

STATE ELECTIONS  
ENFORCEMENT COMMISSION  
An Overview of Municipal  
Campaign Financing  
2007

# Objectives of the Campaign Finance Laws



# Composition of Commission

- Bipartisan
- 5 Members
  - 2 Republicans
  - 2 Democrats
  - 1 Unaffiliated
- 5 year terms
- Restrictions on Political Activities
- Decide Policy and Cases



# Staff

- Restrictions on Political Activities
- Budget - \$1.8 million General Fund  
\$2.3 million Citizens Election Fund
- 29 Full-time staff (and growing)
- Civil Service



# Duties and Responsibilities of Staff

- Fiscal Year 06-07
  - 288 Investigations
  - \$83,113 Fines
- Audits
- Advisory Opinions
- Public Education
- Legislative Recommendations
- Distinction Between SEEC and SOTS

# Comprehensive Campaign Finance Reform (Public Act 05-5)

- Public Financing Program for Statewide and General Assembly Candidates
- State Contractor Contribution and Solicitation ban
- Lobbyist Contribution and Solicitation ban
- New Contribution Limits for Party, PAC and Candidate Committees
- Filing Repository moved to SEEC from SOTS
- Development of New Electronic Campaign Finance Reporting System
- Administered and enforced by SEEC



2007 November Election  
Campaign Finance Seminar  
*Presented by*  
The State Elections Enforcement Commission  
State of Connecticut

## UNDERSTANDING THE CONNECTICUT CAMPAIGN FINANCE LAWS A GUIDE FOR MUNICIPAL CANDIDATES



Prepared and Distributed By

**The Connecticut State Elections Enforcement  
Commission**

Revised February 2007

# New SEEC Campaign Finance Registration & Reporting Forms



available @ [www.ct.gov/seec](http://www.ct.gov/seec)

# Candidates Responsibilities

- Properly register a committee or file and qualify for an exemption.
- Account for their own expenses.
- Receive copies of the financial statements from their treasurer that are filed with the town clerk's office, if they have a candidate committee.

# You are a candidate when:

- You solicit or receive contributions, or make expenditures (including personal funds) to further your candidacy or authorize another to do so on your behalf.
- You receive the party endorsement.
- You otherwise have become eligible to appear on the ballot at a primary or election.
- AND
- You must file SEEC Form 1 and 1A or 1B within 10 days of becoming a candidate

# Municipal Candidate Responsibilities

- Each candidate is required to file SEEC Form 1, "Registration by Candidate" with the Town Clerk within 10 days of becoming a candidate.
- Each candidate must indicate how their campaign will be funded on the SEEC Form 1, Form 1A or Form 1B (if applicable).
- Failure to file SEEC Form 1, Form 1A or Form 1B will result in the imposition of a MANDATORY \$100 penalty by the Town Clerk.
- The Town Clerk has no discretion to waive the \$100 penalty and it must be paid by personal funds of the candidate.

# Failure to File Candidate Committee Registration or Exemption

- If candidate does not file, Town Clerk assesses penalty of \$100
- If candidate does not respond to Town Clerk notice within seven days, Town Clerk must refer to SEEC
- If referred to SEEC, mandatory minimum fine of \$200, and up to \$2,000

Every  
 candidate  
 must  
 complete  
 Form 1

**SEEC FORM 1**  
**REGISTRATION BY CANDIDATE**  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Rev. 3/07  
 Page 1 of 4



Do Not Mark in This Space For  
 Official Use Only

REGISTRATION TYPE	
<input type="checkbox"/>	INITIAL
<input type="checkbox"/>	AMENDED

1. ELECTION DATE (mm/dd/yyyy)		2. OFFICE OR POSITION SOUGHT			3. DISTRICT NUMBER (if applicable)			
4. CANDIDATE NAME								
Prefix	First			MI	Last		Suffix	
5. CANDIDATE RESIDENCE ADDRESS				6. CANDIDATE MAILING ADDRESS (if different)				
Street Address				Address				
City		State	Zip Code		City		State	Zip Code
7. CANDIDATE TELEPHONE (Include Area Code)				8. CANDIDATE E-MAIL ADDRESS				
(        )        —								
9. PARTY AFFILIATION								
<input type="checkbox"/> Republican		<input type="checkbox"/> Democratic			<input type="checkbox"/> Other _____			
10. DESIGNATION OF CAMPAIGN FUNDING SOURCE (check one)								
<input type="checkbox"/> 10a. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement. (Go to Form 1A and complete Candidate Registration Statement)								
<input type="checkbox"/> 10b. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee. (Go to Form 1B and complete Certification of Exemption)								
<b>Important Notice: Failure of a candidate to complete this page together with either Form 1A, "Registration of Candidate Committee", or Form 1B "Certification of Exemption from Forming a Candidate Committee", within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee. See Section 9-623(b), Connecticut General Statutes.</b>								

*Notice: Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.*

Registering individual candidate committee requires completion of Form 1A

**SEEC FORM 1A**  
**REGISTRATION BY CANDIDATE**  
 CANDIDATE COMMITTEE REGISTRATION STATEMENT  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Rev. 3/07 Page 2 of 4



Do Not Mark in This Space For Official Use Only	REGISTRATION TYPE <input type="checkbox"/> INITIAL <input type="checkbox"/> AMENDED
--	---

CANDIDATE NAME						
11. NAME OF COMMITTEE						
12. COMMITTEE ADDRESS						
Address				City	State	Zip Code
13. COMMITTEE E-MAIL ADDRESS				14. COMMITTEE WEB SITE ADDRESS		
15. TREASURER NAME						
Prefix	First	MI	Last	Suffix		
16. TREASURER RESIDENCE ADDRESS			17. TREASURER MAILING ADDRESS (if different)			
Street Address			Address			
City	State	Zip Code	City	State	Zip Code	
18. TREASURER TELEPHONE (Include Area Code)			19. TREASURER E-MAIL ADDRESS			
(    )    —						
20. DEPUTY TREASURER NAME						
Prefix	First	MI	Last	Suffix		
21. DEPUTY TREASURER RESIDENCE ADDRESS			22. DEPUTY TREASURER MAILING ADDRESS (if different)			
Street Address			Address			
City	State	Zip Code	City	State	Zip Code	
23. DEPUTY TREASURER TELEPHONE			24. DEPUTY TREASURER E-MAIL ADDRESS			
(    )    —						
GO TO PAGE 3 TO COMPLETE DESIGNATION OF DEPOSITORY AND CERTIFICATION						

*Notice: Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.*

# Candidate & Treasurer Signature required



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REGISTRATION TYPE

- INITIAL  
 AMENDED

COMMITTEE NAME			
25. DEPOSITORY INSTITUTION NAME			
26. DEPOSITORY INSTITUTION ADDRESS			
Address	City	State	Zip Code
27. CERTIFICATION			
<p>I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.</p>			
_____			_____
CANDIDATE (SIGNATURE)			DATE (mm/dd/yyyy)
<p>I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.</p>			
_____			_____
TREASURER (SIGNATURE)			DATE (mm/dd/yyyy)
<p>I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.</p>			
_____			_____
DEPUTY TREASURER (SIGNATURE)			DATE (mm/dd/yyyy)

*Notice: Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.*

# CAUTION

- A candidate is prohibited from serving as their own treasurer.

Candidate funded by a town committee can not remain treasurer or deputy treasurer of the town committee. Candidate required to resign until no longer a candidate.

Town Committee  
acting as slate

Separate slate  
Committee  
formed

**SEEC FORM 1B**

**REGISTRATION BY CANDIDATE**

CERTIFICATION OF EXEMPTION FROM FORMING A

CANDIDATE COMMITTEE

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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REGISTRATION TYPE

- INITIAL  
 AMENDED

CANDIDATE NAME

**11. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE (check one)**

I hereby certify that I am exempt from forming a candidate committee because:

- 11a.** I am one of a slate of candidates whose campaigns are being funded solely by a town committee or a political committee formed for a single election or primary and expenditures made on my behalf will be reported by the committee sponsoring my candidacy. The name of this sponsoring committee is: \_\_\_\_\_

OR

- 11b.** I am funding my campaign entirely from my own personal funds and will not request or receive contributions from other individuals or committees and I understand that if I make expenditures exceeding \$1,000 that I shall be responsible for filing financial disclosure statements according to the same schedule and in the same manner as required of treasurers of candidate committees.

OR

- 11c.** I do not intend to receive or expend funds in excess of \$1,000.

OR

- 11d.** I do not intend to receive or expend any funds, including personal funds, for this campaign.

**12. CERTIFICATION**

I hereby certify and state, under penalties of false statement, that this statement of exemption from forming a candidate committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
CANDIDATE (SIGNATURE)

\_\_\_\_\_  
DATE (mm/dd/yyyy)

**Important Notice:** Failure of a candidate to complete this page *together with* either Form 1A, "Registration of Candidate Committee", or Form 1B "Certification of Exemption from Forming a Candidate Committee", within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee. See Section 9-623(b), Connecticut General Statutes.

*Notice: Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.*

# NEW – Contribution Limits

- Party Committees now have LIMITS on what they can contribute to candidates.
- Party Committees previously could contribute UNLIMITED to candidates.



# Town Committee Contribution Limits

- CEO of Municipality - \$3,000
- Other municipal offices - \$1,500
- Exploratory committee - \$375
- Exploratory committee (state rep/unspec) - \$250
- Slate committee - \$ 1,500
- Legislative Leadership/Caucus Committees - \$2,000
- Other political committees - \$1,500

# ORGANIZATION EXPENDITURE

- Large *exemption* from the definition of contribution and expenditure
- Used only by party, legislative leadership and caucus committees
- Still reported, but DOES NOT COUNT TOWARDS CONTRIBUTION LIMIT

# ORGANIZATION EXPENDITURE

## ■ PARTY CANDIDATE LISTING

- Lists name(s) of candidates
- Treatment of all candidates similar
- Content limited to:
  - Identifying information for each candidate (photographs, office sought, office held, party affiliation, brief position statement, philosophy, goals, accomplishments of candidate(s) or party)
  - Encouragement to vote for each such candidate
  - Information concerning voting (hours and locations)
- Can be disseminated in any medium



# ORGANIZATION EXPENDITURE

Document in Printed or Electronic Format

- List of registered voters
- Copy of an issue paper or party platform
- Information on compliance with election law requirements
  - Provided to a candidate who is a member of the party
- Created or maintained by party, LLC or LCC for party or caucus building



Voter List

# ORGANIZATION EXPENDITURE

- A campaign event at which a candidate or candidates are present
- Payment of a single advisor to provide assistance relating to campaign organization, financing, accounting, strategy, law or media
- Use of offices, telephones, and equipment that does not result in an additional cost to the party



# AD BOOKS

(Program Booklet for Fundraising Affairs)

- Exemption DOES NOT EXIST ON THE STATE LEVEL anymore (no business or union treasury fund purchase of ads)
- ONLY for Municipal Candidates and Town Committees
- Lobbyists, contractors and their families cannot purchase ads from Town Committees

# Party Committee Supplement

FOR PARTY COMMITTEES ONLY:

- Handout in packet explaining the new Lobbyist and State Contractor Contribution and Solicitation bans

# Campaign Treasurer's Responsibilities



# Treasurer's Responsibilities

- Receive, Deposit and Expend Funds
- File Reports
- Appoints Solicitors
- Maintain Detailed Financial Records



# Filing Dates

- **September 4<sup>th</sup>** (Candidates participating in September 11<sup>th</sup> primary)
- **October 11<sup>th</sup>** (Losing Primary Candidate Committees only)
- **October 10<sup>th</sup>** (**Quarterly**)
- **October 31<sup>st</sup>** (**7 days before the election**)
- **December 10<sup>th</sup>** (Losing Primary Candidates reporting deficits)
- **December 17<sup>th</sup>** (Losing Primary Candidates which had surplus)

*Post Election Filing Dates will be covered in the last section*

# Treasurer's Statements

STATE OF CONNECTICUT  
OFFICE OF THE SECRETARY OF THE STATE  
EXEMPTION FROM THE CAMPAIGN FINANCE ACT  
ED-46 Rev. 07/87

Received Date: \_\_\_\_\_  
Do Not Mark in These Spaces  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Form ED-46

**1. NAME OF COMMITTEE (in Full)**

**2. NAME OF TREASURER**  
 Check if treasurer has changed since last report

**3. ADDRESS OF TREASURER (No. Street, Town, State, Zip Code)**  
 Check if address different than previously reported

**4. NAME OF CANDIDATE (Complete only if Candidate Committee)**

**5. OFFICE Sought? (If applicable)**      **6. DISTRICT NO. (If applicable)**

**7. Type of Committee (a)**  
 Candidate Committee  
 Party Committee  
 Political Committee Organized for Organizational Activities (Women's Clubs, Electric, Water, Business Entity and Organization Committee)  
 Political Committee Formed for a Single Primary, Election or Referendum  
 Political Committee Formed for a Candidate in an Undetermined Office

**8. Filing Due Date and Period Covered by this Notice (All Committees Complete this Section by Filing in Appropriate Box)**  
 Filing due date: \_\_\_\_\_ Period Covered: \_\_\_\_\_

**9A. Filing Date for Candidate Committee, Political Committee Organized for a Single Primary, Election or Referendum, Political Committee Formed for a Single Fund-raising Event and Political Committee Formed for a Candidate for Undetermined Office complete this Section. (Check One, Complete Date)**  
 January 20 \_\_\_\_\_ Filing Date  
 April 20 \_\_\_\_\_ Filing Date  
 July 20 \_\_\_\_\_ Filing Date  
 October 20 \_\_\_\_\_ Filing Date  
 7th day preceding Primary on \_\_\_\_\_  
 Within 30 days following Primary on \_\_\_\_\_  
 7th day preceding Election or Referendum on \_\_\_\_\_  
 Termination Report

**9B. Filing date for Party Committee Organized for Organizational Activities (Check One, Complete Date)**  
 April 20 \_\_\_\_\_  
 July 20 \_\_\_\_\_  
 October 20 \_\_\_\_\_  
 7th day preceding Primary on \_\_\_\_\_  
 Termination Report

**Please Note: This Form may not be filed by Party Committee and Political Committee Organized for Organizational Activities for the 7th day preceding an Election, or for the 7th day preceding a Primary on Election. On these dates an alternate form (ED-45) must be filed.**

I do hereby swear, under penalty of this statement, that I make this statement in accordance with the requirements of Ch. 150, and that the committee has not exceeded its threshold for limited reporting, as provided in Section 9-335(6), C.G.S.

10. \_\_\_\_\_  
 Signature of Treasurer      Date

OFFICE OF THE SECRETARY OF THE STATE  
ED-45 REV. 07/87  
STATE OF CONNECTICUT  
CAMPAIGN FINANCE ACT  
EXEMPTION FROM THE CAMPAIGN FINANCE ACT  
SUMMARY PAGE

## Form ED-45

**1. NAME OF COMMITTEE (in Full)**

**3. FILING DUE DATE:** \_\_\_\_\_  
 PERIOD COVERED: \_\_\_\_\_ THROUGH: \_\_\_\_\_

**4. TYPE OF REPORT (Check or fill all appropriate boxes)**  
 (a)  
 January 7, 20 \_\_\_\_\_ Filing Date  
 April 7, 20 \_\_\_\_\_ Filing Date  
 July 7, 20 \_\_\_\_\_ Filing Date  
 October 7, 20 \_\_\_\_\_ Filing Date  
 7th day preceding Primary on \_\_\_\_\_  
 Within 30 days following Primary on \_\_\_\_\_  
 7th day preceding Election or Referendum on \_\_\_\_\_  
 Within 45 days following Election or Ref. on \_\_\_\_\_  
 90 Day Report (May & Special Elections)  
 Deficit Report  
 (b) State Central Committees Only  
 January 30th, 20 \_\_\_\_\_  
 April 10, 20 \_\_\_\_\_  
 July 10, 20 \_\_\_\_\_  
 12th day preceding Election on \_\_\_\_\_  
 Amendment to previous report filed  
 Termination Report

**5. RECEIPTS**  
 (1) Total amount received from individuals (Sections A and B) ..... (6)  
 (2) Total amount received from other committees (Section C) ..... (7a)  
 (3) Total amount received from other committees (Section C) ..... (7b)  
 (4) Total amount received from other committees (Section C) ..... (7c)  
 (5) Total amount received from other committees (Section C) ..... (7d)  
 (6) Total amount received from other committees (Section C) ..... (7e)  
 (7) Total amount received from other committees (Section C) ..... (7f)  
 (8) Total amount received from other committees (Section C) ..... (7g)  
 (9) Total amount received from other committees (Section C) ..... (7h)  
 (10) Total amount received from other committees (Section C) ..... (7i)  
 (11) Total amount received from other committees (Section C) ..... (7j)  
 (12) Total amount received from other committees (Section C) ..... (7k)  
 (13) Total amount received from other committees (Section C) ..... (7l)  
 (14) Total amount received from other committees (Section C) ..... (7m)

**6. EXPENSES**  
 (1) Total amount of expenses incurred but not paid to date (Section O) ..... (12)  
 (2) Total amount of expenses incurred but not paid to date (Section O) ..... (13)  
 (3) Total amount of expenses incurred but not paid to date (Section O) ..... (14)

**7. LOANS OUTSTANDING**  
 (1) Total amount of loans outstanding (total: principal and interest due) ..... (15)

I do hereby swear, under penalty of this statement, that I make this statement in accordance with the requirements of Chapter 150 of the Connecticut General Statutes, and that I have provided a copy thereof to the candidate or chairman.

\_\_\_\_\_  
 Signature of Treasurer or Deputy Treasurer      Print or Type name of Preparer      Date

**PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1000.00, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.**

\$1,000 & UNDER ONLY

OVER \$1,000

aka Short Form

aka Long Form

# SEEC FORM 21

## Short Form Campaign Finance Disclosure Statement

Replaces Form ED-46

Who can file it?

Committees that received or expended less than \$1000 from the creation of the committee to the last day of the reporting period.

Who can't?

Town Committee's for the January 10<sup>th</sup> and 7<sup>th</sup> day preceding the election filings.

SEEC FORM 21  
Short Form Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Rev. 1.07



<b>1. NAME OF COMMITTEE</b>				
<b>2. TREASURER NAME</b>				
Title	First	MI	Last	Suffix
<b>3. TREASURER ADDRESS</b>				
Street Address			City	State
				Zip Code
<b>\$1,000 and UNDER ONLY</b>				
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy)				
			<b>6. DISTRICT NUMBER</b> (if applicable)	
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)				
Title	First	MI	Last	Suffix
<b>8. TYPE OF REPORT</b> (Check One Box)				
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Amendment to Type of Report:	
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum		
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Termination	Date Filed: _____	
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 45 days following election			
<b>aka Short Form</b>				
<b>9. PERIOD COVERED</b>				
Beginning Date		Ending Date		
thru				
<b>10. CERTIFICATION</b>				
I hereby certify and state, under penalties of false statement, that the committee named above, did not receive contributions or other funds, or make or incur expenditures in excess of \$1,000 for the period covered by this Short Form Campaign Finance Disclosure Statement.				
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER		DATE (mm/dd/yyyy)
<b>PLEASE NOTE:</b> This form may not be filed by Party Committees and Political Committees formed for Ongoing Political Activities for the January 10 filing date and the 7th day preceding an election. For those filing dates, you must use SEEC Form 20, <b>Itemized Campaign Finance Disclosure Statement</b> .				
<b>PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</b>				

# SEEC FORM 20

## Itemized Campaign Finance Disclosure Statement

- Replaces Form ED- 45

### Must Use This When:

The committee has received or spent over \$1000.

### SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Rev. 1/07



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### SUMMARY PAGE

1. NAME OF COMMITTEE					
2. TREASURER NAME					
Title	First	MI	Last	Suffix	
3. TREASURER ADDRESS					
Street Address		City	State	Zip Code	
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)			5. TOTAL AMOUNT (Complete only if Candidate or Committee)		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
Title	First	MI	Last	Suffix	
8. TYPE OF REPORT (Check One Box)					
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)		
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to Type of Report:		
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Date Filed: _____		
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committees Only)	<input type="checkbox"/> Termination	aka Long Form		
<input type="checkbox"/> 45 days following election					
9. PERIOD COVERED					
Beginning Date		Ending Date			
_____		_____			
thru _____					
10. CERTIFICATION					
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.					
_____ TREASURER OR DEPUTY TREASURER (SIGNATURE)		_____ PRINT NAME OF SIGNER		_____ 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.					

# Where do you file these forms?

Candidate, Slate and  
Exploratory Committees

*Filings* → ■ Town Clerk

Town Committees

*Originals* → SEEC

*Copies* → Town Clerk

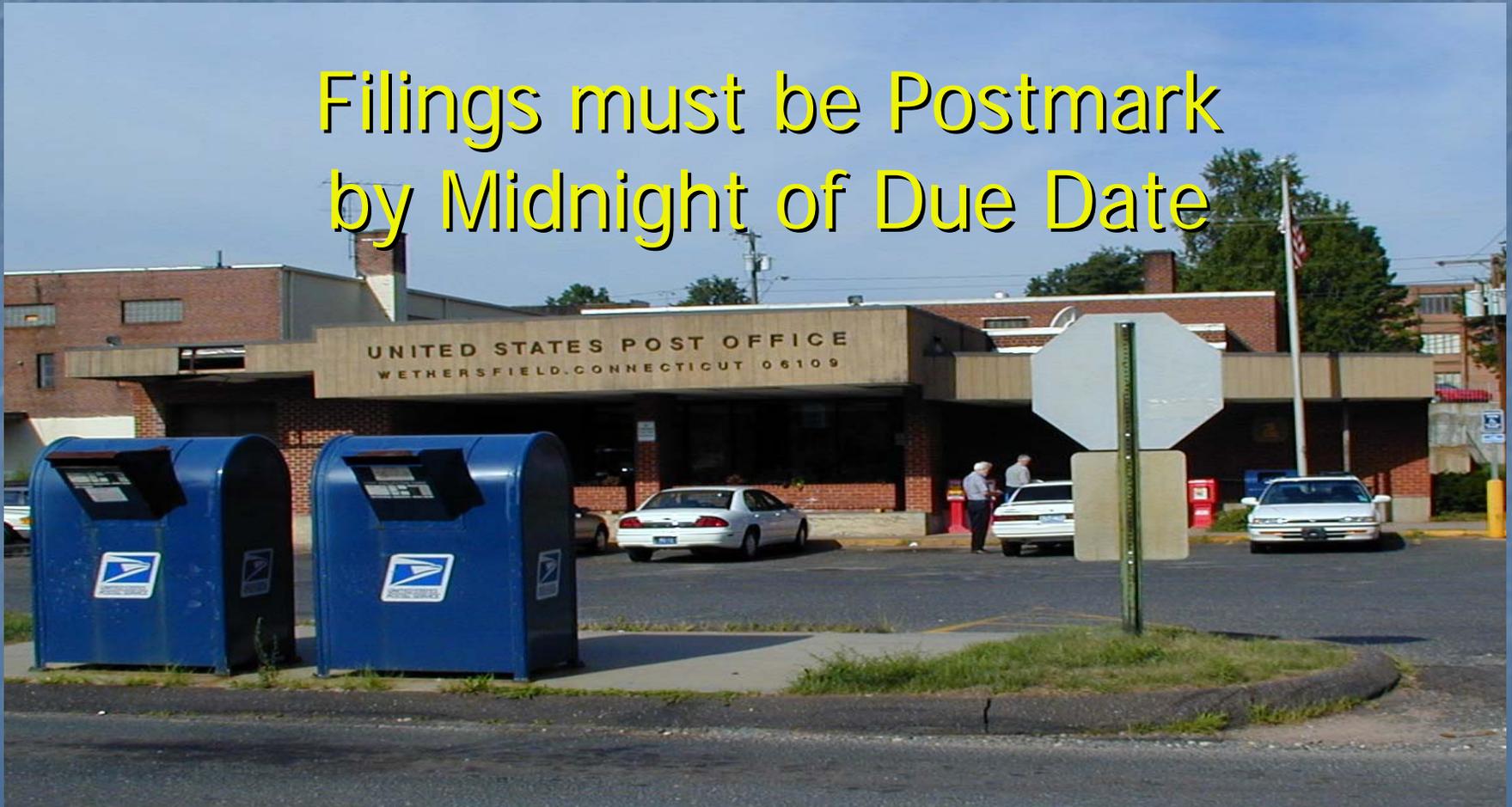
# File in Person

- Must be filed by 4:30 p.m. on the day that they are due



# File by Mail

Filings must be Postmark  
by Midnight of Due Date



# Mandatory Late Fee \$100

- Personal liability of treasurer
- **Cannot** be paid from committee funds
- **Cannot** be waived by the Town Clerk.
- If you don't pay this penalty in the time prescribed by the town clerk in a delinquency notice she has to refer it to the SFFC.

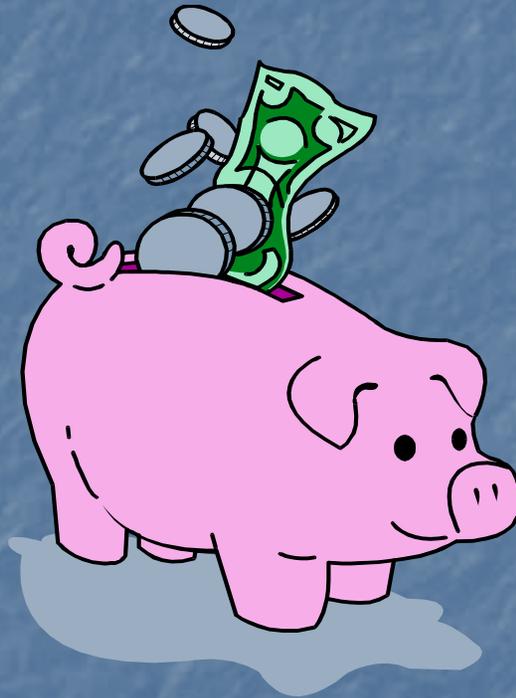
<b>Alfred T. Butler</b> 100 Elm St. New Haven, Ct. 06000	<b>820</b>			
	October 12, 2007			
	52-77039 3345			
PAY TO THE ORDER OF	<b>City of New Haven</b>	\$ <b>100.00</b>		
	<b>One hundred</b>	Dollars		
DEPOSITORY BANK				
HARTFORD, CONNECTICUT 06000				
MEMO	<b>Personal Fine</b>	<b>Alfred T. Butler</b>		
:554577039:	465	000444	0820	0000845

# \$200 Mandatory Minimum Late Fee if Referred to the SEEC

- And up to \$2,000
- No discretion to go below \$200

<b>Alfred T. Butler</b> 100 Elm St. New Haven, Ct. 06000	November 7, 2007	<b>820</b> 52-77039 3345
PAY TO THE ORDER OF	State Elections Enforcement Comm.	\$200
	Two hundred	Dollars
DEPOSITORY BANK HARTFORD, CONNECTICUT 06000	<i>Alfred T. Butler</i>	
MEMO		
:354577059:	463	000444 0820 0000845

# Treasurers May Appoint Solicitors



Are individuals who can receive but **not spend** funds

# Solicitors Responsibilities



A solicitor must turn over receipts  
to the treasurer:



- ☑ In the form received
  - ✗ DO NOT add all of the money up and turn over 1 check!
- ☑ Within 7 days of receipt
- ☑ With a list of contributors (name & address of donor, amount, etc.)

# Municipal Solicitation Ban

A Municipal employee may **NOT**

× solicit a contribution from an individual under their supervision

OR

× the spouse or dependent child of that individual under their supervision

ALSO

× Your boss cannot solicit you or your family!



# Receipts



# A Contribution is:

- Monetary Gift from an Individual
  - cash, check, bank instrument or credit card
- Transfer of assets from one committee to another
  - ABC PAC → \$ or anything of value → Mary Smith for Mayor Committee
- Loan made by individual or entity other than a bank
- Written contract, promise, or agreement to make contribution
- AND....

Goods, services or anything of value given to the committee for free or at a discount price.



Examples: Stamps, computers, office supplies...etc.

a.k.a.

"In-Kind Contributions"

# Prohibited Sources of Contributions

## Candidate Committees

**MAY NOT ACCEPT** contributions from

- Another candidate committee
  -
- A business entity or labor union
- National committee of a political party
- Any unregistered committee



# What is a Business Entity?

- Corporations
- Partnerships
- Trade or Professional Associations
- Other for profit entities

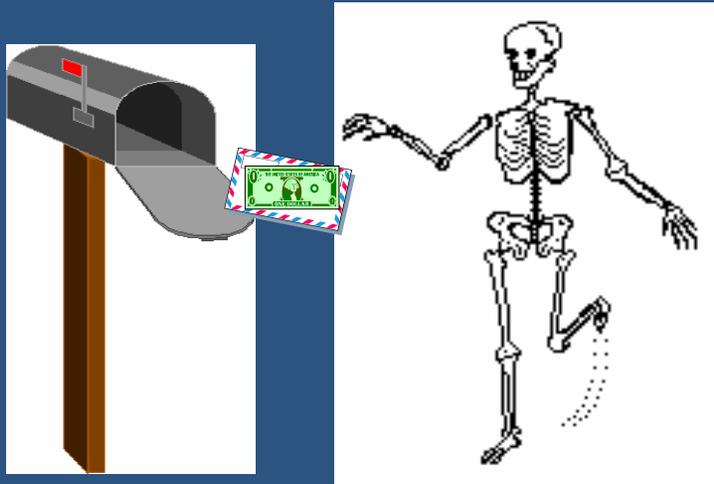


# Who is an Individual?

- Human Being
- Sole Proprietor
- Solely Owned Professional Corporation



# Watch Out For Anonymous Contributors



## Anonymous Contribution

**\$ (Cash)** given without the contributor present and no info about the contributor known to treasurer

Can only accept them if \$15 or less

If not → Forward to State Treasurer

# Report Monetary Contributions In Section I

I. MONETARY RECEIPTS (Sections A-K)		Page 3 of 16
NAME OF COMMITTEE	FILING DUE DATE	
Elect Mary Smith Alderman	10/10/2007	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	<b>Subtotal Section</b>	<b>\$625</b>

## Sub -Section A – Small Contributor Contributions

- An individual who's total contributions = \$50 or less.
- Can add them all up and report total here.
- Keep records of each small contributor in case they contribute more than \$50.

# Itemize All Contributions from Individuals that exceed \$50 in Sub-Section B

## B. Itemized Contributions from Individuals

Name <b>John Brown</b>				Principal Occupation		Amount of Contribution
Residential Street Address <b>90 Maple St.</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input type="checkbox"/> No				
Date Received <b>07/28/2007</b>	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction		Aggregate contributions <b>\$80</b>	<b>800</b>

**John + Sue Brown** **420**  
 90 Maple St.  
 Hartford, Ct. 06000  
**July 28, 2007** 52-77039 3345

PAY TO THE ORDER OF **Elect Mary Smith Alderman** \$ **80.00**  
**Eighty** Dollars

DEPOSITORY BANK  
 HARTFORD, CONNECTICUT 06000

MEMO **Lobbyist** **John Brown**  
 :334577039: 465 000444 0420 0000345

**Jack Smith** **820**  
 25 Oak St.  
 New Haven, Ct. 06000  
**July 28, 2007** 52-77039 3345

PAY TO THE ORDER OF **Elect Mary Smith Alderman** \$ **200.00**  
**Two hundred** Dollars

DEPOSITORY BANK  
 HARTFORD, CONNECTICUT 06000

MEMO **Plumber/Jones Plumbing** **Jack Smith**  
 :334577039: 465 000444 0820 0000845

Name <b>Jack Smith</b>				Principal Occupation <b>Plumber</b>		Amount of Contribution
Residential Street Address <b>25 Oak St.</b>		City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06516</b>	Name of Employer <b>Jones Plumbing</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input type="checkbox"/> No				
Date Received <b>07/28/2007</b>	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction		Aggregate contributions <b>\$200</b>	<b>\$200</b>

# Monetary Contributions from Committees

## I. MONETARY RECEIPTS (Sections A-K)

Page 4 of 16

NAME OF COMMITTEE	FILING DUE DATE
Elect Mary Smith Alderman	10/10/2007

### C1. Contributions from Other Committees

Name of Committee				Name of Treasurer	
New Haven Town Committee				John Jones	
Street Address			Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution
70 Pine St.			<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input checked="" type="checkbox"/> No		
City	State	Zip Code	Date Received	Aggregate Contributions	
New Haven	CT	06516	07/28/2007	\$100	\$100

**New Haven Town Committee** **3232**  
**John Smith, Treasurer** **July 28, 2007**  
 70 Pine St. 52-77039  
 New Haven, Ct. 06000 3345

PAY TO THE ORDER OF **Elect Mary Smith Alderman** \$ **100**

Name of Treasurer		Amount of Contribution
Lisa Baker		
Is this contribution associated with a fundraising event listed in Section L1?		
<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input checked="" type="checkbox"/> No		
Aggregate Contributions		
\$100		\$100

**Better Connecticut PAC** **722**  
**Lisa Baker, Treasurer** **July 28, 2007**  
 5 Vine Street 51-74899  
 Bridgeport, CT. 06111 23845

PAY TO THE ORDER OF **Elect Mary Smith Alderman** \$ **100.00**

One hundred Dollars

CAPITAL BANK  
 HARTFORD, CONNECTICUT 06000

MEMO **Lisa Baker**

:2384574899: 463 000444 0722 0000343

Report in Subsection C

Identify treasurer and whether contribution is associated with a fundraiser.

# Report Non-Monetary Contributions in Section III "In-Kind Contributions"

III. NONMONETARY RECEIPTS						Page 11 of 16
NAME OF COMMITTEE					FILING DUE DATE	
Elect Mary Smith Alderman					10/10/2007	
M. In-Kind Contributions						
Name Cathy White				Type of Contributor:		Fair Market Value of this Contribution
Street Address 10 Cedar St.		City Danbury	State CT	Zip Code 06811	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other ( <i>Applicable only to Referendum Committees</i> )	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?			
Date Received 08/28/2007	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> 090907a		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Stamps and envelopes	Aggregate contributions \$100
					\$100	\$100

NAME

Elect

Name of

Bar

Street Ad

900

Name of

Peter

Street Ad

3 Ivy

Name of

Mar

Street Ad

25 O

Name of

Mary Smith  
25  
New

PAY  
ORDE

**Mary Smith**

25 Oak St.  
New Haven, Ct. 06000

July 28, 2007

922

51-74899  
23845

PAY TO THE  
ORDER OF

**Elect Mary Smith Alderman**

\$ **400**

**Four hundred**

Dollars

CAPITAL  
BANK

HARTFORD, CONNECTICUT 06000

MEMO

**loan to committee**

**Mary Smith**

⑆238457⑆899⑆ ⑆65 000⑆⑆⑆

0922 00003⑆5

BANK

HARTFORD, CONNECTICUT 06000

MEMO

**donation to committee**

**Mary Smith**

⑆238457⑆899⑆ ⑆65 000⑆⑆⑆

0920 00003⑆5

Street Address

City

State

Zip Code

Date of Receipt

Committee  YES  NO

07/28/2007

\$400

**Total Section D**

\$1,200

### H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt

07/28/2007

Method of payment:

- Cash
- Personal Check
- Credit/Debit Card

Amount

\$600

Date of Receipt

\_\_\_\_\_

Method of payment:

- Cash
- Personal Check
- Credit/Debit Card

Amount

\_\_\_\_\_

Amount Received

\$600

# What isn't considered a "Contribution"?

- Volunteer services of an individual to a committee
- Payment of \$ by candidate to candidate's committee
- Loan made by bank in ordinary course of business
- Interest paid by committee's bank
- Advance of security deposit by individual to telephone company
- Certain donations that occur at "fundraising affairs"

Value of these donations are **NOT COUNTED** towards contribution limits

BUT...  
STILL REPORTED  
just not as a contribution

# What is a Fundraising Affair?

- ❖ Political gathering sponsored by committee for which it charges an attendance fee
  - ❖ i.e. Cocktail Party, Dinner
- ❖ Tag Sale or Auction
- ❖ Joint Fundraiser
  - ❖ Two or more candidates join together, but must establish a separate committee



# Fundraising Affair Exceptions

Remember: These are NOT contributions!

## Purchase of advertising space in a program book

### ➤ Ad book must:

- be for a bona fide fundraising affair
- of a town or municipal candidate committee and
- must be distributed there.



➤ Business entity can purchase a total of \$250 worth of ad space

➤ Everyone else can purchase a total of \$50 worth of ad space

### ➤ Tag Sale or Auction donations or purchases

➤ Business entity can donate \$100 worth of goods or services that it's in the business of selling;

- Golfer's Warehouse donates \$100 worth of golf clubs = Not a contribution
- Golfer's Warehouse donates \$100 worth of pizza = Impermissible business entity contribution.

➤ Individuals can donate or purchase \$50 worth of goods.

# More Fundraising Exceptions

- Home Fundraiser expenses for invitations, food, or beverages
  - \$200 per candidate committee *per election*
  - \$400 per party committee *per calendar year*
- Town Committee sales of food and beverage at fair or similar mass gathering
  - Value of items purchased from T.C. is \$50 or less = NOT CONTRIBUTION
    - Ex. At the county fair, you buy a lemonade and a hot dog for \$5.00 from the TC's booth = NOT CONTRIBUTION

# How do you report these donations?

Report general

❖ Assign

❖ Description

in section L1.

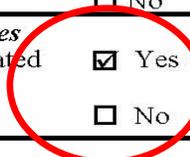
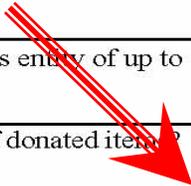
n)

*Elect Mary Smith  
Alderman*

**Program Book**

**Golf Outing  
September 15,  
2007  
2:00 P.M.**

NAME OF COMMITTEE Elect Mary Smith Alderman			DUE DATE 10/10/2007		
Fundraising Event # Date of Fundraiser	Letter	Description	City	State	Zip Code
9/15/2007	a	Golf Outing	New Haven	CT	06516
<b>Subpart 1: (All Committees)</b>					
Was this fundraising event hosted at a personal residence?			<input type="checkbox"/> Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="checkbox"/> No		
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?			<input type="checkbox"/> Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items?			<input type="checkbox"/> Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) <input type="checkbox"/> No		
<b>Subpart 2: (Town Committees and Municipal Candidate Committees)</b>					
Were there purchases of advertising space in a program book associated with this fundraiser?			<input checked="" type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.) <input type="checkbox"/> No		
<b>Subpart 3: (Town Committees ONLY)</b>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?			<input type="checkbox"/> Yes (If yes, enter Total Receipts from small purchases here.) <input type="text" value="\$"/> <input type="checkbox"/> No		



# Report Specific Ad Book Purchases in Section L3

**This only applies to the purchases that are NOT CONTRIBUTIONS!**

## Business Entity Purchases of \$250 or less

II. FUNDRAISING EVENT ACTIVITY						Page 9 of 16	
NAME OF COMMITTEE					FILING DUE DATE		
Elect Mary Smith Alderman					10/10/2007		
L3. Purchases of Advertising in a Program Book ( <i>Municipal Candidate and Town Committees ONLY</i> )							
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
ABC Inc.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/10/2007	\$100	\$100
Street Address	City	State	Zip Code		Event #		
1 Main St	New Haven	CT	06516		091507a		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
XYZ Inc.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/10/2007	\$100	\$100
Street Address	City	State	Zip Code		Event #		
2 South Main St	New Haven	CT	06516		091507a		

## Purchases from anyone else for \$50 or less

Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
David Williams				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	09/12/2007	\$50	\$50
Street Address	City	State	Zip Code		Event #		
3 Church St	New Haven	CT	06516		091507a		

# Reporting Other Fundraising Non-Contributions

- Home Fundraising Expenses
  - Food, beverages or invitations
  - \$200 if event benefits the candidate committee;
  - \$400 if event benefits the party committee.
- Tag Sale/Auction Donations or Purchases
  - \$100 Business Entity
  - \$50 from individuals

L4. In-Kind Donations Not Considered Contributions						
Name of Donor Richard Romeo		Donation given by:	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Event # 082007a	Date Received 08/20/2007	Fair Market Value of Donations
Street Address 12 Eastside Drive	City New Haven	State CT	Zip Code 06516	Description of donations Food, beverage & invitations		\$180
Name of Donor Drinks R Us		Donation given by:	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business Entity	Event # 091507a	Date Received 09/15/2007	Fair Market Value of Donations
Street Address 100 Westside Drive	City New Haven	State CT	Zip Code 06516	Description of donations Beverages		\$100
Name of Donor Dick's Sport Shop		Donation given by:	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business Entity	Event # 091507a	Date Received 09/15/2007	Fair Market Value of Donations
Street Address 102 Northside Drive	City New Haven	State CT	Zip Code 06516	Description of donations Golf Balls		\$40

# Contribution Limits to Candidate Committees

## CEO Candidates\*

- Individual  
    \$1,000
- Town Committee  
    \$3,000
- Ongoing Political Committees:
  - 2 or more individuals  
    \$1,500
  - Business Entity PAC  
    \$1,500
  - Organization PAC  
    \$1,500

## All other Municipal Candidates\*

- Individual  
    \$250
- Party Committee
  - \$1,500
- Ongoing Political Committees:
  - 2 or more individuals  
    \$375
  - Business Entity PAC  
    \$375
  - Organization PAC  
    \$375

**\*Limits apply separately to primaries and elections**

# Contribution Limits for Other Types of Committees

## Town Committees\*

- Individual  
\$1,000
- Party Committee  
Unlimited
- Ongoing Political Committees:
  - 2 or more individuals  
\$1,500
  - **Business Entity PAC**  
\$1,500
  - Organization PAC  
\$1,500

## Slate Committees\*\*

- Individual  
\$750
- Town Committee  
■ \$1,500
- Ongoing Political Committees:
  - 2 or more individuals  
\$2,000
  - **Business Entity PAC**  
\$2,000
  - Organization PAC  
\$2,000

\*Limits apply per calendar year

\*\*Limits apply per life of campaign

# Contribution Limit for Minors

- Individuals less than 18 years of age
  - ✓ Cannot contribute in excess of \$30
  - ✓ (used to be age 16) ■
- Extended by Public Act 07-1

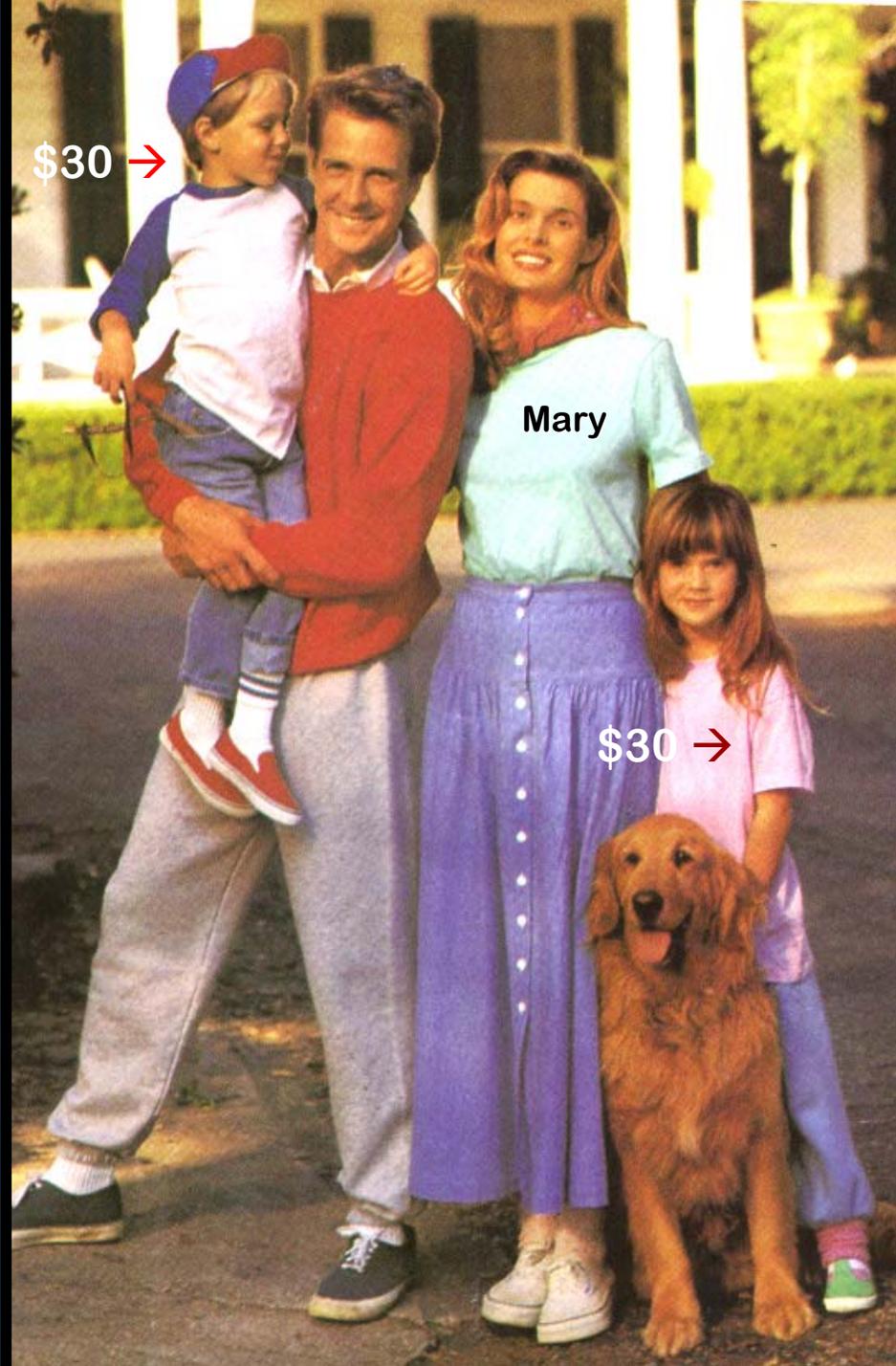


# Family Contributions

## Same Contribution Limits Apply

### Family Member Candidate For CEO

- ❖ 18 or older can make up to:
  - \$1000 in contributions to the candidate committee; and
- ❖ Younger than 18 can make up to \$30 in contributions.
- ❖ Candidate can give an unlimited amount to own candidate committee.
  - ❖ **Does NOT apply if funded by town or slate committee!**



# Form of Contribution Matters!

Contributed \$100 or less:

- ✓ Cash
- ✓ Money Order
- ✓ Personal Check
- ✓ Credit Card

Contributed more than \$100:

- ✓ Personal Check or Credit Card ONLY
- ✗ **NO CASH OR MONEY ORDER!**



# Municipal Contract Disclosure

## When is it required?

\$400



When individual contributes a total of \$400 or more to a candidate for CEO of Municipality.

## What do they have to disclose?



Whether they or the business with which they are associated has a contract with that municipality that is valued at over \$5000.

## What if they don't make the disclosure?

**CANNOT DEPOSIT the contribution!!!**



- REQUEST DISCLOSURE via certified mail within 3 days of receiving the contribution.
- IF STILL NO DISCLOSURE = RETURN CONTRIBUTION.

# What do you do with an impermissible contribution?

- ✓ Do **NOT** deposit
  - ✓ **OOPS!** Made the deposit!
    - ✓ Refund impermissible contribution immediately ■
    - ✓ Use a committee check
    - ✓ Report refund as expenditure
- ✓ Return entire contribution within 14 days
- ✓ Keep record of contribution and refund.



**SEEC FORM 20**

**Itemized Campaign Finance Disclosure Statement**  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Rev. 1/07

**SUMMARY PAGE**  
**TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Elect Mary Smith Alderman	10/10/2007	
	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	\$ 0	
13. Contributions received from Individuals (Sections A and B)	\$1,365	
14. Receipts from Other Committees (Sections C1 and C2)	\$ 200	
15. Other Monetary Receipts (Sections D-K)	\$1,820	
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	\$ 0	
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$ 0	
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	\$ 700	
17. Total Monetary Receipts (add totals for lines 13-16c)	\$4,085	
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$4,085	
19. Expenditures Paid (Section O)		
20. Balance on hand at close of Reporting Period		
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$ 414	
22. In-Kind Contributions Received (Section M)	\$ 100	
23. Refundable Advances of Deposit to Telephone Company (Section N)		
24. Loans Received (Section D)	\$1,200	
24a. + Interest and Penalties on Loan	\$ 0	
24b. - Payments on Loan	\$ 100	
24c. Total Outstanding Loans	\$1,100	
25. Campaign Expenses Paid by Candidate (Section P) <i>Candidate Committees ONLY</i>		
26. Expenses Incurred on Committee Credit Card (Section Q)		
27. Expenses Incurred by Committee During this Period but Not Paid (Section R)		
27a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section R)		

# Expenditures



# Permissible Expenditures

**Must be campaign  
related**

- Meetings
- Advertising
- Polling
- Travel of candidate and committee workers
- Renting of office space or necessary equipment
- Purchase or lease of computers and peripherals
- Purchase supplies



# *Prohibited Expenditures*

- Personal use by Candidate
- Payments to other Candidate Committees
- Compensation to Candidate
- Compensation to immediate family



# *Use of Public Funds Prohibited*

(1) Within **3 months** of the election:  
for printed materials promotional of the candidate



■  
(2) Within **12 months** of the election:

for a television, radio, movie theater, billboard, bus poster,  
newspaper or magazine advertisement,

(a) featuring the name, face or voice of a candidate or

(b) promoting the nomination or election of a candidate.



# Headquarters Mary Smith & John Jones



IV. EXPENDITURES						Page 12 of 16
NAME OF COMMITTEE					FILING DUE DATE	
Elect Mary Smith Alderman					10/10/2007	
O. Expenses Paid by Committee						
Name of Payee <b>The Register</b>			Date of Payment 08/15/2007		Method of Payment <input checked="" type="checkbox"/> Check # 110 <input type="checkbox"/> Debit Card	Amount
Street Address 100 Garnet Drive		City New Haven	State CT	Zip Code 06516		
Purpose of Expenditure (by code) A-NEWS		Description				
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)		Candidate(s) Name (if applicable)	Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 500

<b>Elect Mary Smith Alderman</b>	<b>110</b>
90 Cedar St. New Haven, Ct. 06000	<b>August 15, 2007</b>
	<b>52-77039</b> <b>3345</b>
PAY TO THE ORDER OF <b>The Register</b> \$ <b>500.00</b> <b>Five Hundred</b> ----- <b>Dollars</b>	
<b>DEPOSITORY BANK</b> <small>HARTFORD, CONNECTICUT 06000</small>	
MEMO <b>Advertising</b> <b>Alfred T. Butler</b>	
<b>:334577039: 463 000444 0110 0000107</b>	

24 Briarwood Drive			New Haven	CT	06516	9/2/2007		
Purpose of Expenditure (by code) RCW		Description						
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)		Candidate(s) Name (if applicable)	Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 140		
Name of Payee Bank of America			Date of Payment 9/3/2007		Method of Payment <input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card	Amount		
Street Address 900 Pine St.		City New Haven	State CT	Zip Code 06516				
Purpose of Expenditure (by code) LOAN		Description						
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)		Candidate(s) Name (if applicable)	Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 100		
<b>SUBTOTAL Section O-This Page</b>							<b>\$ 946</b>	
<b>TOTAL of additional Section O Pages</b>							<b>\$ 690</b>	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)</b>							<b>\$ 1,636</b>	

# NEW Attribution Requirements

- If Candidate, Exploratory or Candidate Committee pays for written or web ad:
- COMMUNICATION NEEDS:
  - "Paid for by" and name and address of individual or name of committee treasurer
  - "Approved by" and name of individual or candidate

FOR A MAILING, also needs:

Photograph of Candidate and name

in a font not less than size in narrative of mailing

# Your Team for Wealth and Happiness

Mary for Alderman



John  
for  
Mayor

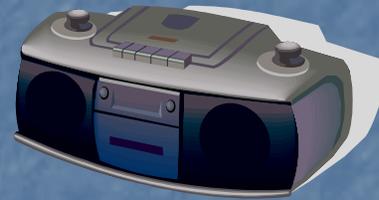
Paid for by Elect Mary Smith Alderman, Alfred T. Butler, Treasurer  
and

John for Mayor, Susan Jones, Treasurer  
Approved by Mary Smith and John Jones

# NEW Attribution Requirements

- If Candidate, Exploratory or Candidate Committee pays for television or Internet video advertising:
- COMMUNICATION NEEDS:
  - A photographic image of candidate
  - A printed statement that candidate approved ad
  - A simultaneous personal audio message "I am (candidate) and I approved this messageMust Appear for four seconds

# New Attribution Requirements for Candidates, Exploratory and Candidate Committee Ads



- Radio advertising

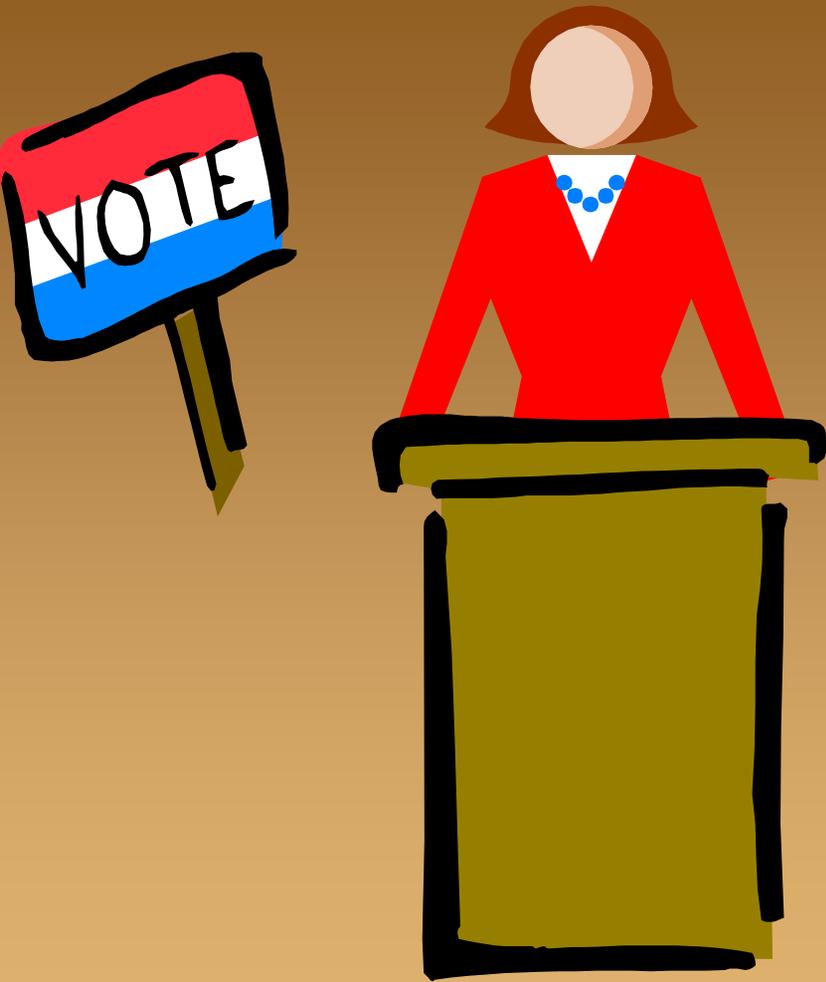
- Personal audio statement of including name and voice of candidate
- I am (candidate) and I approved this message

- Automated telephone calls

- Must include name and voice of candidate before end of call



# Mary for Alderman



## *Attribution Not Required*

- Signs 32 Square Feet and Under
- Political Paraphernalia

# Reimbursements

- To Committee Workers



Mary for Alderman



- To Candidate

Only have 45 days to make the reimbursement

After 45 days, becomes an in-kind contribution

# What is Required?

- Campaign Related
- Treasurer Authorized
- Receipt Provided
- Treasurer Retains Receipt



IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Elect Mary Smith Alderman	10/10/2007

O. Expenses Paid by Committee

Name of Payee	Street Address	City	State	Zip Code	Date of Payment	Method of Payment	Amount
The Register	100 Garnet Drive	New Haven	CT	06516	08/15/2007	<input checked="" type="checkbox"/> Check # 110 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description		Candidate(s) Name (if applicable)		Office Sought	
A-NEWS						<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Type of Expenditure (if applicable):							
<input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought							

<p><b>Elect Mary Smith Alderman</b>                  90 Cedar St.                  New Haven, Ct. 06000</p>	<p><b>111</b></p> <p>September 1, 2007    52-77039                  3345</p>
<p>PAY TO THE ORDER OF <b>Leslie Jones</b>    \$ <b>140.00</b></p> <p><b>One Hundred Forty ----- Dollars</b></p> <p><b>DEPOSITORY BANK</b>                  HARTFORD, CONNECTICUT 06000</p> <p><b>MEMO Reimbursement    Alfred T. Butler</b></p> <p><b>:354577039: 465 000444 0111 0000107</b></p>	

Name of Payee	Street Address	City	State	Zip Code	Date of Payment	Method of Payment	Amount
Leslie Jones	24 Briarwood Drive	New Haven	CT	06516	9/2/2007	<input checked="" type="checkbox"/> Check # 113 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description		Candidate(s) Name (if applicable)		Office Sought	
RCW						<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
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)							\$ 140
Name of Payee	Street Address	City	State	Zip Code	Date of Payment	Method of Payment	Amount
Bank of America	900 Pine St.	New Haven	CT	06516	9/3/2007	<input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description		Candidate(s) Name (if applicable)		Office Sought	
LOAN						<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
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)							\$ 100
<b>SUBTOTAL Section O-This Page</b>							<b>\$ 946</b>
<b>TOTAL of additional Section O Pages</b>							<b>\$ 690</b>
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)</b>							<b>\$ 1,636</b>

# *Candidate Expenditures*

## Reportable:

- Greater than \$50, or
- Reimbursement sought

## Non-Reportable: ■

- Travel, meal and telephone expenses of any amount,

and

- No reimbursement sought



IV. EXPENDITURES						Page 13 of 16
NAME OF COMMITTEE					FILING DUE DATE	
Elect Mary Smith Alderman					10/10/2007	
P. Campaign Expenses Paid by Candidate (Candidate Committees ONLY)						
Name of Payee (Name of Vendor who candidate paid directly) <u>EZ Printing</u>				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address 31 Quartz St.		City New Haven	State CT	Zip Code 06516	08/10/2007	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Purpose of Expenditure (by code) PRNT	Description					\$ 70
Name of Payee (Name of Vendor who candidate paid directly) <u>New Haven Lumber</u>				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address 12 Beech St.		City New Haven	State CT	Zip Code 06516	09/09/2007	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Purpose of Expenditure (by code) A-SIGN	Description					\$ 100

<b>Mary Smith</b>	<b>925</b>
25 Oak St. New Haven, Ct. 06000	<b>51-74899</b> <b>23845</b>
<u>Sep. 7, 2005</u>	

<b>Mary Smith</b>	<b>926</b>
25 Oak St. New Haven, Ct. 06000	<b>51-74899</b> <b>23845</b>
<u>Sep. 7, 2005</u>	
PAY TO THE ORDER OF <u>Kyle Paper Goods</u> \$ <b>20</b> <u>Twenty</u> ----- Dollars	
<b>CAPITAL BANK</b> <small>HARTFORD, CONNECTICUT 06000</small> MEMO <u>Fundraiser</u> <b>Mary Smith</b>	
<b>:2384574899: 463 000444 0922 0000545</b>	

Purpose of Expenditure (by code)	Description					
<b>SUBTOTAL Section P-This Page</b>						<b>\$ 190</b>
<b>TOTAL of additional Section P Pages</b>						
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 25 of Summary Page)</b>						<b>\$ 190</b>

**IV. EXPENDITURES**  
**Section O. Additional Page**

NAME OF COMMITTEE					FILING DUE DATE	
Elect Mary Smith Alderman					10/10/2007	
<b>O. Expenses Paid by Committee</b>						
Name of Payee New Haven Town Committee				Date of Payment	Method of Payment	Amount
Street Address 700 Pine St		City New Haven	State CT	Zip Code 06516	09/3/2007	
Purpose of Expenditure (by code) POC		Description				Amount
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)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Payee New Haven Country Club				Date of Payment	Method of Payment	Amount
Street Address 1 Golf Drive		City New Haven	State CT	Zip Code 06516	09/19/2007	
Purpose of Expenditure (by code) FNDR		Description 091507a				Amount
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)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Payee Mary Smith				Date of Payment	Method of Payment	Amount
Street Address 25 Oak St		City New Haven	State CT	Zip Code 06516	09/25/2007	
Purpose of Expenditure (by code) RCW		Description				Amount
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)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Payee				Date of Payment	Method of Payment	Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)		Description				Amount
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)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Payee				Date of Payment	Method of Payment	Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)		Description				Amount
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)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
<b>SUBTOTAL Section O-This Page</b>						<b>\$ 690</b>

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Elect Mary Smith Alderman					10/10/2007	
<b>R. Expenses Incurred by Committee but Not Paid During this Period</b>						
Name of Creditor EZ Printing			Purpose of Expenditure (by code) PRNT		Amount Incurred <i>(Estimate or Actual)</i>	
Street Address 31 Quartz St.			Description			
City New Haven	State CT	Zip Code 06516	Candidate(s) Name <i>(if applicable)</i>		Office Sought	
Date Incurred 09/05/2007	Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		S 100	
Name of Creditor WELI			Purpose of Expenditure (by code) A-RAD		Amount Incurred <i>(Estimate or Actual)</i>	
Street Address 33 Stone Place			Description			
City New Haven	State CT	Zip Code 06516	Candidate(s) Name <i>(if applicable)</i>		Office Sought	
Date Incurred 09/25/2007	Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		S 100	
Name of Creditor Mary Smith			Purpose of Expenditure (by code) RCW		Amount Incurred <i>(Estimate or Actual)</i>	
Street Address 25 Oak St.			Description			
City New Haven	State CT	Zip Code 06516	Candidate(s) Name <i>(if applicable)</i>		Office Sought	
Date Incurred 09/05/2007	Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		S 100	
Name of Creditor			Purpose of Expenditure (by code)		Amount Incurred <i>(Estimate or Actual)</i>	
Street Address			Description			
City	State	Zip Code	Candidate(s) Name <i>(if applicable)</i>		Office Sought	
Date Incurred	Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed			
<b>SUBTOTAL Section R-This Page</b>					<b>S 230</b>	
<b>TOTAL of additional Section R Pages</b>						
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 27 of Summary Page)</i>					<b>S 230</b>	
<b>Previously reported Expenses Unpaid and still Outstanding</b>					+	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 27a of Summary Page)</i>					<b>S 230</b>	

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE	
Elect Mary Smith Alderman				10/10/2007	
<b>S. Itemization of Reimbursements to Committee Workers and Consultants</b>					
Name of Worker/Consultant Leslie Jones			Date of Payment	Method of Payment	Amount
Secondary Payee Foodways			09/01/2007	<input checked="" type="checkbox"/> Check # 113 <input type="checkbox"/> Debit Card	
Street Address 1 Main St.	City Hamden	State CT	Zip Code 06517	Candidate(s) Name (if applicable) _____ Office Sought _____	
Purpose of Expenditure (by code) FNR	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)			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 110

<b>Leslie Jones</b> <b>24 Briarwood Drive</b> <b>New Haven, CT 06000</b>  PAY TO THE <b>Foodways Market</b>	<b>220</b>  <u>Sep. 1, 2007</u> 52-77039 3345
<b>110.00</b>	

<b>Leslie Jones</b> <b>24 Briarwood Drive</b> <b>New Haven, CT 06000</b>  PAY TO THE ORDER OF <b>Beverages R Us</b>	<b>221</b>  <u>Sep. 1, 2007</u> 52-77039 3345
Thirty ----- Dollars	
DEPOSITORY BANK HARTFORD, CONNECTICUT 06000	
MEMO <b>Soda for Fundraiser</b> <b>Leslie Jones</b>	
<b>:554577039: 465 000444 0110 0000107</b>	

Description	<input type="checkbox"/> Coordinated without reimbursement sought	<input type="checkbox"/> Supported	
	<input type="checkbox"/> Independent	<input type="checkbox"/> Opposed	
	<input type="checkbox"/> Organization (see Instructions)		
SUBTOTAL Section S-This Page			<b>\$ 140</b>
TOTAL of additional Section S Pages			
<b>TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS</b>			<b>\$ 140</b>

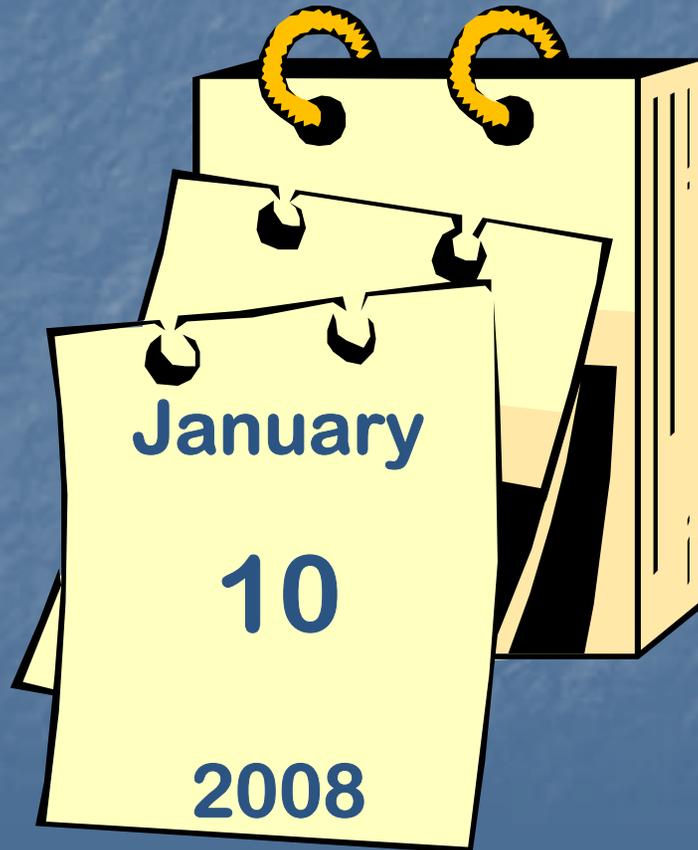
**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Rev. 1/07

**SUMMARY PAGE  
 TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Elect Mary Smith Alderman	10/10/2007	
	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
12. Balance on hand at the beginning of Reporting Period	\$ 0	
13. Contributions received from Individuals (Sections A and B)	\$1,365	\$1,365
14. Receipts from Other Committees (Sections C1 and C2)	\$ 200	\$ 200
Column B Aggregate	\$1,820	\$1,820
	\$ 0	\$ 0
	\$ 0	\$ 0
	\$ 700	\$ 700
	\$4,085	\$4,085
	\$4,085	\$4,085
	\$1,636	\$1,636
	20. Balance on hand at close of Reporting Period	\$2,449
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$ 414	\$ 414
22. In-Kind Contributions Received (Section M)	\$ 100	\$ 100
23. Refundable Advances of Deposit to Telephone Company (Section N)	\$ 0	\$ 0
24. Loans Received (Section D)	\$1,200	\$1,200
24a. + Interest and Penalties on Loan	\$ 0	\$ 0
24b. - Payments on Loan	\$ 100	\$ 100
24c. Total Outstanding Loans	\$1,100	\$1,100
25. Campaign Expenses Paid by Candidate (Section P) <i>Candidate Committees ONLY</i>	\$ 190	\$ 190
26. Expenses Incurred on Committee Credit Card (Section Q)	\$ 0	\$ 0
27. Expenses Incurred by Committee During this Period but Not Paid (Section R)	\$ 230	
27a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section R)	\$ 230	

*After Election, a report is  
due on January 10, 2008  
for all committees*



# *Deficit*



Deficit  
Statement  
Due



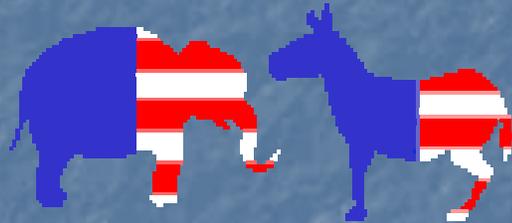


# Surplus Funds

# Surplus Computer



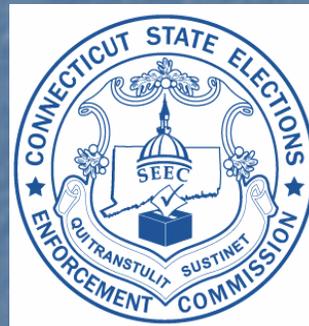
# Recipients of Surplus Funds After Election



Party Committee



Charitable  
Organization  
501(c)3



Citizens' Election Fund



Ongoing  
Political  
Committee



Return to  
Contributors  
(pro rata)

# Elected Candidates

- Uses of Surplus Funds

- ✓ Clerical
- ✓ Secretarial ■
- ✓ Other Office Expenses

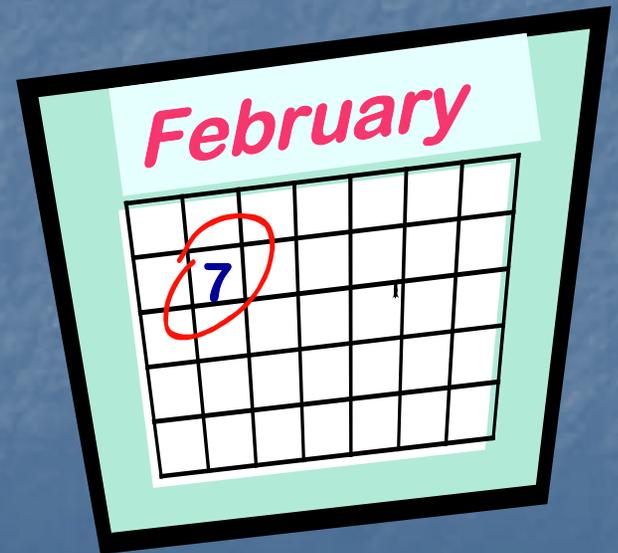


# *Important Dates*

- All Surplus Funds Distributed



- Termination Report Due



A photograph of a filing cabinet filled with numerous manila file folders. The folders are stacked high, creating a dense, textured background. The text "Records Retention" is overlaid on the image in a large, blue, 3D-style font. The word "Records" is on the top line, and "Retention" is on the bottom line. The font has a slight shadow and a beveled edge, giving it a three-dimensional appearance. The background is slightly blurred, emphasizing the text.

# Records Retention

# SEEC Contact Information

- Address:
  - 20 Trinity Street, Hartford, CT 06106
- E-mail:
  - [Seec@ct.gov](mailto:Seec@ct.gov)
- Telephone:
  - (860) 256-2940
  - toll free (in-state only)
  - 1-(866) 733-2463
  - 1-(866) SEEC-INFO
- Fax:
  - (860) 256-2981
- Website:
  - [www.ct.gov/seec](http://www.ct.gov/seec)



# Question and Answer

