

SEEC FORM 20



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TOWN AND CITY CLERK
BRISTOL, CT
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COVER PAGE

1. NAME OF COMMITTEE			
MIELCARZ FOR CITY COUNCIL			
2. TREASURER NAME			
First GARY	MI	Last SASSU	Suffix
3. TREASURER ADDRESS			
Street Address 34 DONOVAN CT		City BRISTOL	State CT
			Zip Code 06010
4. ELECTION/REFERENDUM DATE <small>(mm/dd/yyyy)</small>		5. OFFICE SOUGHT <small>(Complete only if Candidate Committee)</small>	
11/02/2021		CITY COUNCIL	
			6. DISTRICT NUMBER <small>(if applicable)</small>
			2
7. CANDIDATE NAME <small>(Complete only if Candidate or Exploratory Committee)</small>			
First ROBERT	MI T	Last MIELCARZ	Suffix
8. TYPE OF REPORT <small>(Check One Box)</small>			
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement <small>(PACs ONLY)</small>
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input checked="" type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election <small>(State Central Committees Only)</small>	<input type="checkbox"/> Termination	<u>7th day preceding election</u>
<input type="checkbox"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="checkbox"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date		Ending Date	
10/01/2021		thru 10/24/2021	
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)		GARY SASSU _____ PRINT NAME OF SIGNER	
		10/25/2021 _____ DATE (mm/dd/yyyy)	