SEEC FORM 20

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

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COVER PAGE

1. NAME OF COMMITTEE

PRELESKI FOR COUNCIL

2. TREASURER NAME

First	MI	Last	Suffix
DAVID	W	ALBERT	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
61 EAST MAIN STREET	BRISTOL	CT	06010

4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUGHT *(Complete only if Candidate Committee)*	6. DISTRICT NUMBER *(if applicable)*
11/07/2017	CITY COUNCIL	

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

First	MI	Last	Suffix
DAVID		PRELESKI	

8. TYPE OF REPORT *(Check One Box)*

- ○ January 10 filing
- ○ April 10 filing
- ○ July 10 filing
- ◉ October 10 filing
- ○ 24 Hour Independent Expenditure ○ Primary ○ Election
- ○ 7th day preceding primary
- ○ 30 days following primary
- ○ 7th day preceding election
- ○ 12th day preceding election *(State Central Committees Only)*
- ○ 45 days following election not held in November
- ○ 7th day preceding referendum
- ○ 45 days following referendum
- ○ Deficit
- ○ Termination
- ○ Initial Contribution or Disbursement *(PACs ONLY)*
- ○ Amendment to Type of Report: _____

9. PERIOD COVERED

Beginning Date		Ending Date
JULY 10, 2017	thru	OCTOBER 10 2017

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.

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

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)*	TYPE OF REPORT
PRELESKI FOR COUNCIL	OCT 10

	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	0	
13. Contributions Received from Individuals (Sections A and B)	3045.00	3045.00
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. *Per Public Act 11-48, effective January 1, 2012 Section L2 removed*		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	3045.00	3045.00
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)	1603.76	1603.76
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1441.24	1441.24
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)		

NAME OF COMMITTEE: Prelesky for Council

FILING DUE DATE: 10/10/17

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

(See instructions for definition of Small Contributor) **Subtotal Section A** $

B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	Amount of Contribution
Randall	DAVID		Manufacturer	$100

Residential Street Address: 25 Winterberry Curve | City: Branford | State: CT | Zip Code: 06405 | Name of Employer: Specialty Products & Mfg

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / X 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? Yes / X No

Is this contribution associated with a fundraising event listed in Section L1? X Yes / No
If yes, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes / X No
If yes, indicate which branch or branches of government the contract is with: Executive / Legislative

Method of contribution: X Cash / Personal Check / Credit/Debit Card / Payroll Deduction / Money Order

Date Received: 9-14-17 | Aggregate contributions: $100

Last Name	First	MI	Principal Occupation	Amount of Contribution
LaVigne	Thomas	L.	retired	$75

Residential Street Address: 106 Berkshire Dr | City: Branford | State: CT | Zip Code: 06405 | Name of Employer: N/A

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / 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? Yes / No

Is this contribution associated with a fundraising event listed in Section L1? X Yes / No
If yes, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes / X No
If yes, indicate which branch or branches of government the contract is with: Executive / Legislative

Method of contribution: Cash / X Personal Check / Credit/Debit Card / Payroll Deduction / Money Order

Date Received: 9-14-17 | Aggregate contributions: $75

Last Name	First	MI	Principal Occupation	Amount of Contribution
Britt	Daniel		retired	$25.00

Residential Street Address: 87 Treble Rd | City: Branford | State: CT | Zip Code: 06405 | Name of Employer: —

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / X 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? Yes / X No

Is this contribution associated with a fundraising event listed in Section L1? X Yes / No
If yes, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes / No
If yes, indicate which branch or branches of government the contract is with: Executive / Legislative

Method of contribution: X Cash / Personal Check / Credit/Debit Card / Payroll Deduction / Money Order

Date Received: 9-14-17 | Aggregate contributions: $25

Last Name	First	MI	Principal Occupation	Amount of Contribution
O'Brien	Thomas		Funeral Director	$100

Residential Street Address: 272 Center ST | City: Branford | State: CT | Zip Code: 06405 | Name of Employer: O'Brien Funeral Home

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / X 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? Yes / X No

Is this contribution associated with a fundraising event listed in Section L1? X Yes / No
If yes, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes / X No
If yes, indicate which branch or branches of government the contract is with: Executive / Legislative

Method of contribution: Cash / X Personal Check / Credit/Debit Card / Payroll Deduction / Money Order

Date Received: 9-14-17 | Aggregate contributions: $100

SUBTOTAL Section B-This Page $300

TOTAL of additional Section B Pages

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

I. MONETARY RECEIPTS (Sections A-K) Page 3 of 17

NAME OF COMMITTEE	FILING DUE DATE
Preleski for Council	10/10/17

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	Amount of Contribution
Rosshirt	Gail		—	
Residential Street Address	**City**	**State**	**Zip Code**	**Name of Employer**
53 Portage Crossing	Farmington	CT	06032	N/A

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / X 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? Yes / X No

Is this contribution associated with a fundraising event listed in Section L1? X Yes / No
If yes, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes / X No
If yes, indicate which branch or branches of government the contract is with: Executive / Legislative

Method of contribution: Cash / ✓ Personal Check / Credit/Debit Card / Payroll Deduction / Money Order

Date Received: 9-14-17 | Aggregate contributions: $200 —

Amount of Contribution: $200 —

Last Name	First	MI	Principal Occupation	Amount of Contribution
Caruso	Richard		Insurance Agent	
Residential Street Address	**City**	**State**	**Zip Code**	**Name of Employer**
70 Wake Robbin Ln	Harwinton	CT	06791	Tray-Drewell Ins.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / X 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? Yes / X No

Is this contribution associated with a fundraising event listed in Section L1? X Yes / No
If yes, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes / X No
If yes, indicate which branch or branches of government the contract is with: Executive / Legislative

Method of contribution: Cash / ✓ Personal Check / Credit/Debit Card / Payroll Deduction / Money Order

Date Received: 9-14-17 | Aggregate contributions: $100 —

Amount of Contribution: $100 —

Last Name	First	MI	Principal Occupation	Amount of Contribution
Harlow	Richard	J	Project Engineer	
Residential Street Address	**City**	**State**	**Zip Code**	**Name of Employer**
31 Peppermint Ln	Bristol	CT	06010	Pratt + Whitney

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / X 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? Yes / X No

Is this contribution associated with a fundraising event listed in Section L1? X Yes / No
If yes, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes / X No
If yes, indicate which branch or branches of government the contract is with: Executive / Legislative

Method of contribution: Cash / X Personal Check / Credit/Debit Card / Payroll Deduction / Money Order

Date Received: 9-14-17 | Aggregate contributions: $20 —

Amount of Contribution: $20 —

Last Name	First	MI	Principal Occupation	Amount of Contribution
Vonella	Philip	S	Builder	
Residential Street Address	**City**	**State**	**Zip Code**	**Name of Employer**
266 Matthews St	Bristol	CT	0600	Vonella Builders LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / X 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? Yes / X No

Is this contribution associated with a fundraising event listed in Section L1? X Yes / No
If yes, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes / X No
If yes, indicate which branch or branches of government the contract is with: Executive / Legislative

Method of contribution: Cash / ✓ Personal Check / Credit/Debit Card / Payroll Deduction / Money Order

Date Received: 9-14-17 | Aggregate contributions: $100 —

Amount of Contribution: $100 —

SUBTOTAL Section B-This Page $420.00

TOTAL of additional Section B Pages

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

NAME OF COMMITTEE: Pretelski for Council

FILING DUE DATE: 10/10/17

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

(See instructions for definition of Small Contributor) **Subtotal Section A** $

B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	Amount of Contribution
Clift	Maureen	M	Paralegal	$100

Residential Street Address: 1175 South Main St #9 | City: Plainville | State: CT | Zip Code: 06479 | Name of Employer: Atty Andre D. Darnell

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes [ ] No [X]

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 [ ] No [X]

Is this contribution associated with a fundraising event listed in Section L1? Yes [X] No [ ] *If yes*, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes [ ] No [X] *If yes*, indicate which branch or branches of government the contract is with: Executive [ ] Legislative [ ]

Method of contribution: Cash [ ] Personal Check [X] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received: 9-14-17 | Aggregate contributions: $100

Last Name	First	MI	Principal Occupation	Amount of Contribution
Steeg	Jeffrey	R.	Attorney	$100

Residential Street Address: 214 Belridge Rd | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer: Steeg + Clift LLP

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes [ ] No [X]

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 [ ] No [X]

Is this contribution associated with a fundraising event listed in Section L1? Yes [X] No [ ] *If yes*, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes [ ] No [X] *If yes*, indicate which branch or branches of government the contract is with: Executive [ ] Legislative [ ]

Method of contribution: Cash [ ] Personal Check [X] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received: 9-14-17 | Aggregate contributions: $100

Last Name	First	MI	Principal Occupation	Amount of Contribution
Zabel	Kathleen	K	Seasonal Employee	$25

Residential Street Address: 185 W. Chippens Hill Rd | City: Bristol | State: CT | Zip Code: 06013 | Name of Employer: State of CT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes [ ] No [X]

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 [ ] No [X]

Is this contribution associated with a fundraising event listed in Section L1? Yes [X] No [ ] *If yes*, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes [ ] No [X] *If yes*, indicate which branch or branches of government the contract is with: Executive [ ] Legislative [ ]

Method of contribution: Cash [ ] Personal Check [X] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received: 9-14-17 | Aggregate contributions: $25

Last Name	First	MI	Principal Occupation	Amount of Contribution
Ragaini	Thomas		Retired	$50

Residential Street Address: 651 Lake Ave #38 | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer: —

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes [ ] No [X]

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 [ ] No [X]

Is this contribution associated with a fundraising event listed in Section L1? Yes [X] No [ ] *If yes*, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes [ ] No [X] *If yes*, indicate which branch or branches of government the contract is with: Executive [ ] Legislative [ ]

Method of contribution: Cash [X] Personal Check [ ] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received: 9-14-17 | Aggregate contributions: $50

SUBTOTAL Section B-This Page $275

TOTAL of additional Section B Pages

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

NAME OF COMMITTEE: Prelesk for Council

FILING DUE DATE: 10/10/17

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

(See instructions for definition of Small Contributor) **Subtotal Section A** $

B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	Amount of Contribution
Rivers	Michael		Insurance Partner	$200

Residential Street Address: 32 Patricia Dr | City: Bristol | State: CT | Zip Code: | Name of Employer: Tracy-Driscoll Ins.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes [ ] No [X]

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 [ ] No [X]

Is this contribution associated with a fundraising event listed in Section L1? Yes [X] No [ ]
If yes, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes [ ] No [X]
If yes, indicate which branch or branches of government the contract is with: Executive [ ] Legislative [ ]

Method of contribution: Cash [ ] Personal Check [X] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order [ ]

Date Received: 9-14-17 | Aggregate contributions: $200

Last Name	First	MI	Principal Occupation	Amount of Contribution
Petosa	Michael	L.	Supervisor	$50

Residential Street Address: 30 Walnut ST | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer: State of CT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes [ ] No [X]

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 [ ] No [X]

Is this contribution associated with a fundraising event listed in Section L1? Yes [X] No [ ]
If yes, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes [ ] No [X]
If yes, indicate which branch or branches of government the contract is with: Executive [ ] Legislative [ ]

Method of contribution: Cash [ ] Personal Check [X] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order [ ]

Date Received: 9-14-17 | Aggregate contributions: $50

Last Name	First	MI	Principal Occupation	Amount of Contribution
Petosa	Ronald		Atty.	$75

Residential Street Address: 101 Curtiss ST | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer: Law Office of Ron Petosa

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes [ ] No [X]

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 [ ] No [X]

Is this contribution associated with a fundraising event listed in Section L1? Yes [X] No [ ]
If yes, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes [ ] No [ ]
If yes, indicate which branch or branches of government the contract is with: Executive [ ] Legislative [X]

Method of contribution: Cash [ ] Personal Check [X] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order [ ]

Date Received: 9-14-17 | Aggregate contributions: $75

Last Name	First	MI	Principal Occupation	Amount of Contribution
Dorval	Marcia		Realtor	$100

Residential Street Address: 80 Lakewood Circle | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer: Country Manor Realty

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes [ ] No [X]

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 [ ] No [X]

Is this contribution associated with a fundraising event listed in Section L1? Yes [X] No [ ]
If yes, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes [ ] No [X]
If yes, indicate which branch or branches of government the contract is with: Executive [ ] Legislative [ ]

Method of contribution: Cash [ ] Personal Check [X] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order [ ]

Date Received: 9-14-17 | Aggregate contributions: $100

SUBTOTAL Section B-This Page $425.00

TOTAL of additional Section B Pages $

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

NAME OF COMMITTEE: Pretski for Council

FILING DUE DATE: 10/10/17

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

(See instructions for definition of Small Contributor) **Subtotal Section A** $

B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	Amount of Contribution
ALLAIRE	Stephen	O	Attorney	

Residential Street Address: 1276 Burlington Ave | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer: ALLAIRE Elder LAW

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / 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? Yes / No ✓

Is this contribution associated with a fundraising event listed in Section L1? Yes ✓ / No. *If yes*, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes / No ✓. *If yes*, indicate which branch or branches of government the contract is with: Executive / Legislative

Method of contribution: Cash / Personal Check ✓ / Credit/Debit Card / Payroll Deduction / Money Order

Date Received: 9-14-17 | Aggregate contributions: $100 | Amount of Contribution: $100

Last Name	First	MI	Principal Occupation	Amount of Contribution
Veits	William	J	Income Tax Preparer	

Residential Street Address: 31 Natalie Court | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer: Self-employed - William J Veits, SA

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / 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? Yes / No ✓

Is this contribution associated with a fundraising event listed in Section L1? Yes ✓ / No. *If yes*, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes / No ✓. *If yes*, indicate which branch or branches of government the contract is with: Executive / Legislative

Method of contribution: Cash / Personal Check ✓ / Credit/Debit Card / Payroll Deduction / Money Order

Date Received: 9-14-17 | Aggregate contributions: $50 | Amount of Contribution: $50

Last Name	First	MI	Principal Occupation	Amount of Contribution
Lodovico	John			

Residential Street Address: 47 Taillon St | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer: Tunxis C.C.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / 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? Yes / No ✓

Is this contribution associated with a fundraising event listed in Section L1? Yes ✓ / No. *If yes*, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes / No ✓. *If yes*, indicate which branch or branches of government the contract is with: Executive / Legislative

Method of contribution: Cash / Personal Check ✓ / Credit/Debit Card / Payroll Deduction / Money Order

Date Received: 9-14-17 | Aggregate contributions: $50 | Amount of Contribution: $50

Last Name	First	MI	Principal Occupation	Amount of Contribution
Leone	John	J.		

Residential Street Address: 60 Maureen Dr. | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer: Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / 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? Yes / No ✓

Is this contribution associated with a fundraising event listed in Section L1? Yes ✓ / No. *If yes*, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes / No ✓. *If yes*, indicate which branch or branches of government the contract is with: Executive / Legislative

Method of contribution: Cash / Personal Check ✓ / Credit/Debit Card / Payroll Deduction / Money Order

Date Received: 9-14-17 | Aggregate contributions: $100 | Amount of Contribution: $100

SUBTOTAL Section B-This Page $300

TOTAL of additional Section B Pages

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

NAME OF COMMITTEE | FILING DUE DATE 10/10/17

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

(See instructions for definition of Small Contributor) **Subtotal Section A** $

B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	Amount of Contribution
Moore	Sean	M	Insurance Executive	$100

Residential Street Address: 223 Hollyberry Rd | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer: Zurich North America

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes [ ] No [X]

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 [ ] No [X]

Is this contribution associated with a fundraising event listed in Section L1? Yes [X] No [ ]
If yes, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes [ ] No [X]
If yes, indicate which branch or branches of government the contract is with: Executive [ ] Legislative [ ]

Method of contribution: Cash [ ] Personal Check [✓] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order [ ]

Date Received: 9-14-17 | Aggregate contributions: $100

Last Name	First	MI	Principal Occupation	Amount of Contribution
Wynne	Robert	K	attorney	$200

Residential Street Address: 17 Pangkewood Rd | City: Farmington | State: CT | Zip Code: 06032 | Name of Employer: self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes [ ] No [X]

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 [ ] No [X]

Is this contribution associated with a fundraising event listed in Section L1? Yes [X] No [ ]
If yes, list Event # 9142017

Is contributor a principal of a state contractor or prospective state contractor? Yes [ ] No [X]
If yes, indicate which branch or branches of government the contract is with: Executive [ ] Legislative [ ]

Method of contribution: Cash [ ] Personal Check [✓] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order [ ]

Date Received: 9-14-17 | Aggregate contributions: $200

Last Name	First	MI	Principal Occupation	Amount of Contribution
Boi	John	J.		$50

Residential Street Address: 70 Wintergreen Rd | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer:

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes [ ] No [X]

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 [ ] No [X]

Is this contribution associated with a fundraising event listed in Section L1? Yes [ ] No [X]
If yes, list Event #

Is contributor a principal of a state contractor or prospective state contractor? Yes [ ] No [X]
If yes, indicate which branch or branches of government the contract is with: Executive [ ] Legislative [ ]

Method of contribution: Cash [ ] Personal Check [✓] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order [ ]

Date Received: 8-29-17 | Aggregate contributions: $50

Last Name	First	MI	Principal Occupation	Amount of Contribution
Stafford	Sandra	C	retired	$25

Residential Street Address: 444 Clark Ave #24 | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer:

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes [ ] No [X]

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 [ ] No [X]

Is this contribution associated with a fundraising event listed in Section L1? Yes [ ] No [X]
If yes, list Event #

Is contributor a principal of a state contractor or prospective state contractor? Yes [ ] No [X]
If yes, indicate which branch or branches of government the contract is with: Executive [ ] Legislative [ ]

Method of contribution: Cash [ ] Personal Check [✓] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order [ ]

Date Received: 8-11-17 | Aggregate contributions: $25

SUBTOTAL Section B-This Page $375.00

TOTAL of additional Section B Pages

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

NAME OF COMMITTEE	FILING DUE DATE

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
Casey	Susan		Asst Manager	$100

Residential Street Address: 97 Peppermint Lane | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer: Webster Bank

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes [ ] No [X]

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 [ ] No [X]

Is this contribution associated with a fundraising event listed in Section L1? Yes [ ] No [ ]
If yes, list Event #

Is contributor a principal of a state contractor or prospective state contractor? Yes [ ] No [X]
If yes, indicate which branch or branches of government the contract is with: Executive [ ] Legislative [ ]

Method of contribution: Cash [ ] Personal Check [✓] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order [ ]

Date Received: 9-14-17 | Aggregate contributions: $100

Last Name	First	MI	Principal Occupation	Amount of Contribution
Furey	Tim		attorney	$100

Residential Street Address: 19 Southdown Rd | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer: Furey, Donovan

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes [ ] No [X]

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 [ ] No [X]

Is this contribution associated with a fundraising event listed in Section L1? Yes [X] No [ ]
If yes, list Event # 9/14/2017

Is contributor a principal of a state contractor or prospective state contractor? Yes [ ] No [X]
If yes, indicate which branch or branches of government the contract is with: Executive [ ] Legislative [ ]

Method of contribution: Cash [ ] Personal Check [✓] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order [ ]

Date Received: 9-14-17 | Aggregate contributions: $100

Last Name	First	MI	Principal Occupation	Amount of Contribution
~~Attorney~~ Mattioli	Nancy	P.	retired	$100

Residential Street Address: 28 Larkspur Lane | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer: retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes [ ] No [X]

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 [ ] No [X]

Is this contribution associated with a fundraising event listed in Section L1? Yes [X] No [ ]
If yes, list Event # 9/14/2017

Is contributor a principal of a state contractor or prospective state contractor? Yes [ ] No [X]
If yes, indicate which branch or branches of government the contract is with: Executive [ ] Legislative [ ]

Method of contribution: Cash [ ] Personal Check [✓] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order [ ]

Date Received: 9-9-17 | Aggregate contributions: $100

Last Name	First	MI	Principal Occupation	Amount of Contribution
Mattioli	Anthony	M	Banker	$100

Residential Street Address: 28 Larkspur Lane | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer: Thomaston Savings Bank

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes [ ] No [X]

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 [ ] No [X]

Is this contribution associated with a fundraising event listed in Section L1? Yes [X] No [ ]
If yes, list Event # 9/14/2017

Is contributor a principal of a state contractor or prospective state contractor? Yes [ ] No [X]
If yes, indicate which branch or branches of government the contract is with: Executive [ ] Legislative [ ]

Method of contribution: Cash [ ] Personal Check [✓] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order [ ]

Date Received: 9-9-17 | Aggregate contributions: $100

SUBTOTAL Section B-This Page 400

TOTAL of additional Section B Pages

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

NAME OF COMMITTEE: Prelesky for Council

FILING DUE DATE: 10/10/17

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

(See instructions for definition of Small Contributor) **Subtotal Section A** $

B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	Amount of Contribution
Graziano	Nancy		Para - Professional	$100

Residential Street Address: 223 Hallyberry Rd | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer:

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ 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? ☐ Yes ☐ No

Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No *If yes*, list Event # 9/14/2017

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 9-14-17 | Aggregate contributions: $100

Last Name	First	MI	Principal Occupation	Amount of Contribution
Wright	Christopher	A	Retired Registrar	$100

Residential Street Address: 35 Ruth St Unit 49 | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer: St Francis Hospital

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ 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? ☐ Yes ☐ No

Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No *If yes*, list Event #

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 8-28-17 | Aggregate contributions: $100

Last Name	First	MI	Principal Occupation	Amount of Contribution
Rimcoski	Tyrone		Retired	$50

Residential Street Address: 139 Ridgecrest Cir | City: Bristol | State: CT | Zip Code: 06010 | Name of Employer: Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ 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? ☐ Yes ☐ No

Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No *If yes*, list Event #

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 9-18-17 | Aggregate contributions: $50

Last Name	First	MI	Principal Occupation	Amount of Contribution

Residential Street Address | City | State: CT | Zip Code | Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ 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? ☐ Yes ☐ No

Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No *If yes*, list Event #

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received | Aggregate contributions

SUBTOTAL Section B-This Page $350.00

TOTAL of additional Section B Pages

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE: PRELESKI FOR COUNCIL

FILING DUE DATE:

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
Bombard	Cynthia			

Residential Street Address: 24 North St | City: Plymouth | State: CT | Zip Code: 06786 | Name of Employer: Bristol Chamber of Commerce

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ☑ 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? ○ Yes ☑ No

Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ☑ No
If yes, list Event #

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ☑ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of contribution: ○ Cash ☑ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 2-14-17 | Aggregate contributions: $100.00 ~~$0.00~~ | Amount of Contribution: $100 ~~$0.00~~

Last Name	First	MI	Principal Occupation	Amount of Contribution
Bradley	Geri Ann		Pharmacist	

Residential Street Address: 135 New Britain Ave #28 | City: Plainville | State: CT | Zip Code: 06062 | Name of Employer: The Healing Garden

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ☑ 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? ○ Yes ☑ No

Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ☑ No
If yes, list Event #

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ☑ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of contribution: ○ Cash ☒ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 9-5-17 | Aggregate contributions: $100 ~~$0.00~~ | Amount of Contribution: ~~$0.00~~ $100

Last Name	First	MI	Principal Occupation	Amount of Contribution

Residential Street Address | City | State: CT | Zip Code | Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ 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? ○ Yes ○ No

Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ○ No
If yes, list Event #

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of contribution: ○ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received | Aggregate contributions: $0.00 | Amount of Contribution: $0.00

Last Name	First	MI	Principal Occupation	Amount of Contribution

Residential Street Address | City | State: CT | Zip Code | Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ 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? ○ Yes ○ No

Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ○ No
If yes, list Event #

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of contribution: ○ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received | Aggregate contributions: $0.00 | Amount of Contribution: $0.00

SUBTOTAL Section B-This Page	$200.00 ~~$0.00~~
TOTAL of additional Section B Pages	~~$0.00~~
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Enter total on Line 13 of Summary Page)*	$0.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
PRELESKI FOR COUNCIL	OCT 10

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with an event reported in Section L1? ◯ Yes ◯ No *If yes*, list Event # _____		**Amount of Contribution**
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with an event reported in Section L1? ◯ Yes ◯ No *If yes*, list Event # _____		**Amount of Contribution**
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with an event reported in Section L1? ◯ Yes ◯ No *If yes*, list Event # _____		**Amount of Contribution**
City	State	Zip Code	Date Received	Aggregate Contributions	

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer		
Address			City	State	Zip Code
Date Received	Expenditure # *(if applicable)*	Payment Type ◯ Reimbursement for shared expense ◯ Surplus Distribution			**Amount of Receipt**
Description					

Name of Committee			Name of Treasurer		
Address			City	State	Zip Code
Date Received	Expenditure # *(if applicable)*	Payment Type ◯ Reimbursement for shared expense ◯ Surplus Distribution			**Amount of Receipt**
Description					

SUBTOTAL Section C — This Page	
TOTAL of additional Section C Pages	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) ***(Enter total on Line 14, Column A of Summary Page Totals)***	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
PRELESKI FOR COUNCIL	OCT 10

D. Loans Received this Period

Name of Lender		Source of Loan: ◯ Bank ◯ Candidate ◯ Individual ◯ Other 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 *(if applicable)*				**Amount Received**
Street Address	City	State	Zip Code	

Name of Lender		Source of Loan: ◯ Bank ◯ Candidate ◯ Individual ◯ Other 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 *(if applicable)*				**Amount Received**
Street Address	City	State	Zip Code	

Name of Lender		Source of Loan: ◯ Bank ◯ Candidate ◯ Individual ◯ Other 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 *(if applicable)*				**Amount Received**
Street Address	City	State	Zip Code	

TOTAL SECTION D	

E. Receipts from Entities other than Individuals or Other Committees *(Referendum Committees ONLY)*

Name of Entity				
Street Address			Date Received	**Amount Received**
City	State	Zip Code	Aggregate Contributions	

Name of Entity				
Street Address			Date Received	**Amount Received**
City	State	Zip Code	Aggregate Contributions	

Name of Entity				
Street Address			Date Received	**Amount Received**
City	State	Zip Code	Aggregate Contributions	

TOTAL SECTION E	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
PRELESKI FOR COUNCIL	OCT 10

F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

Date of Receipt	Is this transaction associated with an event reported in Section L1?	Amount
	○ Yes ○ No *If yes,* list Event #	
	○ Yes ○ No *If yes,* list Event #	
	○ Yes ○ No *If yes,* list Event #	
	○ Yes ○ No *If yes,* list Event #	
	TOTAL SECTION F	

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

Date of Receipt	Date of Receipt	Date of Receipt
Amount	**Amount**	**Amount**
	TOTAL SECTION G	

H. Personal Funds of the Candidate Received this Period *(Candidate Committees ONLY)*

Date of Receipt	Method of payment:	Amount
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	TOTAL SECTION H	

I. Anonymous 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.

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
PRELESKI FOR COUNCIL	OCT 10

J. Interest from Deposits in Authorized 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	

TOTAL SECTION J	

K. Miscellaneous Monetary Receipts not Considered Contributions

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				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				

TOTAL SECTION K	

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)	+	
Total of Other Monetary Receipts (Add Sections D through K) *(Enter total on Line 15, Column A of Summary Page Totals)*		0

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
PRELESKI FOR COUNCIL	OCT 10

L1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event?
9142017	COCKTAIL PARTY	◉ Yes ○ No

Location: Street Address	City	State	Zip Code
139 E CHIPPENS HILL RD	BURLINGTON	CT	06013

Subpart 1: (All Committees)

Was this event hosted at a personal residence? ◉ Yes (*If yes*, go to Section L5 **In-Kind Donations not Considered Contributions Associated with a House Party** and complete required information for any purchases made by host(s) for food, beverage and invitations.) ○ No

Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100? ○ Yes (*If yes*, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information.) ◉ No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100? ○ Yes (*If yes*, enter **Total Receipts** here.) → $ ◉ No

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? ○ Yes (*If yes*, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.) ◉ No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? ○ Yes (*If yes*, enter **Total Receipts** here.) → $ ◉ No

Event # / Date of Event / Letter	Description	Was this a fundraising event?
		○ Yes ○ No

Location: Street Address	City	State	Zip Code

Subpart 1: (All Committees)

Was this event hosted at a personal residence? ○ Yes (*If yes*, go to Section L5 **In-Kind Donations not Considered Contributions Associated with a House Party** and complete required information for any purchases made by host(s) for food, beverage and invitations.) ○ No

Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100? ○ Yes (*If yes*, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information.) ○ No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100? ○ Yes (*If yes*, enter **Total Receipts** here.) → $ ○ No

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? ○ Yes (*If yes*, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.) ○ No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? ○ Yes (*If yes*, enter **Total Receipts** here.) → $ ○ No

SUBTOTAL Section L1—Subpart 1 *(All Committees)* Total Receipts from Sale of Donated Items — This Page	
SUBTOTAL Section L1—Subpart 3 *(Town Committees ONLY)* Total Receipts from Food Purchases — This Page	
TOTAL of additional Section L1 Pages	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES *(Enter total on Line 16a, Column A of Summary Page Totals)*	

II. EVENT ACTIVITY (Sections L1—L5)

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 Registered with Filing Repository)*	TYPE OF REPORT

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser				Purchase Made By: ○ Business Entity ○ Other ○ Individual/Sole Proprietorship
Street Address	City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser				Purchase Made By: ○ Business Entity ○ Other ○ Individual/Sole Proprietorship
Street Address	City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser				Purchase Made By: ○ Business Entity ○ Other ○ Individual/Sole Proprietorship
Street Address	City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser				Purchase Made By: ○ Business Entity ○ Other ○ Individual/Sole Proprietorship
Street Address	City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser				Purchase Made By: ○ Business Entity ○ Other ○ Individual/Sole Proprietorship
Street Address	City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	
TOTAL of additional Section L3 Pages	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN *(Enter total on Line 16c, Column A of Summary Page Totals)*	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

L4. In-Kind Donations Not Considered Contributions

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
○ Business Entity ○ Individual ○ Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
○ Business Entity ○ Individual ○ Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
○ Business Entity ○ Individual ○ Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
○ Business Entity ○ Individual ○ Sole Proprietorship	Date Received	Event #	Aggregate value for this Event	

SUBTOTAL Section L4 — This Page	
TOTAL of additional Section L4 Pages	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS *(Enter total on Line 21, Column A of Summary Page Totals)*	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

L5. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host			Is this event supporting more than one candidate or committee? ◯ Yes ◯ No *If yes*, complete **Itemization in Addendum L5**	
Street Address	City		State	Zip Code
Description of Donation			**Fair Market Value of Donation**	
Event #	Aggregate Value of this Event—*all hosts*	Aggregate Value of all Events—*this host/candidate*		

Name of Host			Is this event supporting more than one candidate or committee? ◯ Yes ◯ No *If yes*, complete **Itemization in Addendum L5**	
Street Address	City		State	Zip Code
Description of Donation			**Fair Market Value of Donation**	
Event #	Aggregate Value of this Event—*all hosts*	Aggregate Value of all Events—*this host/candidate*		

Name of Host			Is this event supporting more than one candidate or committee? ◯ Yes ◯ No *If yes*, complete **Itemization in Addendum L5**	
Street Address	City		State	Zip Code
Description of Donation			**Fair Market Value of Donation**	
Event #	Aggregate Value of this Event—*all hosts*	Aggregate Value of all Events—*this host/candidate*		

Name of Host			Is this event supporting more than one candidate or committee? ◯ Yes ◯ No *If yes*, complete **Itemization in Addendum L5**	
Street Address	City		State	Zip Code
Description of Donation			**Fair Market Value of Donation**	
Event #	Aggregate Value of this Event—*all hosts*	Aggregate Value of all Events—*this host/candidate*		

SUBTOTAL Section L5 — This Page	
TOTAL of additional Section L5 Pages	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY *(Enter total on Line 22, Column A of Summary Page Totals)*	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

M. In-Kind Contributions

Name

Street Address	City	State	Zip Code

Type of contributor: ☐ Committee ☐ Individual / Sole Proprietorship ☐ Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution

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

Is this contribution associated with an event reported in Section L1? ☐ Yes ☐ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Fair Market Value of this Contribution

Name

Street Address	City	State	Zip Code

Type of contributor: ☐ Committee ☐ Individual / Sole Proprietorship ☐ Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution

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

Is this contribution associated with an event reported in Section L1? ☐ Yes ☐ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Fair Market Value of this Contribution

Name

Street Address	City	State	Zip Code

Type of contributor: ☐ Committee ☐ Individual / Sole Proprietorship ☐ Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution

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

Is this contribution associated with an event reported listed in Section L1? ☐ Yes ☐ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Fair Market Value of this Contribution

SUBTOTAL Section M — This Page	
TOTAL of additional Section M Pages	
TOTAL OF ALL IN-KIND CONTRIBUTIONS *(Enter total on Line 23, Column A of Summary Page Totals)*	

N. Refundable Deposit to Telephone Company

Last Name of Individual	First	MI	Date Deposit Made

Residential Street Address	City	State	Zip Code

Name of Telephone Company

Street Address	City	State	Zip Code

Amount of Deposit

TOTAL SECTION N *(Enter total on Line 24, Column A of Summary Page Totals)*	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
PRELESKI FOR COUNCIL	OCT 10

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment:
SOUTHSIDE CATERERS	09/21/17	(•) Check # 105 ( ) Debit Card ( ) EFT

Street Address	City	State	Zip Code
145 WEST ST	BRISTOL	CT	06010

Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	FOOD	9142017	1007.67

Expenditure # (if applicable)

Type of Expenditure *(Itemization in Addendum P Required unless "None of the below" is checked)*

(•) None of the below
( ) Coordinated with reimbursement sought (joint expenditure)
( ) Coordinated without reimbursement sought (in-kind contribution)
( ) Independent
( ) Organization ( ) A ( ) B ( ) C ( ) D

Name of Payee	Date of Payment	Method of Payment:
BRISTOL DEMOCRATIC TOWN COMM	9/14/17	(•) Check # 102 ( ) Debit Card ( ) EFT

Street Address	City	State	Zip Code
430 N MAIN ST	BRISTOL	CT	06010

Purpose of Expenditure (by code)	Description	Event #	Amount
A-DM	AD		12.50

Expenditure # (if applicable)

Type of Expenditure *(Itemization in Addendum P Required unless "None of the below" is checked)*

(•) None of the below
( ) Coordinated with reimbursement sought (joint expenditure)
( ) Coordinated without reimbursement sought (in-kind contribution)
( ) Independent
( ) Organization ( ) A ( ) B ( ) C ( ) D

Name of Payee	Date of Payment	Method of Payment:
SAWICKI & SONS	9/16/17	(•) Check # 103 ( ) Debit Card ( ) EFT

Street Address	City	State	Zip Code
1521 W LAFAYETTE ST	DETROIT	MI	48216

Purpose of Expenditure (by code)	Description	Event #	Amount
A-SIGN	SIGNS		340.50

Expenditure # (if applicable)

Type of Expenditure *(Itemization in Addendum P Required unless "None of the below" is checked)*

(•) None of the below
( ) Coordinated with reimbursement sought (joint expenditure)
( ) Coordinated without reimbursement sought (in-kind contribution)
( ) Independent
( ) Organization ( ) A ( ) B ( ) C ( ) D

Name of Payee	Date of Payment	Method of Payment:
LINDSAY RIVERS PHOTOGRAPY	9/19/17	(•) Check # 104 ( ) Debit Card ( ) EFT

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
A-SIGN	BANNER		17.10

Expenditure # (if applicable)

Type of Expenditure *(Itemization in Addendum P Required unless "None of the below" is checked)*

(•) None of the below
( ) Coordinated with reimbursement sought (joint expenditure)
( ) Coordinated without reimbursement sought (in-kind contribution)
( ) Independent
( ) Organization ( ) A ( ) B ( ) C ( ) D

SUBTOTAL Section P — This Page	
TOTAL of additional Section P Pages	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)*	

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Revised January 2015

Section P ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Preleski For Council	Oct 10

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment:
Imagelink Inc	9/21/17	☒ Check # 105 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
2091 Business Ctr. Dr	Irvine	CA	92612

Purpose of Expenditure (by code)	Description	Event #	Amount
A-DM	mailers		225.99

Expenditure # (if applicable)

Type of Expenditure *(Itemization in Addendum P Required unless "None of the below" is checked)*

☐ None of the below
☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent
☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D

Name of Payee	Date of Payment	Method of Payment:
		☐ Check #_____ ☐ Debit Card ☐ 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 unless "None of the below" is checked)*

☐ None of the below
☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent
☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D

Name of Payee	Date of Payment	Method of Payment:
		☐ Check #_____ ☐ Debit Card ☐ 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 unless "None of the below" is checked)*

☐ None of the below
☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent
☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D

Name of Payee	Date of Payment	Method of Payment:
		☐ Check #_____ ☐ Debit Card ☐ 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 unless "None of the below" is checked)*

☐ None of the below
☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent
☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D

SUBTOTAL Section P — This Page	225.99
TOTAL of additional Section P Pages	1377.77
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)*	1603.76

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

Q. Campaign Expenses Paid by Candidate

Name of Payee (***Name of Vendor, Person or Entity who candidate paid directly***)			Date of Payment	Is reimbursement claimed? ○ Yes ○ No
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**

Name of Payee (***Name of Vendor, Person or Entity who candidate paid directly***)			Date of Payment	Is reimbursement claimed? ○ Yes ○ No
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**

Name of Payee (***Name of Vendor, Person or Entity who candidate paid directly***)			Date of Payment	Is reimbursement claimed? ○ Yes ○ No
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**

Name of Payee (***Name of Vendor, Person or Entity who candidate paid directly***)			Date of Payment	Is reimbursement claimed? ○ Yes ○ No
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**

Name of Payee (***Name of Vendor, Person or Entity who candidate paid directly***)			Date of Payment	Is reimbursement claimed? ○ Yes ○ No
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**

Name of Payee (***Name of Vendor, Person or Entity who candidate paid directly***)			Date of Payment	Is reimbursement claimed? ○ Yes ○ No
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**

SUBTOTAL Section Q — This Page	1377.77
TOTAL of additional Section Q Pages	225.99
TOTAL OF ALL EXPENSES PAID BY CANDIDATE *(Enter total on Line 26, Column A of Summary Page Totals)*	1603.76

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
PRELESKI FOR COUNCIL	OCT 10

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: ○ Visa ○ Master Card ○ Discover ○ American Express ○ Other:

Name of Vendor, Person or Entity			Date of Transaction	
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 unless "None of the below" is checked)*** ○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization: ○ A ○ B ○ C ○ D			

Name of Vendor, Person or Entity			Date of Transaction	
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 unless "None of the below" is checked)*** ○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization: ○ A ○ B ○ C ○ D			

Name of Vendor, Person or Entity			Date of Transaction	
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 unless "None of the below" is checked)*** ○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization: ○ A ○ B ○ C ○ D			

SUBTOTAL Section R — This Page	
TOTAL of additional Section R Pages	
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD *(Enter total on Line 27, Column A of Summary Page Totals)*	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: ○ Check #_____ ○ Debit Card ○ EFT

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 Required unless "None of the below" is checked)***
	○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ ○ ○ ○ ○ Coordinated without reimbursement sought (in-kind contribution) ○ Organization: ○ A ○ B ○ C ○ D

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: ○ Check #_____ ○ Debit Card ○ EFT

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 Required unless "None of the below" is checked)***
	○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ ○ ○ ○ ○ Coordinated without reimbursement sought (in-kind contribution) ○ Organization: ○ A ○ B ○ C ○ D

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: ○ Check #_____ ○ Debit Card ○ EFT

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 Required unless "None of the below" is checked)***
	○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ ○ ○ ○ ○ Coordinated without reimbursement sought (in-kind contribution) ○ Organization: ○ A ○ B ○ C ○ D

SUBTOTAL Section T — This Page	
TOTAL of additional Section T Pages	
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	