SEEC FORM 20

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

Page 1 of 17

Do Not Mark in This Space For Official Use Only

		CO	VER	17	TOE			
1. NAME OF COMMITTEE								
McCauley for Mayor 2023			,					
2. TREASURER NAME						19		
First		MI	Last			10 m		Suffix
Angela		М	Jarv	/is		왕(4) (14년) 영(4) (14년)	8	
3. TREASURER ADDRESS						900	and the second	
Street Address			City			State	CZip C	and the second
55 Hartland Street			Hartford			CT	061	<u> </u>
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	e only if Can	didat	e Committee)			RICT NUMBER
(mm/dd/yyyy) 11/07/2023	Mayor						(if applicable	e)
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	ry Committee)						
First		MI	Last	_				Suffix
James		S	Mc	Cau	lley			
8. TYPE OF REPORT (Check One Box)								
O January 10 filing	7th day preced	ling primary	у С	7th	day preceding referendum	Initial Cont		r Disbursement
April 10 filing	©30 days following primary		у С			Amendment to		
July 10 filing	7th day preced	ling election	n C	O Deficit		Type of Report:		
October 10 filing	12th day prece			Termination				
O24 Hour Independent Expenditure Primary Election	O45 days follow not held in No		n					
9. PERIOD COVERED								
	Beginning Dat	e			Ending Date			
	07/01/2023		thr	13	9/30/2023			
			_	u		- v		
10. CERTIFICATION								
I hereby certify and state, under p Disclosure Statement for the pe TREASURER OR DEPUTY TREASURE	riod covered is to	rue, accur	ate and o	com ₁		s Itemized Car	······	inance 9-202 (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 (Provide Complete Name as Registered with Filing Repository) McCauley for Mayor 2023	TYPE OF REPORT October 10			
	COLUMN A This Period	COLUMN B Aggregate		
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		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. Per Public Act 11-48, effective January 1, 2012 Section L2. removed				
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	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			

NAME OF COMMITTEE (Provide Complete Nam	e as Registered with Filing Repository)			TYPE OF REPORT			
McCauley for Mayor 2023				October 10			
	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A						
Last Name	B. Itemized Cor	n tributions fro First	m Individ	uals			MI
Veerasammy		Arnold					
Residential Street Address		City			State	Zip C	
104 Hannah Lane		Coventry	(AUX = -)		CT	062	238
Principal Occupation		Name of Emp	•	_			
Electrial	1		Power Sol				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?		ve a contract w		250		Contribution
	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ch or branches	_	contractor? Yes No			
Method of Contribution:		Date Received		Aggregate Contributions			
Cash Personal Check Credit/Debit Ca	ard OPayroll Deduction OMoney	Order 08/31/20)23				
Last Name		First					МІ
Paguada		Beatrix					
Residential Street Address		City			State	Zip C	
15 Cowles Street		Hartford			СТ	06	114
Principal Occupation		Name of Emp	-	. lel			
RN			Home Hea	<u> </u>	-		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?		e a contract w		, Amo		Contribution
~	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or branches	-	contractor? Yes No			
Method of Contribution:	<u>"</u>	Date Received	Å	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Ca	rd Payroll Deduction Money	Order 09/11/20	023				
Last Name		First					MI
Residential Street Address		City		1.00	State	Zip C	ode
Principal Occupation		Name of Emp	loyer			1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?		e a contract w		, Amo	ount of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Tes Is contributor a principal of a surface of government the contract	ch or branches	-	Contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Ca	ard OPayroll Deduction OMoney	Date Received Order	· /	Aggregate Contributions			
	SUBT	OTAL Section	3 — This P	age 354.37			
	TOTAL	of additional S	ection B Pa	nges 764.83			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1					, <u> </u>	

NAME OF COMMITTEE (Provide Complete Name as Reg	gistered with Filing Repository)		TYPE OF REPORT			
McCauley for Mayor 2023			October 10			
A. Total Contributions from Small ((See instructions for definition of Small Contrib.)	\$ 25.00					
(See instructions for definition of Small Contrib	nuor) 5	UBTOTAL SECTION A				
	B. Itemized Con	tributions from Individ	luals			
Last Name Teiger		First Michael			MI	
Residential Street Address		City		State	Zip Code	
91 Timberland Road	Į.	West Hartford		CT	06117	
Principal Occupation		Name of Employer				
Pulmonologist		Hartford Healthcare	2			
or dependent child of a lobbyist? No does c		o a candidate for a chief executive s associated with have a contract OYes ONo		, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a st If yes, indicate which bran- of government the contract	ate contractor or prospective state ch or branches is with:	contractor? Yes No Legislative		,	
Method of Contribution: Cash Personal Check Credit/Debit Card C	Payroll Deduction OMoney		Aggregate Contributions			
Last Name		First			MI	
Kenney		Thomas				
Residential Street Address	C	City		State	Zip Code	
967 Asylum Avenue		Hartford		CT	06105	
Principal Occupation		Name of Employer				
Owner		Pivotal Minerap				
or dependent child of a lobbyist? No does co		o a candidate for a chief executive s associated with have a contract v Yes • No		, Amo	aunt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a si If yes, indicate which bran of government the contract		No.			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card O	Payroll Deduction Money		Aggregate Contributions			
Last Name	, ujiva Boddonom Grando	First			МІ	
Allen		Connie				
Residential Street Address	C	City		State	Zip Code	
3335 Shady Hollow Lane		Dallas		TX	75233	
Principal Occupation	I.	Name of Employer				
Educator		Irving ISD				
or dependent child of a lobbyist? No does c		o a candidate for a chief executive s associated with have a contract v Yes O No		, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? 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: O Executive O Legislative						
Method of Contribution:			Aggregate Contributions			
Cash Personal Check Credit/Debit Card O	Payroll Deduction OMoney	Order 07/31/2023	****			
	SUBT	OTAL Section B — This	Page 300.00			
	TOTAL	of additional Section B P	ages 819.20			
TOTAL OF ALL CO		INDIVIDUALS (Sections A 3, Column A of Summary Page 1				

NAME OF COMMITTEE Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
McCauley for Mayor		October 10	October 10			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	red this Period ONL SUBTOTAL SECTION	436664 N				
B. Itemized Co Last Name	ntributions from In	dividuals	MI			
Looper	Alan					
Residential Street Address	City		State Zip Code			
1 Gold Street	Hartford		CT 06103			
Principal Occupation Investor	Name of Employer Self		•			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No lobes contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a cor		Amount of Contribution 208.43			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No No If yes, indicate which bra. of government the contraction of government the contraction.	nch or branches	_ © No				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 7/22/2023	Aggregate Contributions				
Last Name	First		MI			
Looper	Alan					
	City Lloutfoud		State Zip Code			
1 Gold Street	Hartford		CT 06103			
Principal Occupation Investor	Name of Employer Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		tract with said municipality	Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branches	e state contractor? Yes No tive \(\bigcup \text{ Legislative} \)				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 08/19/2023	469.20				
Last Name Pearsall	First Pam		MI			
Residential Street Address	City		State Zip Code			
2820 Eldridge Avenue	Bellingham		WA 98225			
Principal Occupation Clean and Sober Housing	Name of Employer Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Yes of State of		tract with said municipality	Amount of Contribution			
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? 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: Executive Legislative						
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received 07/23/2023	Aggregate Contributions				
SUBI	OTAL Section B — 1	This Page 464.83				
TOTAL	of additional Section	B Pages 654.37				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	I INDIVIDUALS (Section 13, Column A of Summary 1					

	TTEE (Provide Complet	e Name as Registered v	with Filing Reposi	itory)						
McCauley for Ma	yor 2023					October 10				
		C1. (Contributio	ons from O	ther Con	nmittees				
Name of Committee					Name of T	reasurer				
Address	And Alle Visit III V			Is this contrevent report	ed in Section	isted with an Oyes ONo 1L1? s, list Event #	Amount o	Amount of Contribution		
City		State	Zip Code	Date Rece		Aggregate Contributions				
Name of Committee		l l		1	Name of Ti	reasurer				
Address		4		Is this contrevent report	ed in Section	isted with an Yes No L1? s, list Event #	Amount o	f Contribution		
City		State	Zip Code	Date Rece	ived	Aggregate Contributions				
Name of Committee				<u> </u>	Name of Ti	easurer	- I			
Address	• •			Is this contri event report	ed in Section	iated with an Yes No L1? s, list Event #	Amount o	f Contribution		
City		State	Zip Code	Date Rece	ived	Aggregate Contributions				
	C2. R	eimbursemen	ts or Surpl	us Distrib	ations fro	om other Committees				
Name of Committee	teritoria per transfirma di America.				Name of Tr					
Address			111111111111111111111111111111111111111	City	_1		State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type					Amoun	of Receipt		
Description		OReimbursem	ent for shared e	expense OS	urplus Distri	bution				
Description										
Name of Committee					Name of Tr	easurer		Allist S		
Address				City		i distal	State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type Reimburse	enient for shared	d expense	Surplus Dis	tribution	Amount	of Receipt		
Description	1.0400							- 10.00		
			SUBTO	TAL Section	n C — T	nis Page 0				
				of additions						
		ALL COMMIT C1 + C2) (Enter I								
	· —									

Revised January 2015	I. MUNETARY RE	CEIP 15 (Sect	tions A—K)		
NAME OF COMMITTEE (Provide Complete Name of	as Registered with Filing Repository)		TYPE OF	REPORT	
McCauley for Mayor 2023			October	10	
	D I assa Daa	eived this Period			
N	D. Loans Rec	Source of Loan:			l n
Name of Lender		_	didate 🔘 Individua	Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	<u> </u>		acicar,		Amount Received
0	Los		LStrate	Lz. a.i.	
Street Address	City		State	Zip Code	
Name of Lender	<u> </u>	Source of Loan; Bank Cane	didate () Individua	Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or
					Guarantor of this loan? O Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
·				•	
Name of Lender		Source of Loan:			Date of Receipt
		OBank O Can	didate 🔘 Individua	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)				1	Amount Received
Constant and a second	LC:	\$ \$ 400 A T	State	Lr. o. t.	
Street Address	City		State	Zip Code	
	h	TOTAL SECT	ION D 0	<u> </u>	
E. Receipts from Entiti	ies other than Individua	ls or Other Comi	mittees (<i>Referen</i>	dum Committe	es ONLY)
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contrib	utions	
Name of Entity		• 11 11			*****
Street Address	- Indian .		Date Received		Amount Received
	- 10	la: a l			
City	State	Zip Code	Aggregate Contrib	utions	
Name of Entity		<u></u>		<u></u>	
		· · · · · · · · · · · · · · · · · · ·			
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contrib	ntions	
		TOTAL SECT	IONE 0		

NAME OF COMMITTE McCauley for May	TEE (Provide Complete Name as Registere Or 2023	ed with Filing Repository)		TYPE OF REPORT October 10
	F. Amount Transferred f	rom Affiliated Busines	s Treasury (Busina	ess Entity Committees ONLY)
Date of Receipt	Is this transaction associate event reported in Section I	200 (200	s, list Event #	Amount
Date of Receipt	Is this transaction associate event reported in Section I		, list Event #	Amount
Date of Receipt	Is this transaction associate event reported in Section I		s, list Event #	Amount
Date of Receipt	Is this transaction associate event reported in Section I	ransaction associated with an Yes If yes, list Event # sported in Section L1? No		Amount
			TOTAL SECTION	F 0
G. Amount	Fransferred from Affiliate	d Labor Union or Oth	er Organization '	Freasury (Organization Committees ONLY)
Date of Receipt	D	ate of Receipt		Date of Receipt
	Amount	Amount		Amount
			OTAL SECTION O	
	H. Personal Funds of th	ie Candidate Received	this Period (Cana	lidate Committees ONLY)
Date of Receipt	Method of payment: Cash	Personal Check	Credit/Debit C	Amount
Date of Receipt	Method of payment:	Personal Check	Credit/Debit C	Amount
Date of Receipt	Method of payment:	Personal Check	Credit/Debit C	Amount
Date of Receipt	Method of payment:	Personal Check	Ctedio Deoir C	Amount
	O Cash	O Personal Check	Credit/Debit Ca	
			TOTAL SECTIO	NH 0
		I. Anonymous Con	ıtributions	
aı	Per Public Act 11-48, A	•	-	ger be deposited in <i>any</i> e campaign treasurer shall

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.

Street Address City State Zip Code Description Name Date of Transaction Amount Received Street Address City State Zip Code	Recited January 1015	1. MONETAKT RECEIT 15 (5	cciions A—IX)		
Successful from Deposits in Anthorized Accounts Successful from Succ		Name as Registered with Filing Repository)			
Name of Embidishine Clay State Zip Code	McCauley for Mayor 2023		Octobe	r 10 ******************************	
State Address City State TOTAL SECTION J Amount Received City State State Address City State Total Address City State Total Address City State Total Address State Address City State Total Address State Address Amount Received Total Address Total Address Total Address Total Address Total Amount Transferred from Affiliated Business Treasury (Section F) Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) Total Amount of Interest from Depasits in Authorized Accounts (Section H) Total Amount of Interest from Depasits in Authorized Accounts (Section K) Total Other Monetary Receipts or Considered Contributions (Section K) Total Other Monetary Receipts or Considered Contributions (Section K) Total Other Monetary Receipts or Considered Contributions (Section K) Total Other Monetary Receipts or Considered Contributions (Section K) Total Other Monetary Receipts or Considered Contributions (Section K) Total Other Monetary Receipts or Considered Contributions (Section K) Total Other Monetary Receipts or Considered Contributions (Section K)		J. Interest from Deposits in Authorize	d Accounts		
Name of Institution City Char Zep Code	Name of Institution		Date Rece	ived	Amount
Name of Institution City Char Zep Code				Tr. 0.1	
Street Address City State Zip Code	Street Address	City	State	Zip Code	
Steet Address City State Zap Code	Name of Institution		Date Rece	ived	Amount
Name Date of Transaction Date of Trans					
Name City State Zip Code	Street Address	City	State	Zip Code	
Name City State Zip Code					
Name State of Address City State Zip Code		TOTAL	SECTION J 0	3.000	******
Name State of Address City State Zip Code	Z M	fiscallaneous Manetery Deceints not Consi	darad Contribut	ions	
Street Address City State Zip Ceda	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	uscenaneous Monetary Receipts not Consi	The second secon		Amount Dessited
Description Date of Transaction Date of Transaction Date of Transaction Description	1 amily				Amount Received
Name City State Address City State Zip Code	Street Address	City	State	Zip Code	
Name City State Address City State Zip Code	- 104			-	
Street Address City State Zip Code 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 Interest from Deposits in Authorized Accounts (Section I) + Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +	Description				
Description Name City State Date of Transaction Amount Received Street Address City Description TOTAL SECTION K SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K) Total Loans Received this Period (Section D) Total Receipts from Entities ofher 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 Miscellancous Monetary Receipts in Authorized Accounts (Section K) Total Miscellancous Monetary Receipts in Considered Contributions (Section K) Total Miscellancous Monetary Receipts not Considered Contributions (Section K) Total Miscellancous Monetary Receipts not Considered Contributions (Section K)	Name	A	Date	of Transaction	Amount Received
Description Name City State Date of Transaction Amount Received Street Address City Description TOTAL SECTION K SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K) Total Loans Received this Period (Section D) Total Receipts from Entities ofher 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 Miscellancous Monetary Receipts in Authorized Accounts (Section K) Total Miscellancous Monetary Receipts in Considered Contributions (Section K) Total Miscellancous Monetary Receipts not Considered Contributions (Section K) Total Miscellancous Monetary Receipts not Considered Contributions (Section K)					
Name Date of Transaction Date of Transa	Street Address	City	State	Zip Code	
Name Date of Transaction Date of Transa	Description				
Street Address City State Zip Code	'				
Description Nume Date of Transaction Amount Received	Name		Date	of Transaction	Amount Received
Description Nume Date of Transaction Amount Received		Tea	State	Zin Code	
Name City State Zip Code	Street Address	City	Suite	Zip Code	
Street Address City TOTAL SECTION K 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 0	Description	L. MANAGES T	1		
Street Address City TOTAL SECTION K 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 0		The state of the s	In.	- ¢Т	
Description TOTAL SECTION K 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 Miscellancous Monetary Receipts not Considered Contributions (Section K) + Total of Other Monetary Receipts	Name		Date	en transaction	Amount Received
TOTAL SECTION K 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) +	Street Address	City	State	Zip Code	
TOTAL SECTION K 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) +					
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	Description				
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					
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		TOTAL SEC	TION K 0		
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 0	SUMMA	RY OF OTHER MONETARY RECEIPTS	S (Sections D the	ough K)	
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 0	Total Loans Received this Period (Sec	ction D)			
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 0	Total Receipts from Entities other tha	n Individuals or Other Committees (Section E)	+		1.000
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 0			···		****
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 0					- Marie A 1944 - 11
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 0					
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) + Total of Other Monetary Receipts 0	Total Amount of Personal Funds of th	e Candidate Received this Period (Section H)	+		
Total of Other Monetary Receipts 0	Total Amount of Interest from Deposi	its in Authorized Accounts (Section J)	+		
Total of Other Monetary Receipts 0	Total Miscellaneous Monetary Receip	ots not Considered Contributions (Section K)	+		
		Total of Other N	Aonetary Receip	ts 0	

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
McCauley for Mayor 20		October 10					
		t Information					
Event # Date of Event Letter	Description		* . i * . is %	Was this a fu	ndraising event?		
Location: Street Address		City		State	Zîp Code		
Subpart 1: (All Committee Was this event hosted at a	-	OYes (If yes, go to Section L Associated with a Ho purchases made by hos	5 In-Kind Donations nuse Party and completest(s) for food, beverage	e required infor	rmation for any		
	e goods or services donated by a business entity nated by an individual of up to \$100?	OYes (If yes, go to Section I and complete required ONo		not Considered	Contributions		
Was this fundraiser a tag s with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Rec	reipts here.)	\$			
Subpart 2: (Party Comm Were there purchases of a sign associated with this f	ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L	Committees) 3 Purchases of Advertage plete required information		Program Book		
	nittees ONLY) bood or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	e eipts here.) ——→	\$			
Event # Date of Event Letter	Description			Was this a fu	ndraising event?		
Location: Street Address		City		State	Zip Code		
Subpart 1: (All Committee Was this event hosted at a	· ·		5 In-Kind Donations n use Party and complete t(s) for food, beverage a	e required infor			
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section I and complete required No		not Considered	Contributions		
Was this fundraiser a tag s with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Rec	reipts here.)	\$			
Were there purchases of a sign associated with this f		nittees other than Exploratory Yes (If yes, go to Section L	Committees) 3 Purchases of Advertiplete required informa		Program Book		
Subpart 3: (Town Comm Did your committee sell for gathering held within the s	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Rec	eipts here.)	\$			
SUBTOTAL Section	1 L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page 0				
		ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —					
		TOTAL of additional Section	ı Lı Pages 0				
		IPTS FROM SMALL PU					

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

	These is those on the second contract the second se						era, lega a taga e matakati wa asia
		ne as Registered with Filing Reposit	ory)	TYPE OF REPO October 10	RT .		
McCauley for Mayor					. Provincia		
	L3. P	urchases of Advertisi	ng in a Prog	ram Book or on a Sign			
Name of Purchaser					1	ise Made By:	O Other
					1 -	usiness Entity	Other
			1	14 2000077		dividual/Sole P	
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
				8			C
Name of Purchaser					l _	se Made By:	_
					1 -	usiness Entity	Other
			-	4. AANATA	On	dividual/Sole P	
Street Address			City			State	Zip Code
						ļ	
Date Received	Event #	Aggregate Purchase	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	n Purchase
Ditto Received	Branc "	1.95.45mo 1 monas	3 101 1 11 11 11 11 11 11 11 11 11 11 11	innount of Frogram (in Farence		111104411 01 24	P
Name of Purchaser					Purcha	se Made By:	
					OB	usiness Entity	Other
					Om	dividual/Sole P	roprietorship
Street Address			City			State	Zip Code
D. D	E	Aggregate Purchase	o for All Exants	Amount of Duoquam Ad Buyah		Amount of Si	an Durchaso
Date Received	Event #	Aggregate Furchase	s tot All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Furchase
Name of Purchaser					Purcha	se Made By:	
					OBi	asiness Entity	Other
					Oh	dividual/Sole P	roprietorship
Street Address		- WANTER	City		•	State	Zip Code
		1.	5 1117	I CD I I D		1 001	<u> </u>
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
Name of Purchaser					Purcha	se Made By:	
					OB	usiness Entity	Other
					Om	dividual/Sole P	roprietorship
Street Address	. 104877		City	11 L 10000000	L	State	Zip Code
							<u> </u>
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purch	ise	Amount of Sig	gn Purchase
		 				0.100.000	
	SUBTOTAL Sec	ction L3 Total Purchases of	Advertising in	Program Book — This Page 0			
	SUBTO'	TAL Section L3 Total Pure	chases of Adver	tising on a Sign — This Page 0			
			TOTAL 0	f additional Section L3 Pages 0			
то	TAL OF ALL PURC	HASES OF ADVERTISIN	IG IN A PROG	RAM BOOK or ON A SIGN ()			
		(Enter total on	Line 16c. Colum	in A of Summary Page Totals)			

NAME OF COMMITTI	BE (Provide Complete Name as	Registered with Filing Rep	ository)	TYPE OF REP	ORT			
McCauley for Mayor	2023			October 10				
	L4.	In-Kind Donation	ons Not Cons	idered Contributions				
Name of Donor		3		· · · · · · · · · · · · · · · · · · ·				
Street Address	W 0.11 1 1 1		City			State	Zip Code	
Donation Given By:	Description of Donation				Fair I	Vlarket Va	lue of Donation	
Business Entity								
O Individual O Sole Proprietorship	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 I	Market Val	ue of Donation	
Business Entity								
Olndividual	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 I	Market Va	luc of Donation	
Business Entity								
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event				
Sole Trophicumsp								
Name of Donor								
Street Address			City			State	Zip Code	
Donation Given By:	Description of Donation			,	Fair N	Aarket Val	ue of Donation	
O Business Entity O Individual								
O Sole Proprietorship	Date Received	Event#		Aggregate value for this Event				
			•					
		S	UBTOTAL Sect	ion L4 — This Page 0				
		TO	OTAL of additio	nal Section L4 Pages 0				
			GONGINERES	COMBUTANTERONS				
10]	TAL OF ALL IN-KIND	DONATIONS NOT (Enter total on Line 2	CONSIDERED 21, Column A of S	CONTRIBUTIONS 0 ummary Page Totals)				
	ang kemilikan di kelalah di Afrika di Afr	regrega prograd posterba en regres (1995) de 1995 (1995) de 1995. - T	est over the effective restrictive to the effective of	ena menenang mentang perioda miliy 199 800 [

NAME OF COMMITTEE (Pro	ovide Complete Name as Registered with Filing Re	pository)			TYPE OF RI	PORT	
McCauley for Mayor 2023					October 1)	
L5. 1	n-Kind Donations Not Consid	lered (Contributions Associa	ted with a l	House Par	ty	
Name of Host				Is this event committee?	supporting m	ore than o	ne candidate o dendum L5
Street Address			City			State	Zip Code
Description of Donation					Fair Ma	rket Valuc	of Donation
Svent #	Aggregate Value of this Event—all hosts	Ag	rgregate Value of all Events—this h	ost/candidate			
Name of Host				Is this event committee?	supporting m	ore than o	ne candidate o
					omplete Itemiz		dendum L5
Street Address			City	ı		State	Zip Code
Description of Donation				•	Fair Ma	 rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate	-		
Name of Host	<u> </u>		444	committee?		o	ne candidate o
street Address			City	, ,,,,,,		State	Zip Code
Description of Donation					Fair Mai	ket Value	of Donation
Svent #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate			
Name of Host				committee?		o	ne candidate o
Street Address			City	1		State	Zip Code
Description of Donation		<u></u>	1 - 10 ⁴⁶ 61 - 1		Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate			
		SUB	TOTAL Section L5 —	This Page	0		
		ТОТА	L of additional Section	L5 Pages	0		·
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS N HOUSE PARTY (Enter total on		ONSIDERED CONTRI 2, Column A of Summary		0		
-				_ <u> </u>			

III NONMONETADY DECEIDTS (Sections M. O)

SEEC FORM 20 Revised January 2015	II. NONMO	DNETAKY REC	JEIPTS (Sect	ions M—O)	Page 12 of 17
NAME OF COMMITTEE (Provide Complete	Name as Registered wit	th Filing Repository)		TYPE OF REPORT	
McCauley for Mayor 2023				October 10	
		M. In-Kind Con	tributions		
Name					
Street Address			City		State Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Ki	nd Contribution	
OIndividual / Sole Proprietorship OOther					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		n excess of \$400 to a candic r business he/she is associat un \$5,000?			Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes	outor a principal of a state c s, indicate which branch or vernment the contract is wit	branches _	e state contractor? Yes	5
Name					
Street Address			City	WAR.	State Zip Code
Bacot Additoss			Cay		Zip com
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Ki	nd Contribution	
Olndividual / Sole Proprietorship Other					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		or business he/she is associa		ve officer of a municipality, at with said municipality	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes	outor a principal of a state co s, indicate which branch or vernment the contract is with	branches	_ ON∘	,
Name					
	-		power.	* ** *******	Tr. C.
Street Address			City		State Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Ki	nd Contribution	
OIndividual / Sole Proprietorship Oother					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		or business he/she is associa		ve officer of a municipality, t with said municipality	Fair Market Value of this Contribution
Is this contribution associated with an event reported listed in Section L1?	Yes Is contrib	outor a principal of a state co	ontractor or prospective	O No	-
If yes, list Event #	of gov	enument the contract is with		e OLegislative	
			Section M — This I		
		TOTAL of add	itional Section M Pa	ages ^U	
TOTAL OF ALL IN-KIND CON	TRIBUTIONS (Enter total on Line 23, Colu	mn A of Summary Page	Totals) 0	
	N. Refur	idable Deposit to T	elephone Comp	any	
Last Name of Individual		First		МІ	Date Deposit Made
Residential Street Address		City	36.7.TT	State Zip Code	Amount of Deposit
Name of Telephone Company					
		l at		Cart at	
Street Address		City		State Zip Code	
TOTALSI	ECTION N (Ente	r total on Line 24, Column	A of Summary Page T	otals) 0	

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
McCauley for May			October 10		
	P. Expenses	Paid by Committee			
Name of Payee	_		Date of Payment	Method of Check	have see the
The Hartford New	/S		08/04/2023	O Debit	Card OEFT
Street Address	***************************************	City		State	Zip Code
30 Arbor Street		Hartford		CT	06106
Purpose of Expenditure	Description	Eve	ent #		Amount
(by code) A-News	4 page insert			1550.0	ın
Expenditure #		1 (A) C(1 1 1 (C) 1	7 D	- 1000.0	,,,
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	uess "Ivone of the below" is ched	rkea)		
	None of the below Coordinated with reimbursement sought (joint expenditure)		_		
	Coordinated without reimbursement sought (in-kind contr.	ibution) Organization	Oa O B Oc O d	<u></u>	
Name of Payee			Date of Payment	Method of l	-
				O Debit	
Street Address		City		State	Zip Code
Purpose of Expenditure	Description	Eve	nt #		Amount
(by code)				}	
Expenditure #			* *.	4	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required und	less "None of the below" is chec	kea)		
	None of the below Coordinated with reimbursement sought (joint expenditure) Independent			
	Coordinated without reimbursement sought (in-kind contri		OA OB OC OD		
Name of Payee			Date of Payment	Method of I	-
				O Debit	
Street Address		City		State	Zip Code
Purpose of Expenditure	Description	Eve	nt #		Amount
(by code)					
Company Sterron H				-	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is che	cked)		
	O None of the below Coordinated with reimbursement sought (joint expenditure)	e) Independent		•	
	Coordinated without reimbursement sought (in-kind contra		OAOBOCO D		
Name of Payee			Date of Payment	Method of l	- 1
				Check Debit	
Street Address		City	I	State	Zip Code
Purpose of Expenditure	Description	Eve			4
(by code)	Description				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is chec	ked)		
	None of the below Coordinated with reimbursement sought (joint expenditure	e) Independent			
	Coordinated with reimbursement sought (in-kind contri	×	OA OB OC OD		
	S	UBTOTAL Section P — Th		00	
	TO	FAL of additional Section P			-
	TOTAL OF ALL EXPE	NSES PAID RY COMMI	TYTTER VELSO	00	\
		19, Column A of Summary Pag		$\cdot \cup \cup$,

Retured January 2015					
	TTBE (Provide Complete Name as Registered with Filing Rep	ository)	TYPE OF REPORT		
McCauley for Ma			October 10		
		Expenses Paid by Ca			
	f Vendor, Person or Entity who candidate paid directly)		Date of Payment		bursement claimed?
NationBuilder			07/22/2023	0	Yes 💿 No
Street Address		City		State	Zip Code
6515 W Sunset B	llvd	Los Angeles		CA	90028
Purpose of Expenditure (by code) Web	Description Campaign software		Event#	Amount 179.00	
	f Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?
NationBuilder			08/22/2023	O	Yes 💽 No
Street Address		City		State	Zip Code
6515 W Sunset B	ilvd	Los Angeles		CA	90028
Purpose of Expenditure (by code) Web	Description Campaign software	•	Event #	179.00	Amount
	<u> </u>				
	f Vendor, Person or Entity who candidate paid directly)		Date of Payment		bursement claimed?
NationBuilder			09/22/2023		Yes 💽 No
Street Address		City	•	State	Zip Code
6515 W Sunset B	lvd	Los Angeles		CA	90028
Purpose of Expenditure	Description		Event #		Amount
(by code) Web	Campaign software			179.00)
Name of Payee (Name of	f Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?
Vistaprint			08/07/2023		Yes 📵 No
Street Address		City		State	Zip Code
www.vistaprint.c	com				
Purpose of Expenditure (by code)	Description		Event #		Amount
A-OTH	Flyers			357.0	1
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?
Build A Sign			08/18/2023		Yes 🔘 No
Street Address		City		State	Zip Code
www.buildasign.	com				
Purpose of Expenditure	Description		Event #		Amount
(by code) A-OTH	Signs			989.06	i
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reim!	oursement claimed?
Meta/Facebook			07/22/2023	0	Yes 🔘 No
Street Address		City		State	Zip Code
1 Hacker Way		Menlo Park		CA	94025
Purpose of Expenditure (by code) A-Web	Description Ads		Event #	600.00	Amount
	1	SUBTOTAL S	— This Page 2483.07		
		SUBTOTAL Section (2 inis rage 2405.07		
		TOTAL of additional Se	ction Q Pages 772.50		
		EXPENSES PAID BY (on Line 26, Column A of Sumn			

ROBER JANUARY 2015		= 0.1000 (5000000					
	TEE (Provide Complete Name as Registered with Filing Repositor	שלע	TYPE OF REPORT				
McCauley for May			October 10				
		penses Paid by Cand					
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reiml	bursement claimed?		
CICD Hartford PR	Parade		08/10/2023		Yes No		
Street Address		City		State	Zip Code		
80 Cedar Street		Hartford		СТ	06106		
Purpose of Expenditure (by code)	Description Parade		Event #	Amount 772.50			
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?		
·			ĺ	0	Yes 🔘 No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event#		Amount		
(by code)			-				
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?		
				0	Yes 🔘 No		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)					Amount		
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	oursement claimed?		
				0	Yes 🔘 No		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Name of Payee (Name of I	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?		
				0	Yes 🔘 No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)							
Name of Payee (Name of V	Vendor, Person or Entity who candidate paid directly)		Date of Payment		rursement claimed?		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	<u> </u>	Event#		Amount		
		SUBTOTAL Section Q -	- This Page 772.50				
	TC	OTAL of additional Section	on Q Pages 2483,07				
	TOTAL OF ALL EXP	PENSES PAID BY CA		100 a 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	(Date ion on th	v, -v.mm 21 vj Daminui,					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT McCauley for May	BE (Provide Complete Name as Registered with Filing Reposit	lory)	TYPE OF REPORT October 10		
micoauley for May		red on Committee Cro			
Name of Issuing Insti	54, 10, 10 to 10 to 14, 10 to	Type of Credit Card:	-un Caru		
A CHANGE OF AUGUST AND		O Visa O Master C	Card ODiscover OAme	erican Expres	s Other:
Name of Vendor, Person	or Entity			Date of 1	Transaction
Street Address		City	***************************************	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Requirement Sought (joint expected Coordinated with reimbursement sought (in-kin Coordinated without reimbursement sought)	enditure) 🔘 Indep	is checked) endent ization OA OB OC C) D	
Name of Vendor, Person of	or Entity			Date of T	Fransaction .
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Requirement None of the below Coordinated with reimbursement sought (joint expectation) Coordinated without reimbursement sought (in-kin	enditure) 🔘 Indep	is checked) endent ization: OA OB OC) D	
Name of Vendor, Person o	r Entity			Date of T	Transaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Byent#		Amount
Expenditure # (g' applicable)	Type of Expenditure (Itemization in Addendum R Requi	enditure) Dindepo) Б	
		SUBTOTAL Section R —	This Page 0		
	Т	OTAL of additional Section	R Pages 0		
ТО	TAL OF ALL EXPENSES INCURRED O (Enter total on I	N COMMITTEE CRED Line 27, Column A of Summary			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing I	Repository)	TYPE OF REPO	ORT
McCauley for May	yor		October 10	
	S. Expenses Incurred by	Committee but Not I	Paid During this Perio	rd
Name of Creditor				Date Incurred
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum S in None of the below Coordinated with reimbursement sought (jo Coordinated without reimbursement sought	int expenditure)	elow" is checked) Independent Organization: OA OB OC	C O D
Name of Creditor				Date Incurred
Street Address	, MACCONCE	City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S I None of the below Coordinated with reimbursement sought (joi Coordinated without reimbursement sought (int expenditure)	Plow" is checked) Independent Organization: OA OB OC	СОР
Name of Creditor				Date Incurred
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum S I None of the below Coordinated with reimbursement sought (joi Coordinated without reimbursement sought)	int expenditure)	elow" is checked) Independent Organization: OA OB OC	С Ор
		SUBTOTAL Se	ction S-This Page 0	
		TOTAL of addition	al Section S Pages 0	
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTE (Enter t	E DURING THIS PERIOI Potal on Line 28, Column A of S	BUT NOT PAID (ummary Page Totals)	
	Previously repor	ted Expenses Unpaid and s	till Outstanding 0	
	TOTAL OF ALL EXPENSES INC (Enter to	URRED BY COMMITTE tal on Line 28a, Column A of S		

IV. EXPENDITURES (Sections P—T)

	EE (Provide Complete Name as Registered with Filing Reposit	tory)			PE OF RI				
McCauley for Mayo					ober 10	J Sisteratoria			
	T. Itemization of Rein	ibursements	and Second	ary Pa	yees				
Last Name of Worker/Con-	sultant ,	First				MI	Date of F Person of	ayment to V r Entity	endor,
Name of Vendor, Person of	Entity Paid by Committee Worker/Consultant	ľ				to Reimburse n Section P:		Worker/Cons	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			· ·	<u> </u>	State	Zip Code	<u> </u>
Purpose of Expenditure (by code)	Description		F	Event #			4.5411.000	Amount	
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum T Requestion of the below Coordinated with reimbursement sought (joint expectation) Coordinated without reimbursement sought (in-king)	penditure)	of the below" is Independ Organiza	lent 🔿	О () (O			
Last Name of Worker/Cons	sultant	First				MI	Date of F Person or	ayment to V Entity	/endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	L				to Reimburse n Section P: ck #			sultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description		F	Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	penditure)	of the below" is	dent O	О С) (O			
Last Name of Worker/Cons	sultant	First				MI	Date of F Person of	ayment to V r Entity	endor,
Name of Vendor, Person of	Entity Paid by Committee Worker/Consultant					to Reimburse n Section P: ck #	_		sultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	,			State	Zip Code	
Purpose of Expenditure (by code)	Description		E	Svent #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditured Coordinated without reimbursement sought (in-kin)	penditure)	of the below" is	lent (О (
		SUBTOTAL	. Section T —	This Pa	ge O				
		TOTAL of ad	ditional Sectio	n T Pag	es 0	Ministra		· · · · · ·	
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS A	AND CONSU	LTAN'	rs 0				