

# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2012



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TOWN AND CITY CLERK  
BRISTOL, CT

## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
Carlson for Council			
<b>2. TREASURER NAME</b>			
First Tracy	MI A	Last Carlson	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 187 Morningside Drive East		City Bristol	State CT Zip Code 06010
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/07/2017	<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> City Council		<b>6. DISTRICT NUMBER</b> <i>(if applicable)</i> 1
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>			
First Eric	MI L	Last Carlson	Suffix
<b>8. TYPE OF REPORT</b> <i>(Check One Box)</i>			
<input checked="" 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 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"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="radio"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date 10/30/2017		Ending Date 12/31/2017	
<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.			
<u>Tracy A Carlson</u> TREASURER OR DEPUTY TREASURER (SIGNATURE)		<u>Tracy Carlson</u> PRINT NAME OF SIGNER	<u>2/9/18</u> DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			

**SEEC FORM 20**

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**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
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**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	
	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		
12. Balance on hand at the beginning of Reporting Period	861.37	
13. Contributions Received from Individuals (Sections A and B)	100	2,445
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) <b>Municipal and Town Committees ONLY</b>	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	100	2,445
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	961.37	2,445
19. Expenses Paid by Committee (Section P)	400	1,883.63
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	561.37	561.37
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Contributions Received (Section M)		
23. Refundable Deposit to Telephone Company (Section N)		
24. Receipts of Organization Expenditures (Section O) <b>OPTIONAL</b>		
25. Beginning Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Dews		First David	
Residential Street Address 69 Williams St		City Bristol	State CT
Principal Occupation Artisan Contractor		Name of Employer Self Employed	
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>Amount of Contribution</b>  100
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	
Last Name		First	
Residential Street Address		City	State
Principal Occupation		Name of Employer	
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>Amount of Contribution</b>
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Last Name		First	
Residential Street Address		City	State
Principal Occupation		Name of Employer	
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Last Name		First	
Residential Street Address		City	State
Principal Occupation		Name of Employer	
<b>SUBTOTAL Section B — This Page</b>			
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13 of Summary Page Totals)</i>			

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT			
<b>P. Expenses Paid by Committee</b>							
Name of Payee Bristol Republican Town Committee				Date of Payment Nov 6, 2017		Method of Payment: <input checked="" type="radio"/> Check # 98 <input type="radio"/> Debit Card	
Street Address 250 North Main St			City Bristol			State CT	Zip Code 06010
Purpose of Expenditure (by code) PBA-OTH	Description Republican Town Committee Election Dinner at Nuchies, Bristol, CT			Event #		Amount 400	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input checked="" type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		Amount	
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<b>SUBTOTAL Section P — This Page</b>							
<b>TOTAL of additional Section P Pages</b>							
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> (Enter total on Line 19 of Summary Page Totals)							