

# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2012



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TOWN AND CITY CLERK  
BRISTOL, CT

## COVER PAGE

### 1. NAME OF COMMITTEE

PRELESKI FOR COUNCIL

### 2. TREASURER NAME

First DAVID	MI W	Last ALBERT	Suffix
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### 3. TREASURER ADDRESS

Street Address 61 EAST MAIN STREET	City BRISTOL	State CT	Zip Code 06010
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### 4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)  
11/07/2017

### 5. OFFICE SOUGHT (Complete only if Candidate Committee)

CITY COUNCIL - BRISTOL

### 6. DISTRICT NUMBER

(if applicable)

### 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First DAVID	MI	Last PRELESKI	Suffix
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### 8. TYPE OF REPORT (Check One Box)

- |   |   |  |  |
|---|---|--|--|
| <input type="radio"/> January 10 filing   | <input type="radio"/> 7th day preceding primary                                   | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="radio"/> April 10 filing   | <input type="radio"/> 30 days following primary                                   | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to                                     |
| <input type="radio"/> July 10 filing  | <input checked="" type="radio"/> 7th day preceding election                       | <input type="radio"/> Deficit                      | Type of Report:  |
| <input type="radio"/> October 10 filing   | <input type="radio"/> 12th day preceding election (State Central Committees Only) | <input type="radio"/> Termination                  | _____  |
| <input type="radio"/> Independent Expenditure<br><input type="checkbox"/> Primary <input type="checkbox"/> Election | <input type="radio"/> 45 days following election not held in November             |  |  |

### 9. PERIOD COVERED

Beginning Date	Ending Date
10/11/2017	10/31/2017
_____	thru _____

### 10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

	DAVID W ALBERT	10/30/2017
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	
PRELESKI FOR COUNCIL	7TH DAY PRECEDING ELECTION	
	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
12. Balance on hand at the beginning of Reporting Period	1441.24	
13. Contributions Received from Individuals (Sections A and B)	520.00	3565.00
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) <i>Municipal and Town Committees ONLY</i>		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	520.00	3565.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)		
19. Expenses Paid by Committee (Section P)	92.10	1695.86
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1869.14	1869.14
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Contributions Received (Section M)		
23. Refundable Deposit to Telephone Company (Section N)		
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>		
25. Beginning 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)		

**A. Total Contributions from Small Contributors-Received this Period ONLY**

(See instructions for definition of Small Contributor)

Subtotal Section A

\$ 0.00

**B. Itemized Contributions from Individuals**

Last Name						First		MI	Principal Occupation		Amount of Contribution	
Residential Street Address						City	State	Zip Code	Name of Employer			
Holihan						Anna		C	Chief Clerk / Atty			
57 Currier ST						Bristol	CT	06010	Region 19 Probate Court			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If contribution is in excess of \$400 to a candidate committee 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is this contribution associated with a fundraising event listed in Section L1?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Is contributor a principal of a state contractor or prospective state contractor?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		20		
If yes, list Event # _____			If yes, indicate which branch or branches of government the contract is with:			Executive <input type="checkbox"/> Legislative <input type="checkbox"/>						
Method of contribution:						Date Received		Aggregate contributions				
Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>						10-23-17		20				
Fitzsimons						Todd		J	SALES			
13 Merritt Woods						Bristol	CT	06013	Assoc. Business Solutions			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If contribution is in excess of \$400 to a candidate committee 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is this contribution associated with a fundraising event listed in Section L1?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Is contributor a principal of a state contractor or prospective state contractor?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		100		
If yes, list Event # _____			If yes, indicate which branch or branches of government the contract is with:			Executive <input type="checkbox"/> Legislative <input type="checkbox"/>						
Method of contribution:						Date Received		Aggregate contributions				
Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>						10-17-17		100				
Beldarski						Edmund		M	Engineer			
101 Lawrence Ln						Bristol	CT	06010	IDER Corp.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If contribution is in excess of \$400 to a candidate committee 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is this contribution associated with a fundraising event listed in Section L1?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Is contributor a principal of a state contractor or prospective state contractor?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		100		
If yes, list Event # _____			If yes, indicate which branch or branches of government the contract is with:			Executive <input type="checkbox"/> Legislative <input type="checkbox"/>						
Method of contribution:						Date Received		Aggregate contributions				
Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>						10-15-17		100				
Nicastro						Michael		D	CEO			
24 Hollyburn Rd						Bristol	CT	06010	Continuity			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If contribution is in excess of \$400 to a candidate committee 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is this contribution associated with a fundraising event listed in Section L1?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Is contributor a principal of a state contractor or prospective state contractor?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		50		
If yes, list Event # _____			If yes, indicate which branch or branches of government the contract is with:			Executive <input type="checkbox"/> Legislative <input type="checkbox"/>						
Method of contribution:						Date Received		Aggregate contributions				
Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>						10-15-17		50				

SUBTOTAL Section B-This Page

270

TOTAL of additional Section B Pages

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page)

**A. Total Contributions from Small Contributors-Received this Period ONLY**  
 (See instructions for definition of Small Contributor) **Subtotal Section A** \$ **0.00**

**B. Itemized Contributions from Individuals**

Last Name <b>Burke</b>		First <b>Kathryn</b>		MI	Principal Occupation <b>retired</b>		Amount of Contribution <b>9.100-</b>
Residential Street Address <b>894 Pine ST</b>		City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06400</b>	Name of Employer <b>N/A</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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: _____ <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative					
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received <b>10-25-17</b>	Aggregate contributions <b>9.100-</b>		

Last Name <b>Hopkins</b>		First <b>James</b>		MI <b>6.</b>	Principal Occupation <b>retired</b>		Amount of Contribution <b>4.50-</b>
Residential Street Address <b>94 Treble Rd</b>		City <b>Bristol</b>	State <b>CT</b>	Zip Code <b>06020</b>	Name of Employer <b>-</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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: _____ <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative					
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received	Aggregate contributions <b>4.50-</b>		

Last Name <b>Guarino</b>		First <b>Joseph</b>		MI <b>C</b>	Principal Occupation <b>Banker</b>		Amount of Contribution <b>100.-</b>
Residential Street Address <b>626 Wolcott ST</b>		City <b>Bristol</b>	State <b>CT</b>	Zip Code <b>06010</b>	Name of Employer <b>Farmington Bank</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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: _____ <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative					
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received <b>10/27/17</b>	Aggregate contributions <b>100.-</b>		

Last Name		First		MI	Principal Occupation		Amount of Contribution
Residential Street Address		City	State	Zip Code	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		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: _____					
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received	Aggregate contributions		

**SUBTOTAL Section B-This Page** **250.-**

**TOTAL of additional Section B Pages**

**TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page)** **520.-**

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE PRELESKI FOR COUNCIL				TYPE OF REPORT 7TH DAY PRECEDING ELECTION	
<b>P. Expenses Paid by Committee</b>					
Name of Payee LINDSAY RIVERS PHOTOGRAPHY			Date of Payment 10/26/2017		Method of Payment: <input checked="" type="radio"/> Check # 107 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code) A-SIGN	Description BANNER	Event #		<b>Amount</b> 17.10	
Expenditure # (if applicable) N/A	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input checked="" type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee NAACP			Date of Payment 10/26/2017		Method of Payment: <input checked="" type="radio"/> Check # 108 <input type="radio"/> Debit Card
Street Address C/O 29 SOUTH STREET		City BRISTOL		State CT	Zip Code 06010
Purpose of Expenditure (by code) ATT	Description ANNUAL DINNER AND MEMBERSHIP - DAVID PRELESKI	Event #		<b>Amount</b> 75.00	
Expenditure # (if applicable) N/A	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input checked="" type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City CT		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>SUBTOTAL Section P — This Page</b>				92.10	
<b>TOTAL of additional Section P Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> (Enter total on Line 19 of Summary Page Totals)				92.10	