SEEC FORM 20
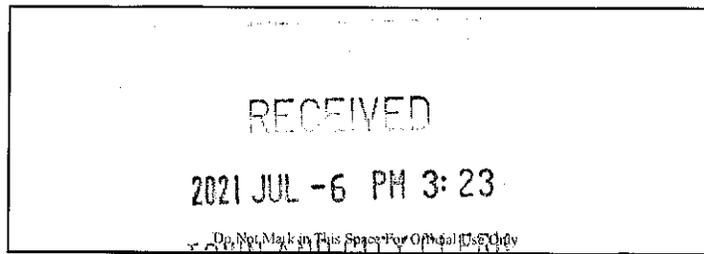
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

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50.00

COVER PAGE BRISTOL, CT

1. NAME OF COMMITTEE

Dante for Board of Education

2. TREASURER NAME

First	MI	Last	Suffix
Steven	M	Reed	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
45 Holley Rd	Bristol	CT	06010

4. ELECTION/REFERENDUM DATE
(mm/dd/yyyy)
11/2/2021

5. OFFICE SOUGHT (Complete only if Candidate Committee)
Seat on the Bristol Board of Education

6. DISTRICT NUMBER
(if applicable)

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

First	MI	Last	Suffix
Dante	A	Tagariello	

8. TYPE OF REPORT (Check One Box)

- ☐ January 10 filing
- ☐ April 10 filing
- ☒ July 10 filing
- ☐ October 10 filing
- ☐ 24 Hour Independent Expenditure
  - O Primary   O 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
3/26/2021	thru	06/30/2021

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: STEVEN M. REED

DATE (mm/dd/yyyy): 7/5/21

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.

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	
Dante for Board of Education		
	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		
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	1860.00	1860.00
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)	1860.00	1860.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1860.00	1860.00
19. Expenses Paid by Committee (Section P)	77.20	77.20
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1782.80	1782.80
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 *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Board of Education	July 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A**	$	560.00

B. Itemized Contributions from Individuals

Last Name	First	MI
Abrams	Aileen	

Residential Street Address	City	State	Zip Code
694 Main St. Unit 3	Plymouth	CT	06782

Principal Occupation	Name of Employer
Dir. of Market Research	Mark Bruce Intl

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	**Amount of Contribution**
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	250.00

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	Date Received 6/25/21	Aggregate Contributions 250.00	

Last Name	First	MI
Parenti	Rob	

Residential Street Address	City	State	Zip Code
101 DiPietro Lane	Bristol	CT	06010

Principal Occupation	Name of Employer
Education Technology	MOVIA Robotics

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	**Amount of Contribution**
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	250.00

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	Date Received 6/1/2021	Aggregate Contributions 250.00	

Last Name	First	MI
Donato	Gary	

Residential Street Address	City	State	Zip Code
100 Village St	So Easton	MA	02375

Principal Occupation	Name of Employer
Adjunct Professor History/Government	Mass. Bay Comunity College

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	**Amount of Contribution**
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	100.00

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	Date Received 4/16/21	Aggregate Contributions 100.00	

SUBTOTAL Section B — This Page	600.00
TOTAL of additional Section B Pages	700.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	1860.00

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Board of Education	July 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLY
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A | $ 560.00

B. Itemized Contributions from Individuals

Last Name	First	MI
Erosenko	Michael	

Residential Street Address	City	State	Zip Code
40 Palmorr Pl	Bristol	CT	06010

Principal Occupation	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 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

Amount of Contribution
100.00

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

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

Date Received	Aggregate Contributions
6/28/21	100.00

Last Name	First	MI
Maikowski	David	J

Residential Street Address	City	State	Zip Code
466 Hill St	Bristol	CT	06010

Principal Occupation	Name of Employer
Investment Advisor	Infinex Investments

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

Amount of Contribution
100.00

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

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

Date Received	Aggregate Contributions
4/23/21	100.00

Last Name	First	MI
Pavalock	Cara	

Residential Street Address	City	State	Zip Code
182 Rossi Drive	Bristol	CT	06010

Principal Occupation	Name of Employer
Attorney	Law office of Cara Pavalock

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

Amount of Contribution
100.00

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

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

Date Received	Aggregate Contributions
04/17/2021	100.00

SUBTOTAL Section B — This Page	300.00
TOTAL of additional Section B Pages	1000.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	1860.00

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Board of Education	July 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A**	$ 560.00

B. Itemized Contributions from Individuals

Last Name	First	MI
Pavalock	Cathy	

Residential Street Address	City	State	Zip Code
150 Brittany Farms Rd	New Britain	CT	06053

Principal Occupation	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 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

Amount of Contribution 100.00

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

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

Date Received 4/18/21 Aggregate Contributions 100.00

Last Name	First	MI
Rackliffe	David	

Residential Street Address	City	State	Zip Code
730 Lake Ave	Bristol	CT	06010

Principal Occupation	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 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

Amount of Contribution 100.00

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

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

Date Received 4/16/21 Aggregate Contributions

Last Name	First	MI
Tagariello	Ryan	

Residential Street Address	City	State	Zip Code
94 Cobblestone Ln	Meriden	CT	

Principal Occupation	Name of Employer
IT ANalyst	HArtford Healthcare

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

Amount of Contribution 100.00

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

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

Date Received 5/13/21 Aggregate Contributions 100.00

SUBTOTAL Section B — This Page	300.00
TOTAL of additional Section B Pages	1000.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	1860.00

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Boad of Education	July 10 FIling - Original

A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* SUBTOTAL SECTION A	$ 560.00

B. Itemized Contributions from Individuals

Last Name	First	MI
Tagariello	Sharon	

Residential Street Address	City	State	Zip Code
32 Lake Vista Trail #106	Port St. Lucie	FL	34952

Principal Occupation	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 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

Amount of Contribution

100.00

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

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

Date Received	Aggregate Contributions
5/11/21	100.00

Last Name	First	MI

Residential Street Address	City	State	Zip Code

Principal Occupation	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 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

Amount of Contribution

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

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

Date Received	Aggregate Contributions

Last Name	First	MI

Residential Street Address	City	State	Zip Code

Principal Occupation	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 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

Amount of Contribution

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

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

Date Received	Aggregate Contributions

SUBTOTAL Section B — This Page	100.00
TOTAL of additional Section B Pages	1200.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	1860.00

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Board of Education	July 10 Filing - Original

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)*	

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Board of Education	July 10 Filing - Original

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

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Board of Education	July 10 Filing - Original

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?	☐ Yes *If yes,* list Event # ☐ No	Amount 50.00
Date of Receipt	Is this transaction associated with an event reported in Section L1?	☐ Yes *If yes,* list Event # ☐ No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	☐ Yes *If yes,* list Event # ☐ No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	☐ Yes *If yes,* list Event # ☐ No	Amount
		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	
Date of Receipt	Method of payment:	Amount
	☐ Cash ☐ Personal Check ☐ Credit/Debit Card	
Date of Receipt	Method of payment: 3/26 ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	Amount
Date of Receipt	Method of payment:	Amount
	☐ 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.

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Board of Education	July 10 Filing - Original

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)*	

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Board of Education	July 10 Filing - Original

L1. Event Information

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

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)*	

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
Dante for Board of Education	July 10 Filing - Original

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)*	

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Board of Education	July 10 Filing - Original

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	Date Received	Event #	Aggregate Value for this Event	
☐ Sole Proprietorship				

Name of Donor

Street Address	City	State	Zip Code

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

Name of Donor

Street Address	City	State	Zip Code

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

Name of Donor

Street Address	City	State	Zip Code

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

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)*	

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Board of Education	July 10 Filing - Original

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)*	

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Board of Education	July 10 Filing - Original

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	**Fair Market Value of this Contribution**
Is this contribution associated with an event reported in Section L1? *If yes*, list Event # _____ ☐ Yes ☐ No	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	

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	**Fair Market Value of this Contribution**
Is this contribution associated with an event reported in Section L1? *If yes*, list Event # _____ ☐ Yes ☐ No	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	

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	**Fair Market Value of this Contribution**
Is this contribution associated with an event reported listed in Section L1? *If yes*, list Event # _____ ☐ Yes ☐ No	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	

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	**Amount of Deposit**

Name of Telephone Company

Street Address	City	State	Zip Code	

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

SEEC FORM 20
Revised January 2015

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Board of Education	July 10 Filing - Original

P. Expenses Paid by Committee

Name of Payee		Date of Payment	Method of Payment:
Anedot		Multiple	☐ Check #_____ ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Suite 106	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #	Amount
BNK	Credit Card Discount/Processing Fees Incurred		77.20

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:
	3/		☐ 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	77.20
TOTAL of additional Section P Pages	0
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)*	77.20

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Board of Education	July 10 Filing - Original

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

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Board of Education	July 10 Filing - Original

R. Expenses Incurred on Committee Credit Card

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

5.00

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) ☐ Independent
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o 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) ☐ Independent
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o 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) ☐ Independent
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o 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)*	

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Board of Education	July 10 Filing - Original

S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor		Date Incurred

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount Incurred *(Estimate or Actual)*

Expenditure # *(if applicable)*	Type of Expenditure *(Itemization in Addendum S Required unless "None of the below" is checked)*
	☐ None of the below ☐ Independent
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Organization: ○ A ○ B ○ C ○ D
	☐ Coordinated without reimbursement sought (in-kind contribution)

Name of Creditor		Date Incurred

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount Incurred *(Estimate or Actual)*

Expenditure # *(if applicable)*	Type of Expenditure *(Itemization in Addendum S Required unless "None of the below" is checked)*
	☐ None of the below ☐ Independent
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Organization: ○ A ○ B ○ C ○ D
	☐ Coordinated without reimbursement sought (in-kind contribution)

Name of Creditor		Date Incurred

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount Incurred *(Estimate or Actual)*

Expenditure # *(if applicable)*	Type of Expenditure *(Itemization in Addendum S Required unless "None of the below" is checked)*
	☐ None of the below ☐ Independent
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Organization: ○ A ○ B ○ C ○ D
	☐ Coordinated without reimbursement sought (in-kind contribution)

SUBTOTAL Section S-This Page	
TOTAL of additional Section S Pages	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID *(Enter total on Line 28, Column A of Summary Page Totals)*	
Previously reported Expenses Unpaid and still Outstanding	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID *(Enter total on Line 28a, Column A of Summary Page Totals)*	

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Dante for Board of Education	July 10 Filing - Original

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: o A o B o C o 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: o A o B o C o 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: o A o B o C o D

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