

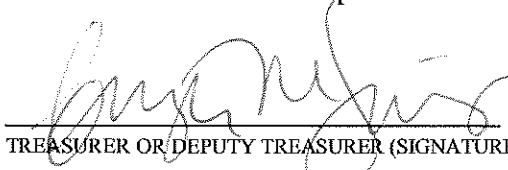
# SEEC FORM 20

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

<b>1. NAME OF COMMITTEE</b>			
McCauley for Mayor 2023			
<b>2. TREASURER NAME</b>			
First Angela	MI M	Last Jarvis	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 55 Hartland Street	City Hartford	State CT	Zip Code 06112
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/07/2023	<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> Mayor		<b>6. DISTRICT NUMBER</b> <i>(if applicable)</i>
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>			
First James	MI S	Last McCauley	Suffix
<b>8. TYPE OF REPORT</b> <i>(Check One Box)</i>			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report: _____
<input checked="" type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="radio"/> Termination	
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date		Ending Date	
07/01/2023		thru 9/30/2023	
<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)		ANGELA M. JARVIS PRINT NAME OF SIGNER	10-9-2023 DATE (mm/dd/yyyy)
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.			

**SEEC FORM 20**

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

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
McCauley for Mayor 2023	October 10	
	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	1365.06	
13. Contributions Received from Individuals (Sections A and B)	1144.20	4046.89
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1144.20	4046.89
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	2509.26	4046.89
19. Expenses Paid by Committee (Section P)	1550.00	3400.00
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	959.26	646.89
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)	3255.57	17,955.55
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	
McCauley for Mayor 2023				October 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Veerasammy		Arnold			
Residential Street Address		City		State	Zip Code
104 Hannah Lane		Coventry		CT	06238
Principal Occupation		Name of Employer			
Electrial		Electrical Power Solutions			
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?		<b>Amount of Contribution</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		250.00	
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 state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		08/31/2023			
Last Name		First		MI	
Paguada		Beatrix			
Residential Street Address		City		State	Zip Code
15 Cowles Street		Hartford		CT	06114
Principal Occupation		Name of Employer			
RN		American Home Health			
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?		<b>Amount of Contribution</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		104.37	
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 state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		09/11/2023			
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?		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?		<b>Amount of Contribution</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No			
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 state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order					
<b>SUBTOTAL Section B — This Page</b>				354.37	
<b>TOTAL of additional Section B Pages</b>				764.83	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				1144.20	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
McCauley for Mayor 2023				October 10				
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>				
				\$ 25.00				
<b>B. Itemized Contributions from Individuals</b>								
Last Name			First			MI		
Teiger			Michael					
Residential Street Address			City			State	Zip Code	
91 Timberland Road			West Hartford			CT	06117	
Principal Occupation			Name of Employer					
Pulmonologist			Hartford Healthcare					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  100.00
Is this contribution associated with an event reported in Section LI? If yes, list Event # _____		<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			09/22/2023					
Last Name			First			MI		
Kenney			Thomas					
Residential Street Address			City			State	Zip Code	
967 Asylum Avenue			Hartford			CT	06105	
Principal Occupation			Name of Employer					
Owner			Pivotal Minerap					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  100.00
Is this contribution associated with an event reported in Section LI? If yes, list Event # _____		<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			07/29/2023					
Last Name			First			MI		
Allen			Connie					
Residential Street Address			City			State	Zip Code	
3335 Shady Hollow Lane			Dallas			TX	75233	
Principal Occupation			Name of Employer					
Educator			Irving ISD					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  100.00
Is this contribution associated with an event reported in Section LI? If yes, list Event # _____		<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			07/31/2023					
<b>SUBTOTAL Section B — This Page</b>						300.00		
<b>TOTAL of additional Section B Pages</b>						819.20		
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						1144.20		

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
McCauley for Mayor				October 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Looper		Alan			
Residential Street Address		City		State	Zip Code
1 Gold Street		Hartford		CT	06103
Principal Occupation			Name of Employer		
Investor			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 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?		<b>Amount of Contribution</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		208.43	
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 state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/22/2023	469.20		
Last Name		First		MI	
Looper		Alan			
Residential Street Address		City		State	Zip Code
1 Gold Street		Hartford		CT	06103
Principal Occupation			Name of Employer		
Investor			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 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?		<b>Amount of Contribution</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		156.40	
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 state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		08/19/2023	469.20		
Last Name		First		MI	
Pearsall		Pam			
Residential Street Address		City		State	Zip Code
2820 Eldridge Avenue		Bellingham		WA	98225
Principal Occupation			Name of Employer		
Clean and Sober Housing			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 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?		<b>Amount of Contribution</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		100.00	
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 state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		07/23/2023			
<b>SUBTOTAL Section B — This Page</b>				464.83	
<b>TOTAL of additional Section B Pages</b>				654.37	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				1,144.20	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
McCauley for Mayor 2023						October 10	
<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? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			<i>If yes, list Event # _____</i>				
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? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			<i>If yes, list Event # _____</i>				
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? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			<i>If yes, list Event # _____</i>				
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 <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				Amount of Receipt	
Description							
Name of Committee				Name of Treasurer			
Address			City			State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				Amount of Receipt	
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)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
McCauley for Mayor 2023				October 10	
<b>D. Loans Received this Period</b>					
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Street Address					Amount Received
City		State		Zip Code	
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Street Address					Amount Received
City		State		Zip Code	
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Street Address					Amount Received
City		State		Zip Code	
<b>TOTAL SECTION D</b>					0
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>					
Name of Entity					
Street Address				Date Received	
City		State		Zip Code	
Aggregate Contributions				Amount Received	
Name of Entity					
Street Address				Date Received	
City		State		Zip Code	
Aggregate Contributions				Amount Received	
Name of Entity					
Street Address				Date Received	
City		State		Zip Code	
Aggregate Contributions				Amount Received	
<b>TOTAL SECTION E</b>					0

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
McCauley for Mayor 2023	October 10

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

### 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>		0

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

Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
<b>TOTAL SECTION H</b>		0

### 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 <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
McCauley for Mayor 2023	October 10

**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	
Street Address	City	State	Zip Code
Description			
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			
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)		
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)	+	

**Total of Other Monetary Receipts**  
(Add Sections D through K) *(Enter total on Line 15, Column A of Summary Page Totals)* 0

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
McCauley for Mayor 2023		October 10	
<b>L1. Event Information</b>			
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No
Location: Street Address		City	State      Zip Code
<b>Subpart 1: (All Committees)</b>			
Was this event hosted at a personal residence?		<input type="radio"/> Yes (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.) <input type="radio"/> 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="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> 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="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text"/> \$ <input type="radio"/> 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="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> 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="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text"/> \$ <input type="radio"/> No	
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No
Location: Street Address		City	State      Zip Code
<b>Subpart 1: (All Committees)</b>			
Was this event hosted at a personal residence?		<input type="radio"/> Yes (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.) <input type="radio"/> 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="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> 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="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text"/> \$ <input type="radio"/> 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="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> 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="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text"/> \$ <input type="radio"/> 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 <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
McCauley for Mayor 2023	October 10

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

Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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> <i>(Enter total on Line 16c, 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	
McCauley for Mayor 2023				October 10	
<b>L4. In-Kind Donations Not Considered Contributions</b>					
Name of Donor					
Street Address			City		State
Zip Code					
Donation Given By:	Description of Donation				Fair Market Value of Donation
<input type="radio"/> Business Entity					
<input type="radio"/> Individual					
<input type="radio"/> Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
Zip Code					
Donation Given By:	Description of Donation				Fair Market Value of Donation
<input type="radio"/> Business Entity					
<input type="radio"/> Individual					
<input type="radio"/> Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
Zip Code					
Donation Given By:	Description of Donation				Fair Market Value of Donation
<input type="radio"/> Business Entity					
<input type="radio"/> Individual					
<input type="radio"/> Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
Zip Code					
Donation Given By:	Description of Donation				Fair Market Value of Donation
<input type="radio"/> Business Entity					
<input type="radio"/> Individual					
<input type="radio"/> Sole Proprietorship	Date Received	Event #		Aggregate value for this Event	
Name of Donor					
Street Address			City		State
Zip Code					
<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>				0	
<i>(Enter total on Line 21, Column A of Summary Page Totals)</i>					

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
McCauley for Mayor 2023			October 10	
<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="radio"/> Yes <input type="radio"/> 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—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> 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—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> 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—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> 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—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> 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—all hosts	Aggregate Value of all Events—this host/candidate		
<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)	TYPE OF REPORT
McCauley for Mayor 2023	October 10

#### M. In-Kind Contributions

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

<b>SUBTOTAL Section M — This Page</b>	0
<b>TOTAL of additional Section M Pages</b>	0
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)</b>	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	

<b>TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)</b>	0
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### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
McCauley for Mayor 2023				October 10	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
The Hartford News			08/04/2023		<input type="radio"/> Check # <u>1004</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
30 Arbor Street		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #	Amount	
A-News	4 page insert			1550.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
					<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
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="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
					<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
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="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
					<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
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="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				1550.00	
<b>TOTAL of additional Section P Pages</b>				0	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>				1550.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
McCauley for Mayor 2023				October 10	
<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?
NationBuilder			07/22/2023		<input type="radio"/> Yes <input checked="" type="radio"/> No
Street Address		City		State	Zip Code
6515 W Sunset Blvd		Los Angeles		CA	90028
Purpose of Expenditure (by code)	Description	Event #		Amount	
Web	Campaign software			179.00	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
NationBuilder			08/22/2023		<input type="radio"/> Yes <input checked="" type="radio"/> No
Street Address		City		State	Zip Code
6515 W Sunset Blvd		Los Angeles		CA	90028
Purpose of Expenditure (by code)	Description	Event #		Amount	
Web	Campaign software			179.00	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
NationBuilder			09/22/2023		<input type="radio"/> Yes <input checked="" type="radio"/> No
Street Address		City		State	Zip Code
6515 W Sunset Blvd		Los Angeles		CA	90028
Purpose of Expenditure (by code)	Description	Event #		Amount	
Web	Campaign software			179.00	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
Vistaprint			08/07/2023		<input type="radio"/> Yes <input checked="" type="radio"/> No
Street Address		City		State	Zip Code
www.vistaprint.com					
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-OTH	Flyers			357.01	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
Build A Sign			08/18/2023		<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
www.buildasign.com					
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-OTH	Signs			989.06	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
Meta/Facebook			07/22/2023		<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
1 Hacker Way		Menlo Park		CA	94025
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-Web	Ads			600.00	
<b>SUBTOTAL Section Q — This Page</b>				2483.07	
<b>TOTAL of additional Section Q Pages</b>				772.50	
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>				3255.57	



**IV. EXPENDITURES (Sections P—T)**

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
McCauley for Mayor 2023	October 10

**Q. Campaign Expenses Paid by Candidate**

<b>Name of Payee</b> <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>	<b>Date of Payment</b>	<b>Is reimbursement claimed?</b>
CICD Hartford PR Parade	08/10/2023	<input type="radio"/> Yes <input checked="" type="radio"/> No

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
80 Cedar Street	Hartford	CT	06106

<b>Purpose of Expenditure</b> <i>(by code)</i>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
	Parade		772.50

<b>Name of Payee</b> <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>	<b>Date of Payment</b>	<b>Is reimbursement claimed?</b>
		<input type="radio"/> Yes <input type="radio"/> No

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Purpose of Expenditure</b> <i>(by code)</i>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>

<b>Name of Payee</b> <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>	<b>Date of Payment</b>	<b>Is reimbursement claimed?</b>
		<input type="radio"/> Yes <input type="radio"/> No

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Purpose of Expenditure</b> <i>(by code)</i>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>

<b>Name of Payee</b> <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>	<b>Date of Payment</b>	<b>Is reimbursement claimed?</b>
		<input type="radio"/> Yes <input type="radio"/> No

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Purpose of Expenditure</b> <i>(by code)</i>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>

<b>Name of Payee</b> <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>	<b>Date of Payment</b>	<b>Is reimbursement claimed?</b>
		<input type="radio"/> Yes <input type="radio"/> No

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Purpose of Expenditure</b> <i>(by code)</i>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>

<b>Name of Payee</b> <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>	<b>Date of Payment</b>	<b>Is reimbursement claimed?</b>
		<input type="radio"/> Yes <input type="radio"/> No

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Purpose of Expenditure</b> <i>(by code)</i>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>

<b>SUBTOTAL Section Q — This Page</b>			772.50
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<b>TOTAL of additional Section Q Pages</b>			2483.07
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<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>			3255.57
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**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
McCauley for Mayor			October 10	
<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 # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)			
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 # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)			
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 # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)			
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 # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)			
<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	

### IV. EXPENDITURES (Sections P—T)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
McCauley for Mayor 2023	October 10

#### T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
Last Name of Worker/Consultant			
First			
MI			
Date of Payment to Vendor, Person or Entity			
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
Last Name of Worker/Consultant			
First			
MI			
Date of Payment to Vendor, Person or Entity			
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
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<b>SUBTOTAL Section T — This Page</b>	0
<b>TOTAL of additional Section T Pages</b>	0
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>	0