SEEC FORM 20

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

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Page 1 of 17

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1. NAME OF COMMITTEE				
McCauley for	Mayor			
2. TREASURER NAME	•			
First	MI	Last	·	Suffix
CLEO		Duke-Wright		
3. TREASURER ADDRESS		<u> </u>		
Street Address	City	16 10 6	State	Zip Code
677 Blue Hills (lvenve	Hartfird	CT	ae112
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy)/	. 4 /			(if applicable)
11/05/2019	Mayor			
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			
First	MI	Last		Suffix
James	8	McCauley		
8. TYPE OF REPORT (Check One Box)		1 11,1000)		<u> </u>
☐ January 10 filing	7th day preceding primary	7th day preceding referendum		ribution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	(PACs ONLY) ☐ Amendmen	
July 10 filing	□ 7th day preceding election	☐ Deficit	Type of Rep	
☐ October 10 filing	12th day preceding election (State Central Committees Only)	☐ Termination	9737777	
☐ 24 Hour Independent Expenditure O Primary O Election	□ 45 days following election not held in November			
9. PERIOD COVERED		THE REPORT OF THE PERSON OF TH	WATER AND	
	Beginning Date	Ending Date		
	1//2			
	4/01/19	thru $(a/30//9)$		
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900				
10. CERTIFICATION		30000000000000000000000000000000000000		*
I hereby certify and state, under p Disclosure Statement for the per		all of the information set forth on thi and complete.	is Itemized Car	npaign Finance
Cleo-Derke-Un TREASURER OR DEPUTY TREASURE	r(SIGNATURE) PRIN	20 Duke-Wright		7/5/20/9 DATE (mm/dd/yyyy)
			COLUMN TO COMMISSION OF THE PROPERTY OF THE PR	WAS ASSESSED FOR THE STATE OF T

A narrow who is found to have knowingly and willfully violated any provisions of the earmains finance statutes

SEEC FORM 20

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

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	The control of the state of the
McCauley for Mayor	July 10	
	COLUMN A This Period	COLUMN B Aggregate
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		732.61
12. Balance on hand at the beginning of Reporting Period	495.00	
13. Contributions Received from Individuals (Sections A and B)	695.00	geggeren men en men en e
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		CONTRACTOR OF THE CONTRACTOR O
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)	695.00	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	695.00. 1,962.80	1,427.61
19. Expenses Paid by Committee (Section P)	105.00	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1,.857.80	1,322-61
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)		(1000)
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)	680.00	
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 uppaid (section S)		

NAME OF COMMITTEE (Provide Complete Name as Re	TYPE OF REPORT		and the second state of th		
McCayley for Mayor			July 10	2.000	
A. Total Contributions from Small (See instructions for definition of Small Contrib	\$ 130.00				
Destination to 1990, To the second of the se	<u>gent and contract of contractions are an annual to the contract of the contra</u>				and the second of the Contraction of Assessment of the Second of the Sec
	B. Itemized Contri	butions from Indivi	duals		
Last Name		First			MI
Hosley		<u>William</u>			
Residential Street Address 30 DIA Hobe Rd	City	Enfield		A CONTRACTOR	p Code)6&2
Principal Occupation	44 THE RESERVE TO THE	Name of Emplayer	*		
Principal		Terra	Firma		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	ntribution is in excess of \$400 to a c contributor or business he/she is as: ed at more than \$5,000?	candidate for a chief executive sociated with have a contract	e officer of a municipality with said municipality	Amount	of Contribution
	Is contributor a principal of a state If yes, indicate which branch of	contractor or prospective states branches	Er No		
If yes, list Event #	of government the contract is v		Legislative		erreia in the second
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Davrall Daduction Timoney Ord	Date Received	Aggregate Contributions 360.00	25	0.00
		er 4-11-19 First	000.00		MI
Gallon -ClarK		Vicki	Uhalajaja		
Residential Street Address	City	1/ 10/			p Code De 112
103 Granby St		Tart Jord Name of Employer			12116
Principal Occupation Of Ce CADY		B/VE /A//s	Guic Asuce'a	lin	
or dependent child of a lobbyist? No does	ntribution is in excess of \$400 to a c contributor or business he/she is as: ed at more than \$5,000?			, Amount	of Contribution
ls this contribution associated with an event reported in Section L1?	ls contributor a principal of a state Hyes, indicate which branch of	or branches	☑ No		
If yes, list Event # Method of Contribution:	of government the contract is	with: Executive Date Received	Legislative Aggregate Contributions	5.	00
☐ Cash ☐ Personal Cheek ☐ Credit/Debit Card ☐	Payroll Deduction I Money Ord	1 2	70.00	Lamine .	•
Last Name		First			MI
Ewart	City	Jessi-Mlar	·	State Z	ip Code
Residential Street Address 400 Asylum Ave. 156	T 205	Hartlen		F I	Oleros-
Principal Occupation	/ · Luc V)	Name of Employer		L	
Manager		Faneuil			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If co does	ntribution is in excess of \$400 to a contributor or business he/she is as ed at more than \$5,000?	candidate for a chief executive	ve officer of a municipality t with said municipality	y, Amoun	t of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch of government the contract is	or branches	✓No		
Method of Contribution:	or government the contract is	Date Received	Aggregate Contributions	T 10.0	00
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money Ord	er 4/8/19	70		
	SUBTO	FAL Section B — This	s Page	265.	
	TOTAL of	additional Section B	Pages	545	, vØ
TOTAL OF ALL O	CONTRIBUTIONS FROM IN	DIVIDUALS (Sections	A + B)	1090	- (D)
				\mathcal{L}_{i}	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
McCayley for Mayor		July 10)					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A								
AND THE PROPERTY OF THE PROPER	мен мен компьют в мен то ком ком мен мен и советствення до подости в подости в подости в подости в подости в п Подости в подости в мен		kan dia mananana manina mananana mana ark ayan sa karakana a sa ka sa karakan sa kasakan sa maka sa ka ka ka k					
B. Renized Co	mtributions from Indivi	<u> </u>						
Last Name	Pirst /	ANTARINE (NE LECLETICA) (LECENIE) - ANTE-10 (PARTE CONTRACTOR ANTE	MI					
Coules	Paul							
Residential Street Address	Chy of O		State Zip Code					
254 Park Avenue	Bloomheld	Sample Landing	CT 06WZ					
Principal Occupation Se/F	Name of Employer	and a street with the street and an and street and a street						
	I to a candidate for a chief executive is associated with have a contract \[\sum \text{Yes} \]		Amount of Contribution					
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a Wines, indicate which branches in the section L1?	a state contractor or prospective state anch or branches	e confractor? TYes No D Legislative						
If yes, list Event # of government the control Method of Contribution:	Date Received	Aggregate Contributions	1 3/1).10					
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone			0000					
Last Name	First 73 -77		L. MI					
Fayr Light.	1 24.34							
Residential Street Address	City		State Zip Code					
Technological Cheer / Harrish			- T. P. T.					
Principal Occupation	Name of Employer		andromon variation are model to the 110 VIII AND AND A Million 110 to 150 and 100 are programmed model and and					
Is contributor a fobbyist, spouse,) to a candidate for a chief executiv	e afficer of a municipality	Amount of Contribution					
	e is associated with have a contract L1 Yes L1 No		Altional of Contribution					
	a state contractor or prospective sta	ic contractor? Yes No						
event reported in Section 1.1?	act is with: [] Executive	☐ Legislative						
Method of Contribution:	Date Received	Aggregate Contributions						
☐ Cash ☐ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mono	y Order	Parket - course						
ответствення по при	F1r51		MI					
Residential Street Address	City		State Zip Code					
Principal Occupation	Nume of Employer							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess of \$40 does contributor or business be/sh valued at more than \$5,000?	0 to a candidate for a chief executive is associated with have a contract \(\sigma\) Yes \(\sigma\) No	e officer of a municipality, with said municipality	Amount of Contribution					
Is this contribution associated with an event reported in Section L)? If yes, list Event # Yes Is contributor a principal of a lifyes, indicate which be of government the contributor.		to contractor? Yes No						
Method of Contribution:	Date Received	Aggregate Contributions	and the state of t					
El Cash El Personal Check El Credit/Debit Card El Payroll Deduction El Mond	cy Order	1	A CONTRACTOR OF THE PROPERTY O					
	TOTAL Section B — This	Fage	300.00 565.00 695.00					
TOTA	L of additional Section B	Pages	565.00					
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections	A 十智)	695.00					

I. MONETARY RECEIPTS (Sections A—K)

						TYPE OF REPORT	propries-file (Milital Control	· · · · · · · · · · · · · · · · · · ·
McCauley for Mayor						1 July 10)	wyodzwiane zazwodejonoce jim
	, ·	C1. C	Contributio	ns from Otl				
Name of Committee				:	Name of Treas	urct		
Address			enne en mune en menero de meste de meste de la compansión de la compansión de la compansión de la compansión d	Is this contrib	l in Section L	ed with an Yes No 1? (st Event#	Amount of	Contribution
City		State	Zip Code	Date Receiv		Aggregate Contributions	mannan.	
Name of Committee	and an anti-special resolution of the state of		esin esin esin esin esin esin esin esin		Name of Treas	surer		igge de di globig de y de marco de la company de designi quant de discussivo de la company de designi de de de
Address				Is this contrib event reported	l in Section L	ed with an Yes No 1? ist Event#	Amount of	Contribution
City		State	Zip Code	Date Receiv		Aggregate Contributions		
Name of Committee	n en				Name of Treas	urer		
Address		-		Is this contrib	l in Section L	ed with an 🏻 Yes 🗂 No 1? ist Event #	Amount of	Contribution
Cíty		State	Zip Code	Date Receiv		Aggregate Contributions	zucaso.	
	C2. Re	imbursemen	ts or Surpl	us Distribu	tions fron	ı other Committees		
Name of Committee			in the second		Name of Trea	TANK TANK TANK TANK TANK TANK TANK TANK		
Address			The second secon	City	**************************************		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	nent for shared e	expense []Su	rplus Distribu	tion	Amount	of Receipt
Description			manusca Militaria de la composição de la	<u> </u>	······································			
Nume of Committee		na na manasa ay na mana ara di mana na di dikana di mana di ma		ue e e e e e e e e e e e e e e e e e e	Name of Trea	SHI'CI'		
			and the second s	1 71:			State	Zip Code
Address				City			Bure	Zip code
Date Received	Received Expenditure # Payment Type					Amount	of Receipt	
Description	The state of the s	who were the second	1. De de de la companya de la compa	KARTONYA ZONIN K. ZONI. T. K. K. N.	**************************************			
			SUBTO	TAL Section	C — Thi	s Page		
				of additional				
		ALL COMMIT C1 + C2) <i>(Enter</i>				• • • • • • • • • • • • • • • • • • •	Marie S.S. (1917 S. T. S. 1917 S. 1918 S. 1917	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
McCauley for Mayor) u/4 10			
Verbild Services	. Loans		this Period	and the second of the second o				
Name of Lender			Bank [] Candida	ate 🔲 Individu	Committee	Date of Receipt		
Street Adchess	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?		
Name of Cosigner/Guarantor (if applicable)						Amount Received		
Street Address	City	nasa anaman an a	rannellium tilandokulliitiid 1. Mohilii 19. Pattiin 1986illiin 1944-1944 (1992)	State	Zip Code			
Name of Lender	and the second s		orce of Loan: Bank Candid	ate 🔲 Individu	al 🔲 Other Committee	Date of Receipt		
Street Address	City		200 E-04	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	ilicalatadidata energiare retravamente	ng, memokayan menar nasa mara 17 yanna ungan mana di 18 ya pendelakan kelilikan Pelik	State	Zip Code			
Name of Lender			urce of Loan: Bank Candid	ate 🗌 Individu	al Dther	Date of Receipt		
Streef Addross	City		A CONTRACTOR AND A CONT	State	Zip Code	Is there a Cosigner or Guarantor of this loan?		
Name of Cosigner/Guarantor (if applicable)	•		en e		ченто по	Amount Received		
Street Address	City			State	Zíp Code			
		T	OTAL SECTIO	DAD				
E. Receipts from Entities other tha	n Indiv	iduals or	Other Commi	ttees (Refere	ndum Committe	es ONLY)		
Name of Entity	nach delennet Seine Battallie (1922)		estocato (servica acossiva atronoma amba la fost fillo (serbis fillo)					
Street Address				Date Received		Amount Received		
Tity		State	Zip Code	Aggregate Contr	ibutions			
Name of Entity	·		L					
Street Address	жуумерединактикому контист у	aurur a servuman an aurusluire e Auf Seide Seil Auf		Date Received	A PARAMETER AND A PARAMETER AN	Amount Received		
Tity	Management of the second	State	Zip Code	Aggregate Contr	ibutions			
Name of Enlity		I			Accommodate	I		
Street Address	AL-POMODE ATTE			Date Received		Amount Received		
Sity		State	Zip Code	Aggregate Conti	ibutions	 		
	organización proprieta establica	l	1			I.		

I. MONETARY RECEIPTS (Sections A—K)

Page 6	υſ	17
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NAME OF COMMITTEE (Pro	PE OF REPORT								
Mc Caylu	y For Mayor						July 10		
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)									
Date of Receipt	Is this transaction associ event reported in Section		□ Yes □ No	If yes, list E	vent#	4000	Amount		
Date of Receipt	Is this transaction associ event reported in Section		☐ Yes ☐ No	<i>If yes</i> , fist E	rent#	ETERNYESIA PROSESSA SALESSA (ALESSA) (AL	Amount		
Date of Receipt	Is this transaction associ event reported in Section		☐ Yes ☐ No	If yes, list E	rent //	an language and a second and a	Amount		
Date of Receipt	Is this transaction associ event reported in Section		□ Yes □ No	<i>If yes</i> , list E	/ent #		Amount		
		Ni in the state of		тот.	AL SECTI	ON F			
embonel es di del di trace di America del America de America de America de America de America de America de Am		and the state of t							
G. Amount Transf	erred from Affilia	ed Labor	Union o	r Other O	rganizati	on Trea	sury (Organization Committees ONLY)		
Date of Receipt		Date of Receipt				Date o	of Receipt		
Атоип	f	Amount			Amount				
				ТОТА	L SECTIO	N G			
M.	Personal Funds of	the Candi	date Rec	eived this	Period (Candidate	Committees ONLY)		
Date of Receipt	Method of payment:		CONTROL DESCRIPTION OF THE PROPERTY OF THE PRO	egyptangalam-essentensy-sis-tu-40-sis-esent-2		essentation de la company	Amount		
	☐ Cash		Personal Che	eck	☐ Credit/De	bit Card			
Date of Receipt	Method of payment:		X				Amount		
	☐ Cash		Personal Che	eck	□ Credit/De	biτ Card			
Date of Receipt	Method of payment:				<u></u>		Amount		
	☐ Cash		Personal Che	eck :	☐ Credit/De	bit Card			
Date of Receipt	Method of payment:	7					Amount		
	☐ Cash	I I	Personal Che	eck	☐ Credit/De	bit Card			
			88-30)2-20-20-20-20-20-20-20-20-20-20-20-20-20	ТО	TAL SEC	TION H			
									
	амария в менеранда и применент и применент в менеранда и применент в менеранда и применент в менеранда и примен	I. Au	onymou	s Contrib	utions	NINIM-OCHICOMINAD-HAMINECTO	asintatonna stantara et northus et antique son successor anno en estante en entre en en en en en en en en en e		

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

SEEC FORM 20 Reched January 2015	I. MONETARY RECEIPTS (Se	ections A—K)	Page 7 of 17
NAME OF COMMITTEE (Provide Con	nplete Name as Registered with Filing Repository)	TYPE	OF REPORT	
McCayley	for Mayor	·	July 10	
	J. Interest from Deposits in Authorized	l Accounts		v
Name of Institution		Date Ro	eceived	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Re	eccived	Amount
Street Address	Сііу	State	Zip Code	
	TOTAL	SECTION J		
K	. Miscellaneous Monetary Receipts not Consid	lered Contrib	utions	
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	annum and the series
Description			The state of the s	***************************************
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	1979A04F75007W
Description				
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	**************************************
Description				
	TOTAL SECT	rion k		
SUM	MARY OF OTHER MONETARY RECEIPTS	(Sections D t	hrough K)	
Total Loans Received this Period	(Section D)			
Total Receipts from Entities other	r than Individuals or Other Committees (Section E)	4		
Total Amount Transferred from .	Affiliated Business Treasury (Section F)	+		
Total Amount Transferred from A	Affiliated Labor Union or Other Organization Treasury (Section G) +		
KARANJAMEN NINGER STATE	of the Candidate Received this Period (Section H)			
Total Amount of Interest from Do	eposits in Authorized Accounts (Section J)	- to	Accounts from the first that are the first that are the first that are the first that the first	

Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Me Cayle	1 for Mayor		July 1	/O	
,	L1. Even	t Information			
Event # Date of Event Letter O(01419 A	Description Type-teenth Celebration	7		Was this a fun √Yes	draising event?
Location: Street Address	And the second s	City		State	Zip Code
1200 Albany	Avenue	Harthro		C7	06/12
Subpart 1: (All Committee Was this event hosted at a	-	Yes (If yes, go to Section L: Associated with a Hot purchases made by hos	ise Party and complete	e required infor	
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required		ot Considered 6	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items idividual of up to \$100?	☐ Yes (If yes, enter Total Rec	eipts here.)	\$	
	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	☐ Yes (If yes, go to Section L			Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	☐ Yes (If yes, enter Total Rec	eipts here.)	\$	
Event #	Description				
Date of Event Letter	Description			Was this a fur ☐ Yes	idraising event? No
Location: Street Address	<u>L </u>	City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a		☐ Yes (If yes, go to Section L. Associated with a Hot purchases made by hos	5 In-Kind Donations n use Party and complete t(s) for food, beverage a	required infor	Contributions mation for any
	le goods or services donated by a business entity nated by an individual of up to \$100?	☐ Yes (If yes, go to Section L and complete required ☐ No		ot Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	☐ Yes (If yes, enter Total Rec ☐ No	ceipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this	rittees, Municipal Candidates and Political Commidvertising space in a program book or on a fundraiser?	☐ Yes (If yes, go to Section L	Committees) 3 Purchases of Advertiplete required informa		Program Book
Subpart 3: (Town Comm Did your committee sell I gathering held within the	ood or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Rec	eipts here.)	\$	
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fo	om Sale of Donated Items —	This Page	ATT.	
		ion L1—Subpart 3 <i>(Town Commi</i> cipts from Food Purchases —			
		TOTAL of additional Section	ı Lı Pages		
	TOTAL OF ALL DECE	UPTS FROM SMALL PU	DCHASES	VIII. 100 100 100 100 100 100 100 100 100 10	

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	(Provide Çomplete Name as Register	ed with Filing Reposito	(עיוי		TYPE OF REPO	RT		
Mc Cauley for Mayor Ju							2	
1		s of Advertisin	ig in a Progra	m Book or o	n a Sign	name and an orange		
Name of Purchaser						Purchase	e Made By:	
						☐ Bus	siness Entity	☐ Other
							ividual/Sole P	roprietorship
Street Address			City	***************************************			State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pre	gram Ad Purcha	se A	Amount of Sig	gn Purchase
Vame of Purchaser			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			Princhase	e Made By:	
						☐ Bus	iness Entity	☐ Other
		•				☐ Indi	ividual/Sole Pi	roprietorship
Street Address			City		······································		State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Sig	n Purchase
Name of Purchaser						Purchase	e Made By:	
						□ Bus	iness Entity	Other
						☐ Indi	ividual/Sole Pi	roprietorship
Street Address		······································	City		······································		State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Sig	n Purchase
Name of Purchaser			A THE TAX TO SERVE THE	No. 10 to the control of the control		Purchase	: Made By:	
							iness Entity	Other
						□ Indi	ividual/Sole Pi	roprietorship
Street Address	\$\text{\lambda}\$	reconstruction and a construction of the const	City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Sig	n Purchase
			:					
Name of Purchaser						Purchase	e Made By:	
							iness Entity	☐ Other
							ividual/Sole Pi	
Street Address	***************************************		City		<u> </u>		State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha		Linount of Sig	m Purchase
		1.66.49		71111011111 01 2 10	6	,	tmount of big	,
								10/2009/819/95/
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pr	ogram Book –	– This Page			
	SUBTOTAL Section	on L3 Total Purc	hases of Advertisi	ing on a Sign –	– This Page			
			TOTAL of ac	Iditional Section	on L3 Pages			
		<u> </u>		OMAZERO A TOTAL OF THE TOTAL A CONTRACTOR		manyaman a stancas		

			Augustin State of the State of	carry and a second	Anto- a - i- canoni a - pais china dell'Anto-da a	un ber able mit		
NAME OF COMMITTI	EE Provide Complete Name as Registere	ed with Filing Repository)		TYPE OF REPORT				
McCau	100 for 11/a	40r		į	July	10		
		ind Donations N	ot Consider	ed Contribu	tions			
Name of Donor	20.20				12172817			
Street Address			City			04 FUEL PROTECTION 1 - 4	Tear	Zip Code
orece vaniess			City				State	Zip Code
Donation Given By:	Description of Donation		*			Fair !	Market Val	ue of Donation
☐ Business Entity								
🗖 Individual	Date Received	Event #		Aggregate Value for	this Event			
☐ Sole Proprietorship								
				Wileskeldsteine	and the state of t			- Commence of the Commence of
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By: Description of Donation						Fois !	Martini Val	l ue of Donation
☐ Business Entity	,					PAH	Market Ann	ле от ропинон
☐ Individual				II. P	:			
☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for	tnis Event			
200			control of the second					
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation							
Business Entity	Description of Boilation					Fair I	viarket Vali	ue of Donation
☐ Individual								
☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event				
La cole i Toptiotoramp								
Name of Donor						,,_,		
Street Address		Namenia di di dairi all'an quilla de desti mandi trons di trons amb titude del di trons del dama an arma.	City				State	Zip Code
Donation Given By:	Description of Donation					Fair M	Aarket Valı	ne of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate value for	ggregate value for this Event			
☐ Sole Proprietorship								
		<u> </u>		A CONTRACTOR OF THE PROPERTY O		Ministrolenadow		
		SUBTO	TAL Section 1	L4 — This Page				
		TOTAL	of additional S	Section L4 Pages	s [
								
ТОТ	FAL OF ALL IN-KIND DONA							
	(Enter t	otal on Line 21, Coli	mn A of Sumn	ary Page Totals	<u>4</u>			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Filing Rej	positoιγ)			TYPE OF REPORT			
Mc Cayley	For Mayor				July 10			
L5. I	n-Kind Donations Not Consid	ered (Contributions Associa	ted with a E	Iouse Part	March Asserting Asserting Section 1997		
Name of Host				Is this event s committee?	supporting more than one candidate or □ Yes □ No omplete Hemization in Addendum L5			
Street Address			City	Average and the second		State	Zip Code	
Description of Donation		<u></u>	I		Fair Mar	ket Value (of Donation	
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	sst/candidate				
Name of Host				☐ Yes ☐ No	pporting more than one candidate or ☐ Yes ☐ No applete Itemization in Addendum L5			
Street Address			City		**************************************	State	Zip Code	
Description of Donation			<u></u>		Fair Mar	ket Value	of Donation	
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate				
Name of ilost			Medicine service and the service servi	committee?		O	ne candidate or lendum L5	
Street Address		**************************************	City	ACCESS AND SERVICE SER	nez zowłonodnie na smontra 68 Hobb (MPC) nie Stad	State	Zip Code	
Description of Donation					Fair Mar	ket Value	of Donation	
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events— <i>this he</i>	ost/candidate				
Name of Host				committee?		Ö	ne candidate or lendum L5	
Street Address			City		to and the control of	State	Zip Code	
Description of Donation			l-		Fair Mar	ket Value (of Donation	
Event #	Aggregate Value of this Event—ull hosts	Ag	gregate Value of all Events—this he	sst/candidate	Appropriate and the state of th			
		SUB	TOTAL Section L5—	This Page				
		ТОТА	AL of additional Section	L5 Pages				
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS N HOUSE PARTY (Enter total or		ONSIDERED CONTRI 22, Column A of Summary I					

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Rep	pository)			TYPE OF REPORT				
McCayles for 1	Theyon			WM. V				Ti	dy 1	7)	
	7		M. I	n-Kind Co	ntr	butions	·				
Name				TOTAL TO			**************************************				CONTRACTOR OF THE STATE OF THE
Street Address	· ,				Cit	у				State	Zip Code
Type of contributor:	Date Recei	ived	Aggrega	te Contributions		Description of In-Kind	Contributio	n		<u> </u>	
☐ Individual / Sole Proprietorship ☐ Other											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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?					•	Market Value Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	indicate	ncipal of a state which branch o he contract is w	or bra	actor or prospective st inches Executive			□Yes □ No		
Name											
Street Address					Cit	<i>y</i>		************		State	Zip Code
Type of contributor:	Date Recei	ved	Aggregat	te Contributions	L	Description of In-Kind	Contribution	1			
☐ Individual / Sole Proprietorship ☐ Other											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business	he/she is associ		e for a chief executive with have a contract w					Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches No of government the contract is with: Executive Legislative											
Name						<u> Angere en de la commune de la companya de la comp</u>			**************************************		
Street Address					Cit					State	Zip Code
										1	1
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Receiv	ved	Aggregat	te Contributions		Description of In-Kind (Contribution	1			
ls contributor a lobbyist, spouse, U Yes or dependent child of a lobbyist? No	docs co		business	he/she is associ		e for a chief executive with have a contract w					Market Value s Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	☐ Yes ☐ No	<i>If yes</i> , i	ndicate v	cipal of a state of which branch on the contract is with the contract is	r bra	netor or prospective sta nehes Executive			□Yes □ No		
				SUBTOTAL	Sec	tion M This Pag	je				
			Т	OTAL of add	litio	nal Section M Page	es				
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)											
	N.	Refund	lable I	Deposit to T	^r ele	phone Compan	у				
Last Name of Individual				First					МІ	Date Deposi	t Made
Residential Street Address				City			State	Zip	Code		Amount of Deposit
Name of Telephone Company								L			
Street Address				City			State	Zip (Code		

27 Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed. SEEC FORM 20 IV. EXPENDITURES (Sections P-T) Page 13 of 17

NAME OF COMM	TTEE OF 11 C 11 N	<u> </u>	
NAIVIE OF COMMI	ITEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	uley for Mayor	144	JO
	P. Expenses Paid by Committee		
Name of Payce West Ind	lian Social Club	Date of Payment	Method of Payment: ☐ Check #6593 ☐ Debit Card ☐ EFT
Street Address	City		State Zip Code
3340 Purpose of Expenditure	Man ST. Hartfyro Description Five		CT Oliza
(by code)	Cala - Program BwK	1C #	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)		\$ 45.00
Name of Payee	Granization:	Date of Payment	Method of Payment:
Greater	Harthurp Progressive Democratic Women's Club		☑ Check # <u>0099</u> ☐ Debit Card ☐ EFT
Street Address	City	<u> </u>	State Zip Code
			CT
Purpose of Expenditure (by code)	Description Event	t#	Amount
Expenditure # (if applicable)	\$ 60.00		
Name of Payee	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ☐	Date of Payment	Method of Payment:
		,	☐ Cheok #
Street Address	City		Debit Card DEFT State Zip Code
Purpose of Expenditure (by code)	Description Event	t #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution)	ked)	
Name of Payee		Date of Payment	Method of Payment: ☐ Check #
Street Address	City		Debit Card DEFT State Zip Code
Purpose of Expenditure (by code)	Description Event	t #	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization:	oA OB OC OD	Ď
	SUBTOTAL Section P — This		\$105.00
	TOTAL of additional Section P I	Pages —	\$105.00

\$ 105.00

NAME OF COMMIT	TEE (Provide Camplete Name as Registered with Filing Repositor)	·)	TYPE OF REPORT	TYPE OF REPORT			
A A	iley for Mayor		July 10				
		enses Paid by Candi					
Name of Payce (Name of V	rendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
Artists	Collective		6-11-19	☐ Yes ☑ No			
Street Address 1200 AU	any Ave	Hart Suro		State Zip Code CT CLe 112			
Purpose of Hxpenditure (by code)	Surfaceth Fundraiser		Event# 061419A	Amount 68000			
Name of Payee (Name of)	endor, 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 V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
Name of Payee (Name of V	t Tendor, 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	<u></u>	Event #	Amount			
Name of Payee (Nume of V	t endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
Name of Payee (Name of V	l endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
	<u> </u>	SUBTOTAL Section Q	- This Page	680.0D			
	TO	TAL of additional Sectio	n Q Pages				
	TOTAL OF ALL EXP		· -	(e 80- OT)			

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITT	ЂЕ (Provide Complete Name as Registered with Filing Repositor	rv)		TYPE OF REPORT				
McCay	1 . 11 // //	July			10	<i>'</i> O		
	R. Expenses Incurr	ed on Commit	tee Credit	Card				
Name of Issuing Insti	tution	Type of Credit C	ard:			<u> </u>		
		☐ Visa ☐ Master Card ☐ Discover ☐ Americ				s □ Other:		
Name of Vendor, Person o	or Entity				Date of T	ransaction		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description]	Eve	ent#		Amount		
Expenditure # (if upplicable)								
Name of Vendor, Person or Entity						Date of Transaction		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description	i	Eve	ont #		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) Coordinated without reimbursement sought (in-kind contribution) Organization: o A o B o C o D							
Name of Vendor, Person o	r Entity				Date of T	Date of Transaction		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Eve	ent#		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) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D							
	S	SUBTOTAL Secti	on R — This	Page	.			
	то	TAL of additions	d Section R I	Pages				
то	TAL OF ALL EXPENSES INCURRED ON (Enter total on Li	COMMITTEE ine 27, Column A of		t t				

JAME OF COMMITS	EEE, (Provide Complete Name as Registered with Filing Repository,	TVDE OF DEBOOT	TYPE OF REPORT				
W/	Caylos for Mayor	,		July 10			
	S. Expenses Incurred by Com	mittee but Not Paid					
Name of Creditor				Date Incu	Date Incurred		
Street Address		City		State	Zip Code		
'urpose of Expenditure by code)	Description	Event #			iount Incurred timate or Actual)		
xpenditure # f applicable)							
vame of Creditor		THE THE PARTY OF T	TO COMPANY TO CONCLUSION CONTRACTOR TO THE CONTRACTOR TO C	Date Incui	red		
Street Address		City		State	Zip Code		
'urpose of Expenditure by code)	Description		Event#		iount incurred timate or Actual)		
3xpenditure # if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend	☐ Indepe		D			
Name of Creditor	•			Date Incur	red		
itreet Address		City		State	Zip Code		
'urpose of Expenditure by code)	Description	. I .	Event #		ount Incurred timate or Actual)		
3xpenditure # (f applicable)	☐ None of the below ☐ Coordinated with reimbursement sought (joint expend	ype 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) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ○ A ○ B ○ C ○ D					
	· · · · · ·	SUBTOTAL Section	S-This Page				
14 - 100 - 100	1	FOTAL of additional Sec	tion S Pages				
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DUR (Enter total on I	ING THIS PERIOD BUT Line 28, Column A of Summa					
	Previously reported Exp	penses Unpaid and still O	utstanding				
	TOTAL OF ALL EXPENSES INCURREI (Enter total on Li	D BY COMMITTEE BU' ine 28a, Column A of Summa	■ *				

							macaba.		
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing			TYPE OF REP	TYPE OF REPORT				
		400		<u></u>	14 10	2			
	/ T. Itemization of	Reimbursement	s and Secondary	Payces	٩				
Last Name of Worker/Cons	ultant	First	First			Date of Payment to Vendor, Person or Entity			
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u>L</u>				Committee Worker/Consultant a	as		
				reported in 8	#	☐ Debit Card ☐ EF	т		
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultan	t City				State Zip Code			
Purpose of Expenditure (by code)	Description		Event #			Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sough	(joint expenditure)	ne of the below" is check Independent Organization: c		СоЪ				
Last Name of Worker/Cons	uitant	First			MI	Date of Payment to Vendor, Person or Entity			
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			Payment to reported in S	Section P:	Committee Worker/Consultant a			
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultan	t City				State Zip Code			
Purpose of Expenditure (by code)	Description		Event #			Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sough	(joint expenditure)	ne of the below" is check Independent Organization: c		Сор				
Last Name of Worker/Cons	sultant	First			MI	Date of Payment to Vendor, Person or Entity			
Name of Vendor, Person of	Entity Paid by Committee Worker/Consultant	<u> </u>		Payment to reported in	Section P:	Committee Worker/Consultant a			
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultan	at City	··········	_		State Zip Code			
Purpose of Expenditure (by code)	Description		Event#	E		Amount			
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sough	(joint expenditure)	ne of the below" is check Independent Organization:		Сор				
		SUBTOTA	AL Section T — This	Page					
		TOTAL of	additional Section T	Pages					
TOTAL OF ALL	REIMBURSEMENT TO COMMI	TTEE WORKERS	AND CONSULTA	ANTS					