

SEEC FORM 20

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



Paid \$100 - 6/1/2018 Page 1 of 17

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TOWN AND CITY CLERK
 BRISTOL, CT

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|---|---|--|--|---------------------------------------|---|--|------------------------------------|--------------------------------------|--|-------------------------------|-----------------|---|---|--|-------|---|---|--|--|
| 1. NAME OF COMMITTEE | | | | | | | | | | | | | | | | | | | | | | | |
| Howe for Council 2017 | | | | | | | | | | | | | | | | | | | | | | | |
| 2. TREASURER NAME | | | | | | | | | | | | | | | | | | | | | | | |
| First T. Flamy | MI A | Last Howe | Suffix | | | | | | | | | | | | | | | | | | | | |
| 3. TREASURER ADDRESS | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address 70 John Ave | City Bristol | State CT | Zip Code 06010 | | | | | | | | | | | | | | | | | | | | |
| 4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) | 5. OFFICE SOUGHT (Complete only if Candidate Committee) City Council | | 6. DISTRICT NUMBER (if applicable) 2 | | | | | | | | | | | | | | | | | | | | |
| 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | | | | | | | | | | | | | | | | | | | |
| First Andrew | MI B | Last Howe | Suffix | | | | | | | | | | | | | | | | | | | | |
| 8. TYPE OF REPORT (Check One Box) | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="radio"/> January 10 filing</td> <td style="width: 25%;"><input type="radio"/> 7th day preceding primary</td> <td style="width: 25%;"><input type="radio"/> 7th day preceding referendum</td> <td style="width: 25%;"><input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)</td> </tr> <tr> <td><input type="radio"/> April 10 filing</td> <td><input type="radio"/> 30 days following primary</td> <td><input type="radio"/> 45 days following referendum</td> <td><input type="radio"/> Amendment to</td> </tr> <tr> <td><input type="radio"/> July 10 filing</td> <td><input type="radio"/> 7th day preceding election</td> <td><input type="radio"/> Deficit</td> <td style="text-align: right;">Type of Report:</td> </tr> <tr> <td><input type="radio"/> October 10 filing</td> <td><input type="radio"/> 12th day preceding election (State Central Committees Only)</td> <td><input checked="" type="radio"/> Termination</td> <td>_____</td> </tr> <tr> <td><input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election</td> <td><input type="radio"/> 45 days following election not held in November</td> <td></td> <td></td> </tr> </table> | | | | <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 (PACs ONLY) | <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 (State Central Committees Only) | <input checked="" 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 | | |
| <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 (PACs ONLY) | | | | | | | | | | | | | | | | | | | | |
| <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 (State Central Committees Only) | <input checked="" 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 | | | | | | | | | | | | | | | | | | | | | | |
| 9. PERIOD COVERED | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Date Nov 1 st 2017 | | Ending Date Jan 1 2018 | | | | | | | | | | | | | | | | | | | | | |
| 10. CERTIFICATION | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.</p> | | | | | | | | | | | | | | | | | | | | | | | |
| <p><u>T. Flamy Howe</u> TREASURER OR DEPUTY TREASURER (SIGNATURE)</p> | | <p><u>A Howe</u> PRINT NAME OF SIGNER</p> | | | | | | | | | | | | | | | | | | | | | |
| | | <p><u>6-1-18</u> DATE (mm/dd/yyyy)</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>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.</p> | | | | | | | | | | | | | | | | | | | | | | | |

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) | TYPE OF REPORT | |
|---|-------------------------|-----------------------|
| House Psc Council 2017 | Term | |
| | 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 | 1000 ²⁷ | |
| 13. Contributions Received from Individuals (Sections A and B) | | 4312 ⁰⁰ |
| 14. Receipts from Other Committees (Sections C1 and C2) | | |
| 15. Other Monetary Receipts (Sections D through K) | | |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | | |
| 16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed | | |
| 16c. Total Purchases of Advertising—Program Book or Sign (Section L3) | | |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c) | | 4312 ⁰⁰ |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) | | 4312 ⁰⁰ |
| 19. Expenses Paid by Committee (Section P) | | |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | 0 | 0 |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | | |
| 22. In-Kind Donations not Considered Contributions — House Party (Section L5) | | |
| 23. In-Kind Contributions Received (Section M) | | |
| 24. Refundable Deposit to Telephone Company (Section N) | | |
| 25. Loan Balance | | |
| 25a. + Loans Received (Section D) | | |
| 25b. + Interest and Penalties on Loan | | |
| 25c. - Payments on Loan | | |
| 25d. Total Outstanding Loan Amount | | |
| 26. Campaign Expenses Paid by Candidate (Section Q) | | |
| 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 (Provide Complete Name as Registered with Filing Repository) | | | | | | TYPE OF REPORT | |
| Howe Jr Council 2017 | | | | | | Term | |
| C1. Contributions from Other Committees | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ | | | Amount of Contribution | |
| 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? If yes, list Event # _____ | | | Amount of Contribution | |
| 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? If yes, list Event # _____ | | | Amount of Contribution | |
| City | | State | Zip Code | Date Received | Aggregate Contributions | | |
| C2. Reimbursements or Surplus Distributions from other Committees | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Bristol Republican Town Committee | | | | Jon FITZGERALD | | | |
| Address | | | City | | State | Zip Code | |
| 99 Gregory Rd | | | Bristol | | CT | 06010 | |
| Date Received | Expenditure# (if applicable) | Payment Type | | | Amount of Receipt | | |
| Jan 15 th | | <input type="radio"/> Reimbursement for shared expense <input checked="" type="radio"/> Surplus Distribution | | | 650 ²⁷ | | |
| Description Surplus | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | City | | State | Zip Code | |
| Date Received | Expenditure# (if applicable) | Payment Type | | | Amount of Receipt | | |
| | | <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution | | | | | |
| Description | | | | | | | |
| SUBTOTAL Section C — This Page | | | | | | 650 ²⁷ | |
| TOTAL of additional Section C Pages | | | | | | | |
| TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals) | | | | | | 650 ²⁷ | |

IV. EXPENDITURES (Sections P—T)

| | | | | | | | |
|--|---|-------|---------|---|---|----------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | | | |
| Howe For Council 2017 | | | | Term | | | |
| T. Itemization of Reimbursements and Secondary Payees | | | | | | | |
| Last Name of Worker/Consultant | | First | | MI | Date of Payment to Vendor, Person or Entity | | |
| TABRIELLO | | Dante | | | 11-18-17 | | |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | | Payment to Reimburse Committee Worker/Consultant as reported in Section P: | | | |
| Dante TABRIELLO | | | | <input checked="" type="radio"/> Check # 106 <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 | |
| 90 Bradley St | | | Bristol | | CT | 06010 | |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount | | |
| | Political Consultant | | | | 350 ⁰⁰ | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | | | | | | |
| | <input type="radio"/> None of the below <input checked="" type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input checked="" 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 | | | | | | |
| 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 # | | Amount | | |
| | | | | | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T 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 | | | | | | |
| 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 # | | Amount | | |
| | | | | | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T 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 | | | | | | |
| SUBTOTAL Section T — This Page | | | | 350 ⁰⁰ | | | |
| TOTAL of additional Section T Pages | | | | | | | |
| TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS | | | | 350 ⁰⁰ | | | |