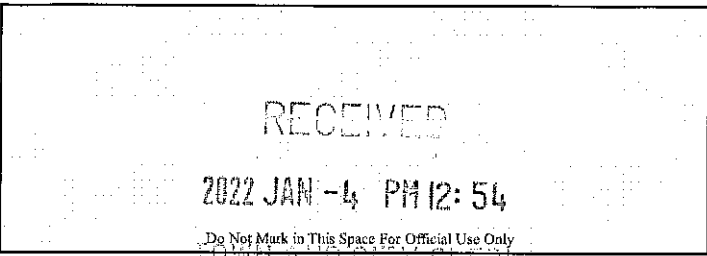


# SEEC FORM 20

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



Do Not Mark in This Space For Official Use Only

COVER PAGE BRISTOL, CT

<b>1. NAME OF COMMITTEE</b>			
MIELCARZ FOR CITY COUNCIL			
<b>2. TREASURER NAME</b>			
First GARY	MI	Last SASSU	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 34 DONOVAN CT	City BRISTOL	State CT	Zip Code 06010
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/02/2021	<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee) CITY COUNCIL		<b>6. DISTRICT NUMBER</b> (if applicable)
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)			
First ROBERT	MI T	Last MIELCARZ	Suffix
<b>8. TYPE OF REPORT</b> (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 (PACs ONLY)
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input 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 (State Central Committees Only)	<input checked="" type="checkbox"/> Termination	
<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		
<b>9. PERIOD COVERED</b>			
Beginning Date 10/25/2021		thru	Ending Date 12/29/2021
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		GARY SASSU PRINT NAME OF SIGNER	12/29/2021 DATE (mm/dd/yyyy)
<i>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.</i>			

**SEEC FORM 20**

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

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
MIELCARZ FOR CITY COUNCIL	TERMINATION	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	2963.60	
13. Contributions Received from Individuals (Sections A and B)	115.00	4040.00
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	401.06	651.06
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	516.06	4691.06
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	3479.66	4691.06
19. Expenses Paid by Committee (Section P)	3479.66	4691.06
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	0	0
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	101.68	101.68
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
MIELCARTZ FOR CITY COUNCIL	TERMINATION
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$ <u>0</u>
<b>SUBTOTAL SECTION A</b>	

## B. Itemized Contributions from Individuals

Last Name		First		MI	
STAFFORD		SANDRA		C	
Residential Street Address		City		State	Zip Code
441 CLARK AVE # 24		BRISTOL		CT	06010
Principal Occupation			Name of Employer		
RETIRED			-		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>  \$ 30 -
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: #1722 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received: 11/15/21	Aggregate Contributions: 55 -	

Last Name		First		MI	
SASSI		GARY			
Residential Street Address		City		State	Zip Code
34 DONOVAN CT		BRISTOL		CT	06010
Principal Occupation			Name of Employer		
GOLF PRO			CHIPPANEE COUNTRY CLUB		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>  \$ 85
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received: 12/2/21	Aggregate Contributions: \$ 85	

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount of Contribution</b>
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received:	Aggregate Contributions:	

**SUBTOTAL Section B — This Page**      \$115

**TOTAL of additional Section B Pages**      0

**TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)**  
*(Enter total on Line 13, Column A of Summary Page Totals)*      \$115

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
MIELCARZ FOR CITY COUNCIL						TERMINATION	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>			Amount of Contribution	
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
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? <i>If yes, list Event # _____</i>			Amount of Contribution	
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
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? <i>If yes, list Event # _____</i>			Amount of Contribution	
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
City	State	Zip Code	Date Received	Aggregate Contributions			
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type			Amount of Receipt		
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type			Amount of Receipt		
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							
<b>SUBTOTAL Section C — This Page</b>						0	
<b>TOTAL of additional Section C Pages</b>						0	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>						0	

# I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> <u>MIELCARZ FOR CITY COUNCIL</u>	<b>TYPE OF REPORT</b> <u>TERMINATION</u>
--	---

### D. Loans Received this Period

Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				
Amount Received				
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				
Amount Received				
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				
Amount Received				
Street Address	City	State	Zip Code	

**TOTAL SECTION D**

0

### 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**

0

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <b>MIELCARZ FOR CITY COUNCIL</b>	TYPE OF REPORT <b>TERMINATION</b>
--	--------------------------------------

### 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
<b>TOTAL SECTION F</b>		<b>0</b>

### 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
<b>TOTAL SECTION G</b>		<b>0</b>

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

Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
11/01/21		\$70.00
<b>TOTAL SECTION H</b>		<b>\$70.00</b>

### I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
MIELCART FOR CITY COUNCIL	TERMINATION

## 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**      0

## K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
O'KEEFE ILLUSTRATIONS & DESIGN	11/09/21	159.53
Street Address	City	
41 KNOB HILL LANE	BRISTOL	
Description		
RECORD / RETURNED CHECK #111 TO ACCOUNT / BOUNCED CHECK		
O'KEEFE ILLUSTRATIONS & DESIGN	11/15/21	171.53
Street Address	City	
41 KNOB HILL LANE	BRISTOL	
Description		
RECORD / RETURNED CK #111 TO ACCOUNT / BOUNCED CHECK		
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**      0

## SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)		0
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	0
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	\$70.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	\$331.06
<b>Total of Other Monetary Receipts</b>		
(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)		401.06

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
MIELCOPZ FOR CITY COUNCIL			TERMINATION		
<b>L1. Event Information</b>					
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address		City	State	Zip Code	
<b>Subpart 1: (All Committees)</b>					
Was this event hosted at a personal residence?					
<input type="checkbox"/> Yes <i>(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.)</i> <input type="checkbox"/> 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?					
<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="checkbox"/> No					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?					
<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px;">\$</span> <input type="checkbox"/> No					
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?					
<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="checkbox"/> No					
<b>Subpart 3: (Town Committees ONLY)</b>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?					
<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px;">\$</span> <input type="checkbox"/> No					
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address		City	State	Zip Code	
<b>Subpart 1: (All Committees)</b>					
Was this event hosted at a personal residence?					
<input type="checkbox"/> Yes <i>(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.)</i> <input type="checkbox"/> 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?					
<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="checkbox"/> No					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?					
<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px;">\$</span> <input type="checkbox"/> No					
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?					
<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="checkbox"/> No					
<b>Subpart 3: (Town Committees ONLY)</b>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?					
<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px;">\$</span> <input type="checkbox"/> No					
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>					
0					
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>					
0					
<b>TOTAL of additional Section L1 Pages</b>					
0					
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>					
0					



## II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE <small>(Provide Complete Name as Registered with Filing Repository)</small>	TYPE OF REPORT
MIELCARZ FOR CITY COUNCIL	TERMINATION

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

Name of Purchaser				Purchase Made By:	
				<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> 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:	
				<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> 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:	
				<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> 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:	
				<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> 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:	
				<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> 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:	
				<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> 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	

<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>	0
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>	0
<b>TOTAL of additional Section L3 Pages</b>	0
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <small>(Enter total on Line 16c, Column A of Summary Page Totals)</small>	0

## II. EVENT ACTIVITY (Sections L1—L5)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> MIELCARZ FOR CITY COUNCIL	<b>TYPE OF REPORT</b> TERMINATION
---	--------------------------------------

### L4. In-Kind Donations Not Considered Contributions

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation  Date Received      Event #	Fair Market Value of Donation  Aggregate Value for this Event
---	---	---

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation  Date Received      Event #	Fair Market Value of Donation  Aggregate Value for this Event
---	---	---

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation  Date Received      Event #	Fair Market Value of Donation  Aggregate Value for this Event
---	---	---

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation  Date Received      Event #	Fair Market Value of Donation  Aggregate value for this Event
---	---	---

<b>SUBTOTAL Section L4— This Page</b>	0
<b>TOTAL of additional Section L4 Pages</b>	0
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>	0

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
MIELCARZ FOR COUNCIL			TERMINATION	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host candidate</i>		
<b>SUBTOTAL Section L5 — This Page</b>			0	
<b>TOTAL of additional Section L5 Pages</b>			0	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			0	

### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <b>MIELWARZ FOR CITY COUNCIL</b>	TYPE OF REPORT <b>TERMINATION</b>
--	--------------------------------------

#### M. In-Kind Contributions

Name			
Street Address		City	State    Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name			
Street Address		City	State    Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name			
Street Address		City	State    Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name			
Street Address		City	State    Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		

**SUBTOTAL Section M — This Page**    0

**TOTAL of additional Section M Pages**    0

**TOTAL OF ALL IN-KIND CONTRIBUTIONS** (Enter total on Line 23, Column A of Summary Page Totals)    0

#### N. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State    Zip Code	<b>Amount of Deposit</b>
Name of Telephone Company				
Street Address		City	State    Zip Code	

**TOTAL SECTION N** (Enter total on Line 24, Column A of Summary Page Totals)    0

SEEC FORM 20  
Revised January 2015

**IV. EXPENDITURES (Sections P—T)**

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
MIELCARZ FOR CITY COUNCIL		TERMINATION	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
AUTOMATED MAILING SERVICES LLC		10/25/21	<input checked="" type="checkbox"/> Check # 106 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
1687 REINHARD RD		CHESHIRE	CT 06418
Purpose of Expenditure (by code)	Description	Event #	Amount
POST	MAILING/POSTAGE	-	1099.01
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee		Date of Payment	Method of Payment:
IMAGE INK		10/29/21	<input checked="" type="checkbox"/> Check # 107 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
102 PANE RD		NEWINGTON	CT 06111
Purpose of Expenditure (by code)	Description	Event #	Amount
PRNT	PRINTING DOOR HANGERS	-	997.63
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee		Date of Payment	Method of Payment:
PRIMO PRESS LLC		10/28/21	<input checked="" type="checkbox"/> Check # 108 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
106 RIVERSIDE AVE		BRISTOL	CT 06010
Purpose of Expenditure (by code)	Description	Event #	Amount
A-SIGN	LAWN SIGNS	-	877.39
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input checked="" type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee		Date of Payment	Method of Payment:
ROBERT MIELCARZ		10/26/21	<input checked="" type="checkbox"/> Check # 109 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
30 KENNETH TERRACE		BRISTOL	CT 06010
Purpose of Expenditure (by code)	Description	Event #	Amount
POST	REIMBURSE FOR ADD'L DUE/MAILING/AUTOM.	-	101.68
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input checked="" type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
SUBTOTAL Section P — This Page		\$ 2875.71	
TOTAL of additional Section P Pages		603.95	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		3479.66	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
MIELCARE FOR CITY COUNCIL		TERMINATION	
<b>P. Expenses Paid by Committee</b>			
Name of Payee		Date of Payment	Method of Payment:
O'KEEFE ILLUSTRATION & DESIGN		11/04/21	<input checked="" type="checkbox"/> Check # 110 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
41 KNOB HILL LANE		BRISTOL	CT 06010
Purpose of Expenditure (by code)	Description	Event #	Amount
A-OTH	MAILER DESIGN / RETURNED CK.	—	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		159.53
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee		Date of Payment	Method of Payment:
O'KEEFE ILLUST & DESIGN		11/15/21	<input checked="" type="checkbox"/> Check # 111 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
41 KNOB HILL LANE		BRISTOL	CT 06010
Purpose of Expenditure (by code)	Description	Event #	Amount
A-OTH	MAILER DESIGN / RETURNED CK.	—	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		171.53
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee		Date of Payment	Method of Payment:
O'KEEFE ILLUST & DESIGN		12/02/21	<input checked="" type="checkbox"/> Check # 112 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
41 KNOB HILL LANE		BRISTOL	CT 06010
Purpose of Expenditure (by code)	Description	Event #	Amount
A-OTH	MAILER DESIGN / CORRECT CHECK REPLACE	—	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		183.53
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee		Date of Payment	Method of Payment:
PEOPLES UNITED BANK		11/04/21	<input checked="" type="checkbox"/> Check # 110 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
4 RIVERSIDE AVE		BRISTOL	CT 06010
Purpose of Expenditure (by code)	Description	Event #	Amount
BNK	RETURNED CHECK # 110 - FEE	—	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		37.00
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
SUBTOTAL Section P — This Page		\$ 551.59	
TOTAL of additional Section P Pages		2928.07	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		3479.66	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
MIELCARZ FOR CITY COUNCIL				TERMINATION	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment	Method of Payment:	
PEOPLES UNITED BANK			11/22/21	<input checked="" type="checkbox"/> Check # 111	
Street Address			City	State	Zip Code
4 RIVERSIDE AVE			BRISTOL	CT	06010
Purpose of Expenditure (by code)	Description	Event #		Amount	
BNK	RETURN CHECK #111 - FEE				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				37.00
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee			Date of Payment	Method of Payment:	
PEOPLES UNITED BANK			NOV 2021	<input type="checkbox"/> Check # _____	
Street Address			City	State	Zip Code
4 RIVERSIDE AVE			BRISTOL	CT	06010
Purpose of Expenditure (by code)	Description	Event #		Amount	
BNK	MONTHLY SERV CHG'S	-			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				15.00
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee			Date of Payment	Method of Payment:	
PEOPLES UNITED BANK /			12/08/21	<input type="checkbox"/> Check # _____	
Street Address			City	State	Zip Code
4 RIVERSIDE AVE			BRISTOL	CT	06010
Purpose of Expenditure (by code)	Description	Event #		Amount	
SRPLS	GIVEN IN COINS TO CLOSE CRIG ACCT. SURPLUS DISTRIB / TERMINATION OF COMMITTEE	-			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				1.36
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee			Date of Payment	Method of Payment:	
				<input type="checkbox"/> Check # _____	
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)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
<b>SUBTOTAL Section P — This Page</b>				8,523.60	
<b>TOTAL of additional Section P Pages</b>				3427.30	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> (Enter total on Line 19, Column A of Summary Page Totals)				3479.66	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
MIELCARZ FOR CITY COUNCIL					
<b>Q. Campaign Expenses Paid by Candidate</b>					
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
AUTOMATED MAILING SERV LLC			10/26/21		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
1687 REINHARD RD		CHESHIRE		CT	06910
Purpose of Expenditure (by code)	Description		Event #		Amount
POST	REIMBURSE R.T. MIELCARZ				101.68
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
					<input type="checkbox"/> Yes <input type="checkbox"/> 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?
					<input type="checkbox"/> Yes <input type="checkbox"/> 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?
					<input type="checkbox"/> Yes <input type="checkbox"/> 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?
					<input type="checkbox"/> Yes <input type="checkbox"/> 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?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
<b>SUBTOTAL Section Q — This Page</b>				101.68	
<b>TOTAL of additional Section Q Pages</b>				0	
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>				101.68	



### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <b>MELBART FOR CITY COUNCIL</b>						TYPE OF REPORT <b>TERMINATION</b>	
<b>R. Expenses Incurred on Committee Credit Card</b>							
Name of Issuing Institution				Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:			
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
<b>SUBTOTAL Section R — This Page</b>						0	
<b>TOTAL of additional Section R Pages</b>						0	
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>						0	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
MIELCARZ FOR CITY COUNCIL						TERMINATION	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>							
Name of Creditor						Date Incurred	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>						
Name of Creditor						Date Incurred	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>						
Name of Creditor						Date Incurred	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>						
<b>SUBTOTAL Section S-This Page</b>						0	
<b>TOTAL of additional Section S Pages</b>						0	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>						0	
<b>Previously reported Expenses Unpaid and still Outstanding</b>						0	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>						0	

