than Indiv	iduals'	or Other Com	mittees (Refi	erendum Committe	es ONLY)
Name of Entity						
Street Address				Date Received	ì	Amount Received
City		State	Zip Code	Aggregate Co	ntributions	
Name of Entity						
Street Address				Date Received	l	Amount Received
City		State	Zip Code	Aggregate Co	ntributions	
Name of Entity						
Street Address				Date Received	<u> </u>	Amount Received
Dity		State	Zip Code	Aggregate Co	ntributions	:
			TOTAL SECT	ION E		

# I. MONETARY RECEIPTS (Sections A—K)

			<del> </del>			
	F. Amount Transferred fi	om Affiliated Bus	ness Treasury (Bus	iness Entity Committees ONLY)		
e of Receipt	Is this transaction associate event reported in Section I.	<b>2</b>	f yes, list Event #	Amount		
e of Receipt	Is this transaction associate event reported in Section I		fyes, list Event#	Amount		
e of Receipt	Is this transaction associate event reported in Section I	<b>2</b>	f yes, list Event #	Amount		
e of Receipt	Is this transaction associate event reported in Section I	× · · · ·	f yes, list Event #	Amount		
			TOTAL SECTION	NF		
G. Amount	Fransferred from Affiliate	d Labor Union or	Other Organizatio	n Treasury (Organization Committees ONL)		
e of Receipt	D	Date of Receipt Date of				
	Amount	An	Amount			
			TOTAL SECTION			
			TOTALISECTIO			
	H. Personal Funds of th	ne Candidate Rece				
of Receipt	H. Personal Funds of the	ne Candidate Rece				
of Receipt		ne Candidate Rece	ved this Period (C	andidate Committees ONLY) Amount		
•	Method of payment:		ved this Period (Co	t Card  Amount Amount Amount		
of Receipt	Method of payment:  Cash  Method of payment:	Personal Chec	ved this Period (Co	t Card  Amount Amount Amount		
of Receipt	Method of payment:  Cash  Method of payment:  Cash	Personal Chec	ved this Period (Co	Amount t Card Amount t Card Amount Amount		
of Receipt	Method of payment:  Cash  Method of payment:  Cash  Method of payment:	Personal Chec	ved this Period (Co	Amount t Card Amount t Card Amount Amount		
of Receipt	Method of payment:  Cash  Method of payment:  Cash  Method of payment:	Personal Chec	ved this Period (Co	Amount t Card Amount t Card Amount t Card Amount t Card Amount		
e of Receipt . e of Receipt	Method of payment:  Cash  Method of payment:  Cash  Method of payment:  Cash  Method of payment:	Personal Chec Personal Chec	ved this Period (Co	Amount t Card Amount t Card Amount t Card Amount t Card Amount		
e of Receipt e of Receipt e of Receipt e of Receipt	Method of payment:  Cash  Method of payment:  Cash  Method of payment:  Cash  Method of payment:	Personal Chec Personal Chec	ved this Period (Control of Control of Contr	Amount t Card Amount t Card Amount t Card Amount t Card Amount		
e of Receipt . e of Receipt	Method of payment:  Cash  Method of payment:  Cash  Method of payment:  Cash  Method of payment:	Personal Chec Personal Chec	ved this Period (Control of Control of Contr	Amount t Card Amount t Card Amount t Card Amount t Card Amount		

for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Name of	is Registered with Filing Repository)	Section 2 and 2 an	E OF REPORT	
	J. Interest from Deposits in Authoriz	ed Accounts		
Name of Institution		Date	Received	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date	Received	Amount
Street Address	City	State	Zip Code	
	TOTA	L SECTION J		
K Misca	Haneous Monetary Receipts not Cons		nefons	
Name	nancous intolectal y execupts not Cons	sucrea Contri	Date of Transaction	Amount Received
Street Address	City	Sta	te Zip Code	···
bacce radioss	City	J	24p Cout	
Description		Zangggun	<u> </u>	
Name			Date of Transaction	Amount Received
Street Address	City	Sta	te Zip Code	
	,		•	
Description				
Name			Date of Transaction	Amount Received
Street Address	City	Stat	te Zip Code	
may be the second of the secon				
Description				
Name			Date of Transaction	Amount Received
Street Address	City	Sta	te Zip Code	
Description			······	
r ·				
	TOTAL SE	CTION K		
SUMMARY (	OF OTHER MONETARY RECEIPT	TS (Sections D	through K)	
Total Loans Received this Period (Section l	0)			
Total Receipts from Entities other than Ind	ividuals or Other Committees (Section E)	+		
Total Amount Transferred from Affiliated	Business Treasury (Section F)	+		
Total Amount Transferred from Affiliated	Labor Union or Other Organization Treasur	y (Section G) +		
Total Amount of Personal Funds of the Car	ididate Received this Period (Section H)	+		
Total Amount of Interest from Deposits in A	Authorized Accounts (Section J)	+		
Total Miscellaneous Monetary Receipts not		+		
(Add Section	Total of Other ons D through K) <i>(Enter total on Line 15, Column</i>			

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

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
	Li. Even	t Information							
Event # Date of Event Letter	Description			Was this a fundraising event?  O Yes  O No					
Location: Street Address		City		State Zip Code					
Subpart 1: (All Commit Was this event hosted at		OYes (If yes, go to Section L.S.  Associated with a Hou purchases made by host	ise Party and complet	te required information for any					
	le goods or services donated by a business entity nated by an individual of up to \$100?								
with purchases from an in	*	OYes (If yes, enter Total Reco		\$					
Were there purchases of sign associated with this		mittees other than Exploratory OYes (If yes, go to Section L3 or on a Sign and comp	Purchases of Advert	ising Space in a Program Book ation.)					
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes ( <i>If yes</i> , enter Total Reco	eipts here.)	\$					
Event # Date of Event Letter	Description			Was this a fundraising event?  OYes  ONo					
Location: Street Address		City	14 MA 4 Aberbarbara v v	State Zip Code					
Subpart 1: (All Committee Was this event hosted at a	•	OYes (If yes, go to Section L5 Associated with a Hou purchases made by host ONo	se Party and complete	e required information for any					
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section Le and complete required i		not 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?	Yes (If yes, enter Total Reco	eipts here.)	\$					
Subpart 2: (Party Comm Were there purchases of a sign associated with this	ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a fundraiser?	nittees other than Exploratory ( O Yes (If yes, go to Section L3  or on a Sign and comp  O No	Purchases of Adverti						
Subpart 3: (Town Comm Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Rece	ipts here.)	\$					
SUBTOTAL Section	n L1—Subpart 1 <i>(All Committees</i> ) Total Receipts fr	om Sale of Donated Items — T	This Page						
		ion L1—Subpart 3 <i>(Town Committ</i> ipts from Food Purchases — T							
		TOTAL of additional Section	L1 Pages						
		IPTS FROM SMALL PUR Line 16a, Column A of Summary							

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 COMMIT	ITEE (Provide Complete Nat	me as Registered with Filing Reposito	iry)		TYPE OF REPOR	T	
			ustravi i raktalina <u>te i</u> raktakta		nana ang at manakan manakan ang at ang a	Section Contraction of the Contr	
	L3. 1	Purchases of Advertisin	ng in a Prog	ram Book or o			
Name of Purchaser					ŀ	Purchase Made B	
						Business Ei	_
						O Individual/S	Sole Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pre	gram Ad Purchas	Amount	t of Sign Purchase
				TAMOUNT OF FED	gram Au 1 di chas	Annunt	. 01 oigh Furchase
							•
Name of Purchaser					F	Purchase Made B	y:
					(	O Business Er	ntity 🔘 Other
					(	Mdividual/S	Sole Proprietorship
Street Address			City			State	Zip Code
D-4- Bassivad	F#	1 D	2 115	T			
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchase	e Amount	of Sign Purchase
Name of Purchaser					F	Purchase Made B	
					l l	Business En	•
					1.	_	
Street Address	·		City				Sole Proprietorship
7M00171001-1-1			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchase	e Amount	of Sign Purchase
Name of Purchaser					i	urchase Made By	
					1.3	Business En	_
						) Individual/S	Sole Proprietorship
Street Address			City		-	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro-	Ad Duvohose	T I mount	
	2.00.	I A Magantage of the second of	WI III Divino	Amountorro	gram Ad Purchase	Amount	of Sign Purchase
Name of Purchaser	F				P	urchase Made By	y:
					1.	Business En	_
					1 7	-	Sole Proprietorship
Street Address			City			State	Zip Code
			•				Lip con.
Date Received	Event #	Aggregate Purchases f	for All Events	Amount of Prog	gram Ad Purchase	Amount	of Sign Purchase
	İ						
	SUBTOTAL Sec	ction L3 Total Purchases of A	Advertising in	Program Book —	This Page		
	ija ja j						
	SUBTO	TAL Section L3 Total Purch	uses of Adver	tising on a Sign —	- This Page		
The Control of the Co			i de Parlaga, partir de la compa. La respectación de la companya				
			TOTAL of	f additional Sectio	n L3 Pages		
TC	TAL OF ALL PURC	HASES OF ADVERTISING	י זאז א סטרע	DAM DOOK on C	AN A GLONI	<u></u>	
	TALL OF ALL LANC.	(Enter total on I	ine 16c, Colum	m A of Summary P	AN A SIGN		
		The state of the s					

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

NAME OF COMMITTE	B (Provide Complete Name as Reg	ristered with Filing Repository	)		TYPE OF REPORT			
	T.4. Tr	-Kind Donations	Not Conside	ered Contribut	ions			
Name of Donor			tor Conside		LVIID ARRESTA	an in inggree		
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation				****	Fair N	Market Val	ue of Donation
Business Entity								
OIndividual	Date Received	Event #	Event # Aggregate Value for this Event					
O Sole Proprietorship		:						
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair N	IVal	ue of Donation
Business Entity								
Olndividual	Date Received	Event #		Aggregate Value for this Event				
Sole Proprietorship								
Name of Donor	·				, , , , , , , , , , , , , , , , , , , ,			
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair N	larket Val	ue of Donation
OBusiness Entity								
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
O Boile Tropinoi or simp								
Name of Donor		,						
				•				
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair M	farket Val	ae of Donation
O Business Entity O Individual								
O Sole Proprietorship	Date Received	Event #		Aggregate value for t	his Event			
		SUBT	OTAL Section	ı L4 — This Page				
		TOTAI	of additional	Section L4 Pages				
тот	'AL OF ALL IN-KIND DO	DNATIONS NOT COM	SIDERED C	ONTRIBUTIONS	9			
		ter total on Line 21, Co						

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

NAME OF COMMITTEE		TYPE OF REPORT				
L	5. In-Kind Donations Not Consid	lered Contributions As	sociated with a F	Iouse Pari	ty	
Name of Host			committee?	supporting me Yes ON mplete Itemiza	o	ne candidate or dendum L5
Street Address	Managembles and the same and th	City			State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events	:—this host/candidate			
Name of Host	•		committee?	upporting mo Yes ON mplete Itemiza	o	ne candidate or
Street Address	reproductive and the second section of the second section of the second section of the section o	City			State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events	—this host/candidate			
	_					
Name of Host			committee? (	Yes ON	0	ne candidate or
Street Address		City	1) yes, col	mplete Itemiza	State	Zip Code
		ŕ				
Description of Donation				Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events	—this host/candidate			
Name of Host	. !	<u> </u>	committee? (	ÒYes ŎNo	9	ne candidate or
Street Address		City	If yes, cor	nplete Itemiza	State	Zip Code
Description of Donation				Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	-this host/candidate			
		SUBTOTAL Section L	.5 — This Page			
		TOTAL of additional Se	ection L5 Pages			
TOTAL ( ASSOCIATED WITH	OF ALL IN-KIND DONATIONS No A HOUSE PARTY (Enter total on	OT CONSIDERED CON Line 22, Column A of Sum	1			

NAME OF COMMITTEE (Provide Complete	Name as Re	egistered with	Filing Reposito	(ער			ТҮРЕ С	F REPORT		
			M. In-k	and Con	tri	hutions				
Name										
Street Address					City	ř			State	Zip Code
Type of contributor: Committee	Date Rece	ived	Aggregate Co	ntributions		Description of In-Kind	Contributio	n		
OIndividual / Sole Proprietorship OOther										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co		business he/sh		ed v	for a chief executive of the contract with have a contract with No				Market Value Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	1 1 1 0				Q <sub>No</sub>		or this contribution		
Name		<u> </u>				***************************************				
Street Address					0:4	-			Loui	I.W. C. 1
Silver Addless					City	,			State	Zip Code
Type of contributor: OCommittee	Date Recei	ived	Aggregate Co	ntributions		Description of In-Kind	Contributio	n	_L	
OIndividual / Sole Proprietorship OOther										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No  No										
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  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 Clegislative										
Name										
Street Address				1.	C:L				Te	lg: c l
					City				State	Zip Code
Type of contributor: Committee  Olindividual / Sole Proprietorship Other	Date Recei	ved	Aggregate Co	ntributions		Description of In-Kind	Contributio	1		
Is contributor a tobbyist, spouse, or dependent child of a lobbyist?	does co	ibution is in intributor or at more than	business he/s	00 to a candid he is associat	ted '	for a chief executive with have a contract w Yes No	officer of rith said m	a municipality, unicipality		Market Value Contribution
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	8 Yes No	Is contribut If yes, i		n branch or I	ntra	actor or prospective sta	_	Q <sub>No</sub>		
ty yes, hat Event #		Attended		vysoonaa saata saata ka ka ka ka ka ka	-Device	tion M — This Pag		RIVE		
				Anti-Series (processes		nal Section M Page	1604			
TOTAL OF ALL IN-KIND CON	TRIBU'	TIONS (E	nter total on L	ine 23, Colun	1111 /	A of Summary Page To	tals)		ж	
	N.	Refund	lable Dep	osit to Te	ele	phone Compan	y			
Last Name of Individual				First				MI	Date Deposi	t Made
Residential Street Address			City	,			State	Zip Code		Amount of
										Deposit
Name of Telephone Company								<u></u>		
Street Address	<del>^</del>		City				State	Zip Code		
TOTAL CE	· (**)	N.c								
TOTAL SE	CHON	1N (Enter t	otat on Line 2	4, Column A	1 <i>oj</i>	Summary Page Tota	is)			

SEEC FORM 20 Robed January 2015

#### IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposite	ory)	TY	PE OF REPORT	
	P. Expens	ses Paid by Co	mmittee		
Name of Payee			Date of Paymen		Method of Payment: O Check # O Debit Card OEFT
Street Address		City			State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expend) Coordinated without reimbursement sought (in-kind of	diture)	Independent Organization	Эв Ос О р	
Name of Payce				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  None of the below Coordinated with reimbursement sought (joint expend) Coordinated without reimbursement sought (in-kind or	fiture)	e below" is checked)  Independent  Organization	Эв Ос Ор	
Name of Payee	- Landing of			of Payment	Method of Payment: O Check # O Debit Card OEFT
Street Address		City	and approximate to		State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Require  None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind of the coordinated)	nditure)	he below" is checked)  Independent  Organization A	O B O C O D	-
Name of Payec	•			of Payment	Method of Payment; O Check #
Street Address		City			O Debit Card O EFT  State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below  Coordinated with reimbursement sought (joint expend)  Coordinated without reimbursement sought (in-kind coordinated)	diture) (	e below" is checked)  Independent  Organization()A	рв Ос Ор	
			ection P — This Pag		
			DIVIDUAL Section P Pages	30	
	TOTAL OF ALL EXI (Enter total on I		BY COMMITTE of Summary Page Total		

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing R	epository)	TYPE OF REPORT			
Name of Pavee (Name of I	Q. Campaig  Yendor, Person or Entity who candidate paid directly)	n Expenses Paid by	Candidate  Date of Payment	To sole	shuratomant alaimad?	
Nause 01 Fayes (Name of Venaor, Ferson or Emuy wno синаниае риш инесну)			Date of Laymon	Is reimbursement claimed?  O Yes O No		
Street Address		City	-	State	Zip Code	
Purpose of Expenditure (by code)	Description	1	Event #		Amount	
Name of Payec (Name of F	t Yendor, Person or Entity who candidate paid directly)		Date of Payment		nbursement claimed?	
Street Address		City		State	Zip Code	
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		nbursement claimed?	
Street Address		City	<u> </u>	State	Zîp Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Name of Payee (Name of )	s endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?  Yes No		
Street Address		City	- Jan	State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Name of Payee (Name of V	t Tendor, Person or Entity who candidate paid directly)		Date of Payment	Is rein	nbursement claimed?  Yes No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	J.	Event#	***************************************	Amount	
Name of Payee (Name of V	i endor, Person or Entity who candidate paid directly)		Date of Payment	Is rein	bursement claimed? Yes O No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	'	Event #		Amount	
		SUBTOTAL Sect	ion Q — This Page			
		TOTAL of addition	al Section Q Pages			
		L EXPENSES PAID l				

Street Address   City   State	The state of the s	R. Ex	penses Incurred on Committ	ee Credit Card	
Name of Vendor, Person or Entity    Date of Trans   State	Name of Issuing Ins	titution	Type of Credit Ca	rd:	
Street Address  City  Description  Description  None of the below  Coordinated with reimbursement sought (in-kind contribution)  Street Address  City  Description  None of the below  Coordinated without reimbursement sought (in-kind contribution)  City  Date of Trans  Street Address  City  Description  Event #  A  City  Date of Trans  State  Type of Expenditure #  ### ### ### ######################			O Visa O	Master Card 🏻 🖒 Discover 🅻	American Express Oother
Purpose of Expenditure by code)  Expenditure by code)  Type of Expenditure flag against the below Coordinated without reimbursement sought (joint expenditure)  Name of Vendor, Person or Entity  Date of Teans  Street Address  City  State  Event #  A  Date of Teans  Street Address  City  Description  Purpose of Expenditure flag against flag ag	Name of Vendor, Person	or Entity			Date of Transaction
Description   Propose of Expenditure   Propulation   Propose of Expenditure   Propulation   Proposed   Propulation   Proposed   Propulation   Proposed   Propulation   Proposed   Propulation   Proposed   Propulation   Proposed   Propulation   Propulatio					
Expenditure #    Type of Expenditure	Street Address		City		State Zip Cod
Expenditure #    Type of Expenditure					
Name of Vendor, Person or Entity  Description  Expenditure #   Organization:   A   O B   O C   D    Street Address  City  Description  Expenditure #   Organization:   A   O B   O C   D    Street Address  City  Description  Expenditure #   Organization:   A   O B   O C   D    Street Address  City  Description  Expenditure #   Organization:   A   O B   O C   D    Expenditure #   Organization:   A   O B   O C   D    Expenditure #   Organization:   A   O B   O C   D    Expenditure #   Organization:   A   O B   O C   D    None of the below   Organization:   A   O B   O C   D    Name of Vendor, Person or Entity  Date of Trans  Street Address  City  Description  Event #   A   O B   O C   D    Date of Trans  Street Address  City  Description  Event #   A   O B   O C   D    Street Address  City  Description  Event #   A    Street Address  City  State  Street Address  City  State  Street Address  City  State  Supplicables  Organization:   O B   O C   D    Supplicables  Supplicables  Substitute   O Coordinated without reimbursement sought (ioint expenditure)  Organization:   O B   O C   D    Substitute   O Coordinated without reimbursement sought (ioint expenditure)  Organization:   O B   O C   D    Substitute   O C   O C   O C    Substitute   O C   O C    Substitute   O C   O C   O C		Description		Event #	Amount
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Expenditure # (If applicable)  Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Name of Vendor, Person or Entity  Date of Trans  Street Address  City  State  Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)  None of the below  Coordinated with reimbursement sought (joint expenditure)  O None of the below  Coordinated with reimbursement sought (joint expenditure)  O Coordinated without reimbursement sought (in-kind contribution)  SUBTOTAL Section R — This Page	Street Address		City		State Zip Code
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	Street Address Purpose of Expenditure	O Coordinated without reimburser or Entity	ment sought (in-kind contribution)	Organization (A OB O	Date of Transaction
TOTAL of additional Section R Pages	Name of Vendor, Person Street Address Purpose of Expenditure (by code) Expenditure # (if applicable)	Description  Type of Expenditure (Itemization in Act On None of the below Coordinated with reimbursement)	City  City  Adendum R Required unless "None of the at sought (joint expenditure)	Event #  Below" is checked)  Independent	Date of Transaction  State Zip Code  Amount
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TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27, Column A of Summary Page Totals)	Street Address  Purpose of Expenditure by code)  Expenditure #	Description  Type of Expenditure (Itemization in Act On None of the below Coordinated with reimbursement)	City  City  City  Adendum R Required unless "None of the at sought (joint expenditure) nent sought (in-kind contribution)  SUBTOTAL Section	Event #    Event #   Delow" is checked)    Independent   Organization: (A OB O	Date of Transaction  State Zip Code  Amount

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Rep	pository)		TYPE OF REP	PORT	
	S. Expenses Incurred by (	Committee but	Not Paid	During this Peri	od	
Name of Creditor			<u> </u>			Incurred
Street Address		City		····	State	Zip Code
Purpose of Expenditure (by code)	Description	Event#				Amount Incurred (Estimate or Actual)
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Name of Creditor					Date	Incurred
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		SUBTOT	AL Section	S-This Page		
		TOTAL of ad	ditional Sec	tion S Pages		
TOTAL OF ALL E	EXPENSES INCURRED BY COMMITTEE ( (Enter total)	DURING THIS PI al on Line 28, Colum				
	Previously reporte	d Expenses Unpaid	l and still O	utstanding		
	TOTAL OF ALL EXPENSES INCUI	RRED BY COMM I on Line 28a, Columi				

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposite	ory)		TY	PE OF RI	EPORT			
	T. Itemization of Reim	bursement	s and Secon	dary Pa	yees				
Last Name of Worker/Con	ısultant	First		<u> </u>		MI	Date of Person o	Payment to \ or Entity	Vendor,
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					reported i	to Reimburse in Section P:			
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			Che	eck #	_ C De	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requi	penditure)	one of the below" i.  O Indeper O Organiz	•	О (	Э О			
Last Name of Worker/Con	sultant	First		, , , , , , , , , , , , , , , , , , , ,		MI	<del></del>	Payment to V or Entity	/endor,
	r Entity Paid by Committee Worker/Consultant					to Reimburse in Section P:	_ <b>O</b> De	bit Card	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				:	State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requi	oenditure)	ne of the below" is  Independent	ndent 🔿	O (	) <b>(</b> )			
Last Name of Worker/Con	sultant	First				MI	Date of Person o	Payment to V or Entity	endor,
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant					to Reimburse in Section P:	_	Worker/Cons	_
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			<u> </u>		State	Zip Code	<u> </u>
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TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS	AND CONSI	ULTANI	ΓS				
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