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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COVER PAGE

1. NAME OF COMMITTEE				
McCauley for	Mayor			
2. TREASURER NAME				
First Cleo	MI	Duke - Wright		Suffix
3. TREASURER ADDRESS				
Street Address 677 Blue Hills	Ave	Hartforp	State CT	- Zip Code - 06/12
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	y if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11 05 2019	MAYOR			(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			
First James	MI S	Mc Cauley		Suffix
8. TYPE OF REPORT (Check One Box)		<u> </u>		
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Cont	ribution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendmen	at to
July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Rep	oort:
October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November			
9. PERIOD COVERED				
	Beginning Date	Ending Date		
-	7/01/19	thru <u>9-30-19</u>		
10. CERTIFICATION				
I hereby certify and state, under p Disclosure Statement for the per	enalties of false statement, that riod covered is true, accurate	t all of the information set forth on this and complete.	s Itemized Car	mpaign Finance
TREASURER OR DEPUTY TREASURE	noht () er (signature) pri	eo Duke-Wright nt name of signer		10/9/2019 DATE (mm/dd/yyyy)
A name - la in	found to have knowingly and	willfully violated any experience of the	agungian fine	maa stahitas

SEEC FORM 20

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

SUMMARY PAGE TOTALS

SUMMARY PAGE IC	TYPE OF REPORT	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) MC (QY 124 POR MAYOR	OCTOBER	10,2019
	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		786.12
12. Balance on hand at the beginning of Reporting Period	1,391.43	
13. Contributions Received from Individuals (Sections A and B)	425.00	2,570
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	425.00	2,570
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1,816.43	3,356.12
19. Expenses Paid by Committee (Section P)	500	1,872.22
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1,316.43	1,483.90
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	30	
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)	541.89	
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
	T CONTRACTOR CONTRACTO	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
McCauley for Mayor	OCTOBER 10,2019
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
B. Itemized Contributions from Indiv	iduals
Last Name BOWEN First MYA	MI
Residential Street Address 152 Pack ST Manchester	State Zip Code CT O6046
Principal Occupation Name of Employer Housatonic	Community College
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	et with said municipality
If yes, not brown	Legislative /O. O.O.
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 7-3/-19	Aggregate Contributions
Callon - Clark Picki	М
105 Granby ST Lartford	State Zip Code CT Xe(1/2)
Executive Director Blue this	11s Ciac Association
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000? If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	et with said municipality
	e 🗆 Legislative 5.00
Method of Contribution: □ Date Received □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order ♥ -/ -/9	Aggregate Contributions 85.00
Gallon - Clark First Vicki	MI
Residential Street Address 105 Granby ST Larthure	State Zip Code CT Xe//2
Principal Occupation Executive Director BUE HIS	Cuic Assoc.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contra valued at more than \$5,000? I Yes II Your lobe to the first contribution of the contribution o	ct with said municipality
	e Legislative 5.00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 8-28-19	Aggregate Contributions
SUBTOTAL Section B — Th	is Page 20.00
TOTAL of additional Section B	Pages 405,00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections	(A+B) 425.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT								
McCauley for MAYOr	10-10-19								
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$								
B. Itemized Contributions from Indi	viduals								
Last Name Gallon - Clark Vicki	MI								
Residential Street Address 105 Granby ST City Hartfurd	State Zip Code C7 Ole 1/2								
Principal Occupation Name of Employer	s Civic Assx.								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Let Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contribu	ntive officer of a municipality, Amount of Contribution act with said municipality								
Is this contribution associated with an event reported in Section L1? Is this contributor a principal of a state contractor or prospective sevent reported in Section L1? No If yes, indicate which branch or branches									
Last Name I WPER ALAN	М								
Residential Street Address City Hart Scr	State Zip Code CT X403								
Principal Occupation Towesting SELF									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or busin	act with said municipality								
	ive 🗆 Legislative								
Method of Contribution: Cash Personal Check Cedit/Debit Card Payroll Deduction Money Order Date Received 8-2/-/9	Aggregate Contributions								
Last Name / OPEK ALAN	, MI								
Residential Street Address City Hart Like Address	State Zip Code CT Xe/Q3								
Principal Occupation Investing Self									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execution of the contributor of business he/she is associated with have a contributor or business he/she is a second or b	act with said municipality								
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches of government the contract is with: Executive	ve Legislative 250.00								
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9-14-19	Aggregate Contributions								
SUBTOTAL Section B — T	his Page 405, 00								
TOTAL of additional Section	B Pages 20,00								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section	ns A + B) 4/25 07								

NAME OF COMM	IITTEE (Provide Complete l	Vame as Registered wi	th Filing Reposite	ory)	- Caramana	TYPE OF REPORT	
	Cauley for	44			AND	OCTO	BER 10,2019
		C1. C	ontributio	as from	Other Com	mittees	
Name of Committee	and the state of t		***************************************		Name of Tre	asurer ,	
Address	A A A A A A A A A A A A A A A A A A A	COCC. LANDING CO.		Is this co event rep	orted in Section	ated with an Yes No L1? , list Event #	Amount of Contribution
City		State	Zip Code	Date R	eccived	Aggregate Contributions	
Name of Committee	nesteren er en				Name of Tr	casurer	
Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Is this co	orted in Section	, list Event #	Amount of Contribution
City		State	Zip Code	Date F	teceived	Aggregate Contributions	
Name of Committee					Name of Tr	easurer	
Address					orted in Section	s, list Event #	Amount of Contribution
City		State	Zip Code	Date I	Received	Aggregate Contributions	
	C2. Re	imbursement	s or Surpl	us Distr	ibutions fro	om other Committees	
Name of Committee					Name of Ti	easurer	
Address				City		,	State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimburseme	ent for shared e	xpense	□Surplus Distri	bution	Amount of Receipt
Description							
Name of Committee					Name of T	casurer	
Address				City	<i>'</i>		State Zip Code
Date Received Expenditure # Payment Type Reimbursement for shared					☐ Surplus Dis	stribution	Amount of Receipt
Description	<u> </u>						
			SUBTO	TAL Se	ction C — T	his Page	
					onal Section		
		ALL COMMIT C1 + C2) (Enter 1					

NAME OF COMMITTEE (Provide Complete Name as Registered with Fil	ТҮРІ	TYPE OF REPORT					
McCauley for Mayor				10-10-19			
	Loans	Received	this Period			- One	
Name of Lender			rce of Loan:] Bank	nte 🖺 Indiv	vidual 🔲 Other Committee	Date of Receipt	
Street Address	City	<u>.,</u>	<u>0.44.5.4.11.0.11.11.11.11.11.11.11.11.11.11.11.1</u>	State		Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (If applicable)	the state of the s		A STATE OF THE STA		A LI LA	Amount Received	
Street Address	City	 		State	Zip Code	1	
Name of Lender	angupangunan na manuga		rce of Loan: Bank 🔲 Candida	nte 🔲 Indiv	vidual 🗖 Other Committee		
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address	City			State	e Zip Code	-	
Name of Lender			nce of Loan:] Bank	ate 🔲 Indi	vidual Other	Date of Receipt	
Street Address	City			State		Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address	City			State	e Zip Code	: :	
		T(OTAL SECTIO	N D			
E. Receipts from Entities other tha	n Indiv	iduals or	Other Commi	ttees (Re	ferendum Commit	lees ONLY)	
Name of Entity	······································				gang gang gang gang gang gang manakan and an and an and a facility of the Control of States and	то под водинения в под водинен	
Street Address	ž 11111111			Date Receiv	ed	Amount Received	
Zity		State	Zip Code Aggregate Contributions				
Name of Entity	**************************************						
Street Address		,· • • • • • • • • • • • • • • • • • • •		Date Receiv	cd	Amount Received	
Zity		State	Zip Code	Aggregate (Contributions		
Name of Entity		<u> </u>	<u>Armon marin ar kiloresiya esialiba isistalaştır</u>			and the state of t	
Street Address				Date Receiv	ed	Amount Received	
City		State	Zip Code	Aggregate (Contributions		
	egord essenting december		L	eterroria en			

NAME OF COMMITTEE (Prov	vide Complete Name as Registo	TYI	PE OF REPORT								
McCayle	y FOR MAYO	or				10-10-19					
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)											
Date of Receipt	Is this transaction associ event reported in Section	Tipes	Yes <i>If ye.</i> No	s, list Event#		Åmoun€					
ate of Receipt	Is this transaction associ event reported in Section	***	Yes <i>If ye</i> No	s, list Event#		Amount					
Pate of Receipt	Is this transaction associ event reported in Section		Yes <i>If ye</i> No	s, list Event #	одцинуланну сая колож	Amount					
Pate of Receipt	Is this transaction associ event reported in Section] Yes <i>If ye</i>] No	s, list Event #		Amount					
TOTAL SECTION F											
		Andrews (Angress) (Angress	erzek kiejeninko kinka kili kili kili kili kili kili kili ki								
G. Amount Transf	ferred from Affilia	and the contract of the contra	ion or Ot	her Organizatio	-	SURY (Organization Committees ONLY)					
Date of Receipt	:	Date of Receipt			Date	of Receipt					
Amoun		Amoun	t	Amount							
			7	OTAL SECTIO	N G						
н.	Personal Funds of	the Candidat	te Receive	d this Period (C	Candidate	e Committees ONLY)					
Pate of Receipt	Method of payment:					Amount					
	☐ Cash	☐ Perse	onal Check	Credit/Del	it Card						
Date of Receipt	Method of payment:	ang managanan kanangan kanang				Amount					
	☐ Cash	☐ Pers	onal Check	☐ Credit/Del	it Card						
Date of Receipt	Method of payment:					Amount					
	☐ Cash	☐ Perse	onal Check	☐ Credit/Del	it Card						
Date of Receipt	Method of payment:					Amount					
-	☐ Cash	☐ Pers	onal Check	☐ Credit/Del	it Card						
				TOTAL SECT	TION H						
		I. Anon	ymous Co	ntributions							

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

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K) Total Loans Received this Period (Section D) Total Receipts from Entities other than Individuals or Other Committees (Section E) + Total Amount Transferred from Affiliated Business Treasury (Section F) + Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) + Total Amount of Personal Funds of the Candidate Received this Period (Section H) + Total Amount of Interest from Deposits in Authorized Accounts (Section J) + Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +

II. EVENT ACTIVITY (Sections L1-L5)

Page 8 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
McCauley FOR MAYOR		10-10-1	9
	Information	emente commence esta esta esta esta esta esta esta est	
Event # 09/0/84—Description Date of Event Letter 9-10-19 A Concert			Was this a fundraising event? □ Yes □ No
Location: Street Address 1200 AlBANY AVE	Hart funco	, we consider the constant of	State Zip Code CT De//2
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L.: Associated with a Houpurchases made by hos	5 In-Kind Donations no use Party and complete t(s) for food, beverage a	required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		ot Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Rec	eipts here.)	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	LI Yes (If yes, go to Section L.	Committees) 3 Purchases of Adverti- plete required information	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Rec	eipts here.)	\$
Event # 0922/94 Description Q-29-19 A MEET + Greet			Was this a fundraising event? □ Yes □ No
Shulfas Place	City Harthorn		State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?		5 In-Kind Donations nouse Party and complete si(s) for food, beverage a	required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section I and complete required		not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Red	ceipts here.)	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	LI Yes (If yes, go to Section L	Committees) 3 Purchases of Advertiplete required information	ising Space in a Program Book tion.)
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (<i>If yes</i> , enter Total Rec	ceipts here.)	\$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page	
	ion L1—Subpart 3 <i>(Town Commi</i> lpts from Food Purchases —		
Commence of the commence of th	TOTAL of additional Section	n Lı Pages	
TOTAL OF ALL DECE	IPTS FROM SMALL PU	DCHASES .	

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 Complete Name as Registere	ed with Filing Renasita	n)		TYPE OF REPOR	RT		
Mc Cau		tu min i mig ittposion	<u></u>		10-1		9	
MI LAV	La Purchases	s of Advertisin	o in a Prograi	m Rook or c	n a Sign			asaansaassiisikaannaan ja ja ja kalkainiittija
Name of Purchaser	LJJ. E UZ CZIGOU.	y vi ika verensin	16 III a 1 1 v 61 a.			Purchase	Made By:	***************************************
, tallo of I aromour							iness Entity	☐ Other
							ividual/Sole Pi	oprietorship
Street Address			City	-,11-,			State	Zip Code
,								
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	n Purchase
Name of Purchaser						Purchase	Made By:	engesegamen petalomen meneral sebesebance
						☐ Bus	iness Entity	Other
						☐ Indi	ividual/Sole Pi	oprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	n Purchase
Name of Purchaser				1		Purchase	e Made By:	
						☐ Business Entity ☐ Other		
						☐ Individual/Sole Proprietorshi		
Street Address			City	,			State	Zip Code
		Downless	Es- All Favores	1 c . D	nament Ad Brancha		Amount of Sig	n Durokogo
Date Received	Event #	Aggregate Purchases	for An Evelus	Amount of Pr	ogram Ad Purcha	ise z	zmonnt or sif	in Lai chase
Name of Purchaser				1		Purchase	e Made By:	
						☐ Bus	siness Entity	☐ Other
						☐ Indi	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise A	Amount of Sig	n Purchase
					U			
							M. J. D.	
Name of Purchaser							e Made By:	C Other
						i	siness Entity ividual/Sole P	Other
Sa., a 4.15			Con.			Lind	State	Zip Code
Street Address			City				State	Zip couc
Date Received	Event #	Aggregate Purchases	for All Fivente	Amount of D-	ogram Ad Purcha	ro .	Amount of Sig	m Purchasa
Date Received	Event #	Aggregate rutenases	IOI AN EVONS	Autount of Fr	ogram Ad Fuicus	166 7	Amount or Si	gii i ui ciiase
	SUBTOTAL Section L3 To	otal Purchases of	Advantising in D	rogram Rook	This Page	<u> </u>		
								· · · · · · · · · · · · · · · · · · ·
	SUBTOTAL Secti	on L3 Total Purc	hases of Advertis	sing on a Sign	This Page	*************		
			TOTAL of a	dditional Sect	ion L3 Pages			n Distribution and a desired d

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	E (Provide Complete Name as	Registered with Filing Repo	sitory)	TYPE OF REP	PORT		
Mr (auted for	Mayor	10-10-19				
	Paragraph of the property of the paragraph of the paragra	WATER COMMENT OF THE PROPERTY	ns Not Cons	idered Contributions	invesemente en forest en		
Name of Donor			and a sylventia sylve		Aggregation blinds	And Andreas An	
Street Address			City	ek <u>t kit s</u> om en en kalaman av gran en skrivet og en de s	State	Zip Code	
outer Auguss			City				
Donation Given By: Business Entity	Description of Donation				Fair Market V	Value of Donation	
☐ Individual	Date Received	Event#		Aggregate Value for this Event			
☐ Sole Proprietorship							
Name of Donor		Можново на под при на применения на применения на применения на применения на применения на применения на прим На применения на применени		magaya talaman na n	Tasas a fea ta a santau un da me de desen de media de	9-20-3 Till stemper general segment at number of school of the State Sta	
Street Address			City		State	Zip Code	
Donation Given By:	Description of Donation			<u> </u>	Fair Market	Value of Donation	
■ Business Entity							
☐ Indivídual	Date Received	Event #		Aggregate Value for this Event			
Sole Proprietorship							
Name of Donor							
Street Address			City		State	Zip Code	
Donation Given By:	Description of Donation				Fair Market	Value of Donation	
☐ Business Entity							
☐ Individual	Date Received	Event#		Aggregate Value for this Event			
Sole Proprietorship		·					
Name of Donor			namente de la companya del la companya de la compan	S car de et tel Marches (Spiras programme)	matroscomia videsuuriukoonid Sideacidii (kiri Sideaci		
Street Address			City		State	Zip Code	
Donation Given By: Business Entity	Description of Donation				Fair Market	Value of Donation	
Individual	Date Received	Event#		Aggregate value for this Event			
Sole Proprietorship							
		S	UBTOTAL Sec	tion L4— This Page			
		TO	OTAL of addition	onal Section L4 Pages			
TO	TAL OF ALL IN-KINE			O CONTRIBUTIONS Summary Page Totals)			
		zemei iviti on line 2	., Coumu A OJ A	minute i ale i diano)	· · · · · · · · · · · · · · · · · · ·		

NAME OF COMMITTEE (Pro	wide Complete Name as Registered with Filing Repo	sitory)	umikasid umika nanda nanda yiridda da iyad da ay yad dada yayay yayay yayay isan isan isan da da isan da ababa	initalinin makamin ni periodi na	TYPE OF RE	PORT	
Mc	Cauley for Mayor	W			10-1	0-19	
L5. I	n-Kind Donations Not Conside	red (Contributions Associa	ted with a l	House Part	у	AND THE PROPERTY OF THE PROPER
Name of Host DONNA	Swarr			committee?	supporting mo DYes DN omplete Itemize	o '	e candidate or
Street Address			City	L		State	Zip Code
Street Address Sheel fas	Aace		Harthero			CT	
Description of Donation	0				Fair Mar	ket Value o	f Donation
Event# 092219A	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events— <i>this ho</i>	st/candidate		50,0	O
Name of Host				Is this event	supporting mo	re than on	e candidate or
					☐ Yes ☐ No		
				If yes, co	mplete Itemiza	tion in Add	endum L5
Street Address			City			State	Zip Code
Description of Donation			<u> </u>		Fair Mor	ket Value o	f Danation
					Tan Mai	Ket value o	r Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate			
Name of Host		malana	and the second s	Is this event s	supporting mo	re than on	e candidate or
				committee?	☐ Yes ☐ No)	
				If yes, co	mpiete Itemiza	tion in Add	endum L5
Street Address		*	City			State	Zip Code
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Street Address			City			State	Zip Code
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		SUB	TOTAL Section L5 — T	his Page	ا ا	?0 . or	
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TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on 1		ONSIDERED CONTRIE 2, Column A of Summary P		3	?o. 07	D
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT											
McCauley F	DK_M	1AYOR		Trimble to the state of the sta	Annances		/()-/	0-19		N. S. Galacan I. Galant I. H. M. H. H. H. H. K. K. K. Galacan I. H.
/		<i></i>	M. I	n-Kind Cor	ıtri	butions		delement		Square in the sq	
Name											
Street Address			***************************************		Cir	·				State	Zip Code
						,					
Type of contributor:	Date Rece	ived	Aggrega	te Contributions	<u></u>	Description of In-Kind	Contribution	1	·		
☐ 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 o which branch or he contract is wit	r bra	actor or prospective s inches Executive			□Yes □No		
Name											
Street Address		······································		-	City					State	Zip Code
Older Hiddelps					[";	,				State	Zip Code
Type of contributor: Committee	Date Recei	ived	Aggrega	te Contributions	<u> </u>	Description of In-Kind	Contribution	1			
☐ Individual / Sole Proprietorship ☐ Other								•			
Is contributor a lobbyist, spouse, Yes						for a chief executive				Fair	Market Value
or dependent child of a lobbyist? No		ontributor or at more that			ated	with have a contract v	with said m	unici	pality	of thi	s Centribution
Is this contribution associated with an event reported in Section L.1? If yes, list Event #	☐ Yes ☐ No	If yes,	indicate	icipal of a state c which branch or he contract is wit	bra	actor or prospective si nches Executive			□Yes □ No		
Name				· · · · · · · · · · · · · · · · · · ·				-1-1-10-m			
Street Address					City	,				State	Zip Code
Type of contributor: Committee	Date Recei	ved	Aggrega	te Contributions		Description of In-Kind	Contribution	1			
☐ Individual / Sole Proprietorship ☐ Other											
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?	does co	ribution is in entributor or at more than	business	hc/she is associa	idate ated	for a chief executive with have a contract v	officer of a with said m	ı mur unici <u>l</u>	icipality, pality		Market Value s Contribution
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				SUBTOTAL	Sec	tion M — This Pa	ge				
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TOTAL OF ALL IN-KIND CON	rribut	TIONS Œ	nter total	on Line 23, Colu	mn.	A of Summary Page To	otals)				
	N.	Refund	lable I	Deposit to T	ele	phone Compar	ıy				
Last Name of Individual			,	First	-				МІ	Date Deposi	t Made
Residential Street Address			·	City	-	· · · · · · · · · · · · · · · · · · ·	State	Zip	Code		A
											Amount of Deposit
Name of Telephone Company				L			<u>L.,</u>	<u> </u>			
Street Address			*	City			State	Zip	Code		
				l						- 1	

er 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 Revised January 2015	IV. EXPENDI		Page 13 of 17				
NAME OF COMMIT				E OF REPORT	OF REPORT		
**************************************	McCauley for MAYOr			10-10-19			
No.	P. Expenses	Paid by Committee					
Name of Payce ATWUR Street Address	Ks Unlimited	City	Date	of Payment -19-19	Debit (# <u>0096</u>	
Succe Address		Harth	nP	,	State	Zip Code	
Purpose of Expenditure (by code)	Description		Event # 0910	19A		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required under None of the below Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought)	re) 🔲 Indeper	ndent	Восов		0,00	
Name of Payce			Date o	f Payment	Method of P Check Debit (#	
Street Address		City	***************************************		State	Zíp Code	
Purpose of Expenditure (by code)	Description		Event#		,	Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contraction)	re) 🔲 Indepen	ıdent	в ос о р			
Name of Payee	and the state of t			f Payment	Method of P	#	
Street Address	······································	City			Debit C	Zip Code	
Purpose of Expenditure (by code)	Description	· · · · · · · · · · · · · · · · · · ·	Event#			Amount	
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Name of Payee	бостубрания выбольный на настройный принципальный принципальный принципальный принципальный принципальный прин			f Payment	Method of P Check Debit (#	
Street Address		City			State	Zip Code	
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IV. EXPENDITURES (Sections P—T)

Page 14 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT			
McCayley FOR MAYOr			10-10-19				
•	/ Q. Campaign Exp	enses Paid by Cand	idate				
Name of Payce (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursoment claimed?			
Vistaprint.com			8-18-19	Yes No			
Street Address	paper () reon	City	10.07	State Zip Code			
D. CT	In the	<u> </u>	I C #	A 4			
Purpose of Expenditure (by code)	Description (AST) and the last of the last		Event#	Amount			
	DOOR Hangers			236.93			
	Vendor, Person or Entity who candidate paid directly)		Date of Payment	ls reimbursement claimed?			
Build	a Sign .com		8-18-19	Yes No			
Street Address	action process	City		State Zip Code			
Purpose of Expenditure	Description		Event#	Amount			
(by code)			PACIT A	Amount			
	LAWN SIGNS			204.96			
Name of Payce (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				☐ Yes ☐ No			
Street Address		City		State Zip Code			
		t	.*				
Purpose of Expenditure	Description		Event #	Amount			
(by code)	Description		A STANCE	Autopin			
Name of Payce (Name of	Vendor, Person or Emity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				Yes No			
Street Address		City	 	State Zip Code			
Purpose of Expenditure	Description		Event #	Amount			
(by code)	•						
Name of Payee (Nume of)	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				☐ Ycs ☐ No			
Street Address		City		State Zip Code			
Purpose of Expenditure	Description		Event#	Amount			
(by code)							
No. 10 (87		CMCCCotton (1940) Accidentation in the second contract of the second	D. Charles				
Name of Payee (Name of 1	Vendor, Rerson or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				☐ Yes ☐ No			
Street Address		City	•	State Zip Code			
Purpose of Expenditure	Description		Event #	Amount			
(by cede)							
	1	SUBTOTAL Section Q -	– This Page 5	41,89			
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		g.,						
NAME OF COMMIT	EE sProvide Complete Name as Registered with Filing Repository,	TYPE OF REPORT			Γ			
	10-10-			7-19	19			
	R. Expenses Incurre	d on Commi	ttee Credit (Card				
Name of Issuing Insti	itution	Type of Credit	Card:			MIPOR out of the second se		
		☐ Visa ☐ Master Card ☐ Discover ☐ America				Other:		
Name of Vendor, Person	or Entity			kalijainin paraimen na ramiilika nakansiki suumma na casana na niinna saa	Date of T	ransaction		
Street Address		City			State	Zip Code		
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Name of Vendor, Person o	or Entity		and the statement of th		Date of T	ransaction		
Street Address		City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code		
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Name of Vendor, Person or Entity					Date of Ti	ransaction		
Street Address		City			State	Zip Code		
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то	TAL OF ALL EXPENSES INCURRED ON (Enter total on Line			1				

district the second constitution of the second c					Application of the second seco		
NAME OF COMMITTEE (Provide Compleje Name as Registered with Filing Repository) MC CAWCO FOR MAYOR			TYPE OF REPORT	TYPE OF REPORT			
	10-10-1	<u> </u>					
	S. Éxpenses Incurred by Com	nittee but Not Paid	During this Period				
Name of Creditor				Date Incur	Date Incurred		
Street Address		City		State	Zip Code		
'urpose of Expenditure by code)	Expenditure Description Event #				Amount Incurred (Estimate or Actual)		
xpenditure # f applicablej							
Name of Creditor				Date Incur	Date Incurred		
Street Address	<u> </u>	City	Market Control of the	State	Zip Code		
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TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	NG THIS PERIOD BUT ine 28, Column A of Summo	Γ NOT PAID ary Page Totals)				
	Previously reported Exp	enses Unpaid and still O	utstanding				
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Liv	BY COMMITTEE BU					

VAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
McCauley FOR MAYOR				10-10-19				
	/ T. Itemization of Reiml	bursements :	and Secondary P	ayees				
Last Name of Worker/Cons	sultant	First		МІ		Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person or	r Entity Paid by Committee Worker/Consultant	1	<u>, , , , , , , , , , , , , , , , , , , </u>		o Reimburse o Section P:	Committee W	orker/Con	sultant as
				Che		☐ Deb	it Card	☐ EFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City	***************************************			State	Zip Code	TETRALE
Purpose of Expenditure (by code)	Description	omoulos .	Event#				Amount	
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe	enditure)	of the below" is checked Independent Organization: 0					
Last Name of Worker/Con	sultant	First			MI	Date of Pa Person or		Vendor,
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant			reported is	o Reimburse n Section P: ck #			sultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code	
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Last Name of Worker/Consultant		First			MI	Date of P Person or	ayment to Entity	Vendor,
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Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code	3
Purpose of Expenditure (by code)	Description		Event #				Amount	
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