

## **SEEC FORM 21**

Short Form Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 5/08



Do Not Mark in This Space For Official Use Only

1. NAME OF COMMITTEE	
	FOR MAYOR
2. TREASURER NAME	
MR. First ANTHO	NY   MI P   Last CALANDRO   Suffix   III
3. TREASURER ADDRESS	
Street Address 365 MATHER S	T, UNIT SO City HAMDEN State CT Zip Code 06514
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only if Candidate Committee)  6. DISTRICT NUMBER (if applicable)
(mm/dd/yyyy) 11/07/2023	MAYOR
7. CANDIDATE NAME (Complete only	
Title MR. First ANT	HONY R CAMPOSANO Suffix
8. TYPE OF REPORT (Check One Box	
☐ January 10 filing	☐ 7th day preceding primary ☐ 7th day preceding referendum ☐ Amendment to
☐ April 10 filing	☐ 30 days following primary ☐ 45 days following referendum Type of Report:
☐ July 10 filing	☐ 7th day preceding election ☐ Termination
October 10 filing	☐ 45 days following election not held in November
	□ Supplemental Statement □ Primary □ Election
9. PERIOD COVERED	
	Beginning Date Ending Date
	7/01/2023 thru 9/30/2023
	10. CERTIFICATION
I hereby certify and state, under penalties of false statement, that the committee named above, did not receive contributions or other funds, or make or incur expenditures in excess of \$1,000 for the period covered by this Short Form Campaign Finance Disclosure Statement.	
TREASURER OR DEPUTY TREASURE	ANTHONY CALANDRO 10/08/2023 PRINT NAME OF SIGNER DATE (mm/dd/yyyy)
PLEASE NOTE: This form may for the January 10 filing date and Campaign Finance Disclosure	y not be filed by Party Committees and Political Committees formed for Ongoing Political Activities d the 7th day preceding an election. For those filing dates, you must use SEEC Form 20, Itemized Statement.
	PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.