

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 1/08

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
	10/10/2011	
Finizio for Mayor	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		\$0.00
12. Balance on hand at the beginning of Reporting Period	2,347.04	\$0.00
13. Contributions received from Individuals (Sections A and B)	7936.00	17461.74 \$0.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D-K)	500.00	\$0.00
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)	8436.00	\$0.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	10,783.04	\$0.00
19. Expenses Paid by Committee (Section P)	1572.42	\$0.00
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	9210.62	\$0.00
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	\$0.00	\$0.00
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	\$0.00	\$0.00
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	\$0.00
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	\$0.00

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE Finizio for Mayor	TYPE OF REPORT 10/10/2011
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P. Expenses Paid by Committee

Name of Payee Lowes				Date of Payment	Method of Payment	Amount
Street Address	City Waterford	State CT	Zip Code 06385		<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) ASIGNS		Description			Event #	
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) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 7.84
Name of Payee Home Depot				Date of Payment	Method of Payment	Amount
Street Address	City Waterford	State CT	Zip Code 06385		<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) ASIGN		Description			Event #	
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) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 3.16
Name of Payee				Date of Payment	Method of Payment	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
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) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 0.00
Name of Payee				Date of Payment	Method of Payment	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
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) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 0.00
Name of Payee				Date of Payment	Method of Payment	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
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) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 0.00

SUBTOTAL Section P-This Page \$11.00

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE Finizio for Mayor	TYPE OF REPORT 10/10/2011
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P. Expenses Paid by Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) ASIGNS		Description lawn signs		Event #		
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)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 1,158.25
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E						

Name of Payee Lowe's				Date of Payment	Method of Payment	Amount
Street Address	City Waterford	State CT	Zip Code 06385		<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) ASIGNS		Description lawn sign posts		Event #		
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)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 8.34
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E						

Name of Payee The Home Depot				Date of Payment	Method of Payment	Amount
Street Address	City Waterford	State CT	Zip Code 06385		<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) ASIGN		Description		Event #		
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)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 1.05
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E						

Name of Payee New London Post Office				Date of Payment	Method of Payment	Amount
Street Address	City New London	State CT	Zip Code 06320		<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) POST		Description		Event #		
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)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 220.00
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E						

Name of Payee Lowe's				Date of Payment	Method of Payment	Amount
Street Address	City Waterford	State CT	Zip Code 06385		<input checked="" type="checkbox"/> Check # 121 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) ASIGNS		Description lawn sign stakes		Event #		
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)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 14.83
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E						

SUBTOTAL Section P-This Page \$1,402.47

IV. EXPENDITURES

NAME OF COMMITTEE Finizio for Mayor	FILING DUE DATE 10/10/2011
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P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment	Amount
facebook.com Street Address: _____ City: _____ State: _____ Zip Code: _____ Purpose of Expenditure (by code): AWEB Description: on-line advertising Event #: _____ 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) Candidate(s) Name (if applicable): _____ Office Sought: _____ <input type="checkbox"/> Supported <input type="checkbox"/> Opposed \$ 27.53	9/1/2011	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	\$ 27.53
facebook.com Street Address: _____ City: _____ State: CT Zip Code: _____ Purpose of Expenditure (by code): AWEB Description: online advertising Event #: _____ 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) Candidate(s) Name (if applicable): _____ Office Sought: _____ <input type="checkbox"/> Supported <input type="checkbox"/> Opposed \$ 28.99		<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	\$ 28.99
Vroman Systems Inc Street Address: _____ City: _____ State: CT Zip Code: _____ Purpose of Expenditure (by code): AWEB Description: online donations Event #: _____ 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) Candidate(s) Name (if applicable): _____ Office Sought: _____ <input type="checkbox"/> Supported <input type="checkbox"/> Opposed \$ 19.95		<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	\$ 19.95
facebook.com Street Address: _____ City: _____ State: CT Zip Code: _____ Purpose of Expenditure (by code): AWEB Description: online advertising Event #: _____ 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) Candidate(s) Name (if applicable): _____ Office Sought: _____ <input type="checkbox"/> Supported <input type="checkbox"/> Opposed \$ 25.94		<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	\$ 25.94
facebook.com Street Address: _____ City: _____ State: CT Zip Code: _____ Purpose of Expenditure (by code): AWEB Description: online advertising Event #: _____ 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) Candidate(s) Name (if applicable): _____ Office Sought: _____ <input type="checkbox"/> Supported <input type="checkbox"/> Opposed \$ 17.54		<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	\$ 17.54
SUBTOTAL Section P-This Page			\$119.95
TOTAL of additional Section P Pages			\$0.00
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)			\$119.95