

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Rev. 3/11

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	
FINIZIO FORMAYOR	9/1/2011	
	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		12,74.96
12. Balance on hand at the beginning of Reporting Period	1,233.07	
13. Contributions received from Individuals (Sections A and B)	2,635.00	8,965.74
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D-K)	0.00	5,052.86
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	0.00	0.00
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	0.00	0.00
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	0.00	0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	2,635.00	14,018.60
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	3,868.07	15,293.56
19. Expenses Paid by Committee (Section P)	1,521.03	11,675.31
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	2,347.04	3,618.25
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Contributions Received (Section M)	0.00	0.00
23. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
24. Receipts of Organization Expenditures (Section O)	0.00	0.00
25. Beginning Loan Balance	5,000.00	5,000.00
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c. - Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	5,000.00	5,000.00
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	

IV. EXPENDITURES

NAME OF COMMITTEE		TYPE OF REPORT	
FINIZIO FOR MAYOR		9/1/2011	
<b>P. Expenses Paid by Committee</b>			
Name of Payee		Date of Payment	Method of Payment
WESTERLY SUN		8/6/2011	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address		City	State
56 MAIN ST		WESTERLY	RI
Purpose of Expenditure (by code)		Description	Event #
A-NEWS		FUNDRAISER ADVERTISEMENT	08112011a
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)	Office Sought
			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			Amount
			\$81.50
Name of Payee		Date of Payment	Method of Payment
SMARTPRESS		7/15/2011	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address		City	State
102 JONATHAN BLVD NORTH		CHASKA	MN
Purpose of Expenditure (by code)		Description	Event #
A-DM		CANDIDATE BIO ETC	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)	Office Sought
			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			Amount
			\$934.57
Name of Payee		Date of Payment	Method of Payment
STAPLES		7/7/11	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address		City	State
2112 S FRONTAGE RD.		NEW LONDON	CT
Purpose of Expenditure (by code)		Description	Event #
A-OTH		IRON ON DECALS FOR T-SHIRTS	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)	Office Sought
			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			Amount
			\$34.33
Name of Payee		Date of Payment	Method of Payment
WALMART		7/8/11	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address		City	State
155 WATERFORD PKWY N		WATERFORD	CT
Purpose of Expenditure (by code)		Description	Event #
A-OTH		T-shirts (blank)	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)	Office Sought
			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			Amount
			\$38.14
Name of Payee		Date of Payment	Method of Payment
LOUIE'S BAR + GRILLE		8/25/11	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address		City	State
119 BROAD ST.		NEW LONDON	CT
Purpose of Expenditure (by code)		Description	Event #
A-OTH		PUBLIC FORUM VENUE	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)	Office Sought
			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			Amount
			\$100.00
SUBTOTAL Section P-This Page			\$ 1188.54
TOTAL of additional Section P Pages			332.49
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)			1521.03

IV. EXPENDITURES

NAME OF COMMITTEE		TYPE OF REPORT	
FINIZIO FOR MAYOR		9/1/2011	
<b>P. Expenses Paid by Committee</b>			
Name of Payee CITIZENS BANK		Date of Payment 7/29/11	Method of Payment
Street Address PO BOX 7000		City PROVIDENCE	State RI Zip Code 02940
Purpose of Expenditure (by code) BNK	Description MONTHLY MAINTENANCE FEE	Event #	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE	Candidate(s) Name (if applicable) Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount 11.99
Name of Payee CITIZENS BANK		Date of Payment 6/30/11	Method of Payment
Street Address PO BOX 7000		City PROVIDENCE	State RI Zip Code 02940
Purpose of Expenditure (by code) BNK	Description MONTHLY MAINTENANCE FEE	Event #	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE	Candidate(s) Name (if applicable) Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount 11.99
Name of Payee TEES PLUS		Date of Payment 8/15/2011	Method of Payment
Street Address 1425 GOLD STAR HWY		City GROTON	State CT Zip Code 06340
Purpose of Expenditure (by code) ACTH	Description T SHIRTS (W/ PRINTED LOGO)	Event #	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE	Candidate(s) Name (if applicable) Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount 268.53
Name of Payee VROMAN SYSTEMS INC. - FARMSITE.COM		Date of Payment 7/7/2011	Method of Payment
Street Address 5202 WASHINGTON ST		City DOWNERS GROVE	State IL Zip Code 60515
Purpose of Expenditure (by code) A-WEB	Description ON-LINE DONATION MNGT	Event #	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE	Candidate(s) Name (if applicable) Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount 19.99
Name of Payee VROMAN SYSTEMS INC. - FARMSITE.COM		Date of Payment 8/7/2011	Method of Payment
Street Address 5202 WASHINGTON ST		City DOWNERS GROVE	State IL Zip Code 60515
Purpose of Expenditure (by code) A-WEB	Description ON-LINE DONATION MNGT.	Event #	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE	Candidate(s) Name (if applicable) Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount 19.99
SUBTOTAL Section P-This Page			332.49
TOTAL of additional Section P Pages			
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)			