

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08



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SUMMARY PAGE 2018 MAY 21 PM 3:19

1. NAME OF COMMITTEE	
PRELESKI FOR COUNCIL	TOWN AND CITY CLERK BRISTOL, CT

2. TREASURER NAME				
Title	First	MI	Last	Suffix
	DAVID	W	ALBERT	

3. TREASURER ADDRESS			
Street Address	City	State	Zip Code
61 EAST MAIN ST	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)				
Title	First	MI	Last	Suffix
	DAVID		PRELESKI	

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 <i>(PACs ONLY)</i>
<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 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 <i>(State Central Committees Only)</i>	<input checked="" type="radio"/> Termination	<input type="text"/>
<input type="radio"/> Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		

9. PERIOD COVERED	
Beginning Date	Ending Date
11/01/2017	thru 12/31/2017

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.		
	DAVID W ALBERT	05/21/2017
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.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 1/08

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
PRELESKI FOR COUNCIL	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$1,869.14	
13. Contributions received from Individuals (Sections A and B)	\$200.00	\$3,765.00
14. Receipts from Other Committees (Sections C1 and C2)	\$430.00	\$430.00
15. Other Monetary Receipts (Sections D-K)	\$300.00	\$300.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	\$0.00	\$0.00
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$930.00	\$4,495.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$2,799.14	\$4,495.00
19. Expenses Paid by Committee (Section P)	\$2,799.14	\$4,495.00
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$0.00	\$0.00
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	\$0.00
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	\$0.00
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE PRELESKI FOR COUNCIL	FILING DUE DATE
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A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$ 0.00
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B. Itemized Contributions from Individuals

Last Name BURKE	First KATHRYN	MI	Principal Occupation RETIRED	Amount of Contribution
Residential Street Address 894 PINE ST	City BRISTOL	State CT	Zip Code 06010	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/05/2017	Aggregate contributions \$100.00	\$100.00

Last Name HART	First DENNIS	MI F	Principal Occupation RETIRED	Amount of Contribution
Residential Street Address 129 INDIAN TRAIL	City BRISTOL	State CT	Zip Code 06010	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/26/2017	Aggregate contributions \$50.00	\$50.00

Last Name HART	First WILMA	MI D	Principal Occupation RETIRED	Amount of Contribution
Residential Street Address 129 INDIAN TRAIL	City BRISTOL	State CT	Zip Code 06010	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/26/2017	Aggregate contributions \$50.00	\$50.00

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate contributions \$0.00	\$0.00

SUBTOTAL Section B-This Page **\$200.00**

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) **\$200.00**

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE PRELESKI FOR COUNCIL	FILING DUE DATE
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C1. Contributions from Other Committees

Name of Committee WELCH UNCAS PAC				Name of Treasurer NICHOLAS CUTLER				
Address 82 MICHAEL DRIVER				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input checked="" type="radio"/> No				Amount of Contribution \$150.00
City SOUTHINGTON	State CT	Zip Code 06489	Date Received 11/01/2017	Aggregate Contributions \$150.00				
Name of Committee				Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input checked="" type="radio"/> No				Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00				
Name of Committee				Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input checked="" type="radio"/> No				Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00				
Name of Committee				Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input checked="" type="radio"/> No				Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00				
Name of Committee				Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input checked="" type="radio"/> No				Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00				
Name of Committee				Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input checked="" type="radio"/> No				Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00				

C2. Reimbursements, Payments, or Surplus Distributions from other Committees

Name of Committee KELLEY FOR COUNCIL				Name of Treasurer GREG BOULANGER				
Address 16 NUTMEG RD				Date Received 11/15/2017				Amount of Receipt \$280.00
City BRISTOL	State CT	Zip Code 06010	<input checked="" type="radio"/> Reimbursement for shared expense <input checked="" type="radio"/> Payment for goods and services		<input type="radio"/> Surplus Distribution			
Name of Committee				Name of Treasurer				
Address				Date Received				Amount of Receipt \$0.00
City	State CT	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services		<input type="radio"/> Surplus Distribution			
SUBTOTAL Section C-This Page							\$430.00	
TOTAL of additional Section C Pages							\$0.00	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)							\$430.00	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE PRELESKI FOR COUNCIL	FILING DUE DATE
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D. Loans Received this Period

Name of Lender []	Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="radio"/> No	Amount Received \$0.00
Street Address [] City [] State [CT] Zip Code []	<input type="radio"/> Individual <input type="radio"/> Other Committee		
Name of Cosigner/Guarantor []	Date of Receipt []		
Street Address [] City [] State [CT] Zip Code []			

Total Section D \$ 0.00

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

Name of Entity []	Date Received []	Amount Received \$0.00
Street Address []	Aggregate Contributions \$0.00	
City [] State [CT] Zip Code []		

Total Section E \$ 0.00

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

Date of Receipt []	Amount \$0.00	Date of Receipt []	Amount \$0.00	Total Transfers \$0.00
Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # []		Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # []		

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

Date of Receipt []	Amount \$0.00	Date of Receipt []	Amount \$0.00	Total Transfers \$0.00
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H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt 11/01/2017	Method of payment: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Date of Receipt []	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Total Amount Received \$300.00
Amount \$300.00		Amount \$0.00		

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE PRELESKI FOR COUNCIL	FILING DUE DATE
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I. Anonymous Contributions (Specify dollar amount of the bills received)

Date Received	Amount \$0.00	Date Received	Amount \$0.00	Total Amount Received
\$1 bills \$0.00	\$5 bills \$0.00	\$1 bills \$0.00	\$5 bills \$0.00	
coins \$0.00	\$10 bill \$0.00	coins \$0.00	\$10 bill \$0.00	
				\$ 0.00

J. Interest from Deposits in Authorized Accounts

Date Received	Amount \$0.00	Date Received	Amount \$0.00	Total Amount Received
Name of Institution		Name of Institution		
Street Address		Street Address		
City	State CT	City	State CT	
				\$ 0.00

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address	City	
Description		\$ \$0.00
Name		Amount Received
Street Address	City	
Description		\$ \$0.00
Name		Amount Received
Street Address	City	
Description		\$ \$0.00
Total Section K		\$ 0.00

Summary of Other Monetary Receipts (Sections D-K)

Total Loans Received this Period (Section D)	+	0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	300.00
Total Amount of Anonymous Contributions (Section I)	+	0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	0.00
Total of Other Monetary Receipts (Add Sections D-K) <i>(Enter total on Line 15 of Summary Page)</i>		300.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE PRELESKI FOR COUNCIL	FILING DUE DATE <input style="width:90%;" type="text"/>
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L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	CT	<input style="width:90%;" type="text"/>

Subpart 1: (All Committees)

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? 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 \$50? Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

Were there purchases of advertising space in a program book associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book 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? Yes (If yes, enter Total Receipts from small purchases here.) No

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	CT	<input style="width:90%;" type="text"/>

Subpart 1: (All Committees)

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? 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 \$50? Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

Were there purchases of advertising space in a program book associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book 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? Yes (If yes, enter Total Receipts from small purchases here.) No

SUBTOTAL Section L1 (Town Committees ONLY) Total Receipts-This Page	<input style="width:90%;" type="text" value="\$0.00"/>
TOTAL of additional Section L1 Pages	+ <input style="width:90%;" type="text" value="\$0.00"/>
TOTAL OF ALL RECEIPTS FROM SECTION L1 (Enter total on Line 16a of Summary Page)	<input style="width:90%;" type="text" value="\$0.00"/>

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE PRELESKI FOR COUNCIL	FILING DUE DATE
--	----------------------------

L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of Purchaser (Individuals ONLY) Last Name: _____ First: _____ MI: _____	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address: _____ City: _____ State: CT Zip Code: _____	Date Received: _____ Event #: _____	
Items Purchased: _____		\$0.00
Name of Purchaser (Individuals ONLY) Last Name: _____ First: _____ MI: _____	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address: _____ City: _____ State: CT Zip Code: _____	Date Received: _____ Event #: _____	
Items Purchased: _____		\$0.00
Name of Purchaser (Individuals ONLY) Last Name: _____ First: _____ MI: _____	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address: _____ City: _____ State: CT Zip Code: _____	Date Received: _____ Event #: _____	
Items Purchased: _____		\$0.00
Name of Purchaser (Individuals ONLY) Last Name: _____ First: _____ MI: _____	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address: _____ City: _____ State: CT Zip Code: _____	Date Received: _____ Event #: _____	
Items Purchased: _____		\$0.00
Name of Purchaser (Individuals ONLY) Last Name: _____ First: _____ MI: _____	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address: _____ City: _____ State: CT Zip Code: _____	Date Received: _____ Event #: _____	
Items Purchased: _____		\$0.00
Name of Purchaser (Individuals ONLY) Last Name: _____ First: _____ MI: _____	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address: _____ City: _____ State: CT Zip Code: _____	Date Received: _____ Event #: _____	
Items Purchased: _____		\$0.00
Name of Purchaser (Individuals ONLY) Last Name: _____ First: _____ MI: _____	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address: _____ City: _____ State: CT Zip Code: _____	Date Received: _____ Event #: _____	
Items Purchased: _____		\$0.00
Name of Purchaser (Individuals ONLY) Last Name: _____ First: _____ MI: _____	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address: _____ City: _____ State: CT Zip Code: _____	Date Received: _____ Event #: _____	
Items Purchased: _____		\$0.00
SUBTOTAL Section L2-This Page		\$0.00
TOTAL of additional Section L2 Pages		\$0.00
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS <i>(Enter total on Line 16b of Summary Page)</i>		\$0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE PRELESKI FOR COUNCIL	FILING DUE DATE
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L3. Purchases of Advertising in a Program Book (Municipal Candidate and Town Committees ONLY)

Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address City State Zip Code 		Event #		
SUBTOTAL Section L3-This Page				\$0.00
TOTAL of additional Section L3 Pages				\$0.00
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page)				\$0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE PRELESKI FOR COUNCIL	FILING DUE DATE
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L4. In-Kind Donations Not Considered Contributions

Name of Donor				Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity	Fair Market Value of Donation \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity	Fair Market Value of Donation \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity	Fair Market Value of Donation \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity	Fair Market Value of Donation \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity	Fair Market Value of Donation \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity	Fair Market Value of Donation \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity	Fair Market Value of Donation \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity	Fair Market Value of Donation \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity	Fair Market Value of Donation \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
SUBTOTAL Section L4-This Page					\$0.00
TOTAL of additional Section L4 Pages					\$0.00
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page)					\$0.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE PRELESKI FOR COUNCIL	FILING DUE DATE
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M. In-Kind Contributions

Name _____				Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address _____		City _____	State CT	Zip Code _____		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No				
Date Received _____	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> _____	<input type="radio"/> Yes <input type="radio"/> No	Description of In-Kind Contribution _____		Aggregate contributions \$0.00	\$0.00

Name _____				Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address _____		City _____	State CT	Zip Code _____		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No				
Date Received _____	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> _____	<input type="radio"/> Yes <input type="radio"/> No	Description of In-Kind Contribution _____		Aggregate contributions \$0.00	\$0.00

Name _____				Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address _____		City _____	State CT	Zip Code _____		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No				
Date Received _____	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> _____	<input type="radio"/> Yes <input type="radio"/> No	Description of In-Kind Contribution _____		Aggregate contributions \$0.00	\$0.00

Name _____				Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address _____		City _____	State CT	Zip Code _____		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No				
Date Received _____	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> _____	<input type="radio"/> Yes <input type="radio"/> No	Description of In-Kind Contribution _____		Aggregate contributions \$0.00	\$0.00

Name _____				Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address _____		City _____	State CT	Zip Code _____		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No				
Date Received _____	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> _____	<input type="radio"/> Yes <input type="radio"/> No	Description of In-Kind Contribution _____		Aggregate contributions \$0.00	\$0.00

SUBTOTAL Section M-This Page \$0.00

TOTAL of additional Section M Pages \$0.00

TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page) \$0.00

N. Refundable Deposit to Telephone Company

(NOTE: This section refers only to advances of deposits by individuals from personal funds to benefit the committee, not deposits made by the committee.)

Last Name of Individual _____		First _____	MI _____	Date Deposit Made _____	Amount of Deposit
Residential Street Address _____		City _____	State CT	Zip Code _____	
Name of telephone company _____					
Street Address _____		City _____	State CT	Zip Code _____	\$0.00

Total Section N (Enter total on Line 23 of Summary Page) \$0.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
PRELESKI FOR COUNCIL					
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i>		\$0.00
			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i>		\$0.00
			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i>		\$0.00
			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i>		\$0.00
			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i>		\$0.00
			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i>		\$0.00
			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i>		\$0.00
			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Total Section O (Enter total on Line 24 of Summary Page)					\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE PRELESKI FOR COUNCIL	FILING DUE DATE
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P. Expenses Paid by Committee

Name of Payee THE BRISTOL PRESS				Date of Payment 	Method of Payment <input checked="" type="radio"/> Check # 109 <input type="radio"/> Debit Card	Amount
Street Address 188 MAIN ST		City BRISTOL	State CT	Zip Code 06010		
Purpose of Expenditure (by code) A-NEWS		Description ADVERTISING			Event # 	
Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions)		Candidate(s) Name (if applicable) 		Office Sought 	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 560.00

Name of Payee IMAGE INK				Date of Payment 11/1/2017	Method of Payment <input checked="" type="radio"/> Check # 110 <input type="radio"/> Debit Card	Amount
Street Address 2091 BUSINESS CTR DR		City IRVINE	State CA	Zip Code 92612		
Purpose of Expenditure (by code) A-DM		Description MAILERS			Event # 	
Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions)		Candidate(s) Name (if applicable) 		Office Sought 	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 350.96

Name of Payee KELLEY FOR COUNCIL				Date of Payment 12/8/2017	Method of Payment <input checked="" type="radio"/> Check # 113 <input type="radio"/> Debit Card	Amount
Street Address 16 NUTMEG DR		City BRISTOL	State CT	Zip Code 06010		
Purpose of Expenditure (by code) A-NEWS		Description REIMBURSEMENT FOR SHARED EXPENSE			Event # 	
Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions)		Candidate(s) Name (if applicable) 		Office Sought 	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 210.19

Name of Payee DEMOCRATIC TOWN COMM				Date of Payment 12/31/2017	Method of Payment <input checked="" type="radio"/> Check # 121 <input type="radio"/> Debit Card	Amount
Street Address 120 LAUREL ST		City BRISTOL	State CT	Zip Code 06010		
Purpose of Expenditure (by code) CNTRB		Description CONTRIBUTION OF RESIDUAL FUNDS			Event # 	
Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions)		Candidate(s) Name (if applicable) 		Office Sought 	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 1,000.00

Name of Payee UNITED WAY				Date of Payment 12/31/2017	Method of Payment <input checked="" type="radio"/> Check # 114 <input type="radio"/> Debit Card	Amount
Street Address 440 N MAIN ST		City BRISTOL	State CT	Zip Code 06010		
Purpose of Expenditure (by code) CNTRB		Description CONTRIBUTION OF RESIDUAL FUNDS			Event # 	
Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions)		Candidate(s) Name (if applicable) 		Office Sought 	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 100.00

SUBTOTAL Section P-This Page \$2,221.15

TOTAL of additional Section P Pages \$577.99

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page) \$2,799.14

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE	
PRELESKI FOR COUNCIL					
P. Expenses Paid by Committee					
Name of Payee MAIN ST Community Foundation		Date of Payment 12/31/2017		Method of Payment <input checked="" type="checkbox"/> Check # 117 <input type="checkbox"/> Debit Card	
Street Address PO Box 2702		City Bristol	State CT	Zip Code 06010	
Purpose of Expenditure (by code) CNTRB		Description Cont. of Residual Fds		Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
\$ 100.00					
Name of Payee New England Carousel Museum		Date of Payment 12/31/2017		Method of Payment <input checked="" type="checkbox"/> Check # 118 <input type="checkbox"/> Debit Card	
Street Address 95 Riverside Ave		City Bristol	State CT	Zip Code 06010	
Purpose of Expenditure (by code) CNTRB		Description Cont of Residual Fds		Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
\$ 100.00					
Name of Payee Environmental Learning Center		Date of Payment 12/31/17		Method of Payment <input checked="" type="checkbox"/> Check # 119 <input type="checkbox"/> Debit Card	
Street Address 501 Wolcott St		City Bristol	State CT	Zip Code 06010	
Purpose of Expenditure (by code)		Description		Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
\$ 50.00					
Name of Payee Southside Meat Mkt		Date of Payment 12/31/17		Method of Payment <input checked="" type="checkbox"/> Check # 116 <input type="checkbox"/> Debit Card	
Street Address 145 West St		City Bristol	State CT	Zip Code 06010	
Purpose of Expenditure (by code) Food		Description Food		Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
\$ 300.00					
Name of Payee Webster Bank		Date of Payment 12/31/2017		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address 150 Main St		City Bristol	State CT	Zip Code 06010	
Purpose of Expenditure (by code) BNK		Description fees		Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
\$ 27.99					
SUBTOTAL Section P-This Page					577.99
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)					