

SEEC FORM 20



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1. NAME OF COMMITTEE

MIELCARZ FOR CITY COUNCIL

2. TREASURER NAME

First GARY	MI	Last SASSU	Suffix
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3. TREASURER ADDRESS

Street Address 34 DONOVAN ST	City BRISTOL	State CT	Zip Code 06010
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4. ELECTION/REFERENDUM DATE **5. OFFICE SOUGHT** *(Complete only if Candidate Committee)* **6. DISTRICT NUMBER** *(if applicable)*

(mm/dd/yyyy) 11/02/2021	CITY COUNCIL	2
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7. CANDIDATE NAME *(Complete only if Candidate or Exploratory Committee)*

First ROBERT	MI T	Last MIELCARZ	Suffix
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8. TYPE OF REPORT *(Check One Box)*

<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 <i>(PACs ONLY)</i>
<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 <i>(State Central Committees Only)</i>	<input type="checkbox"/> Termination	<u>OCT 10 FILING</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
<u>7/01/2021</u>	thru <u>9/30/2021</u>

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)