

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

MIKE FRANCE CT2

ADDRESS (number and street)

26 DALE ROAD

P.O. BOX 110107

Check if different
than previously
reported. (ACC)

TRUMBULL

CT

06611

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00768689

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

CT

02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
02 / 06 / 2021

through

M M / D D / Y Y Y Y
03 / 31 / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Chory, Loretta, J.,

Type or Print Name of Treasurer

Chory, Loretta, J.,

Signature of Treasurer

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 15 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name
MIKE FRANCE CT2

Report Covering the Period:

From:

M M / D D / Y Y Y Y
02 06 2021

To:

M M / D D / Y Y Y Y
03 31 2021

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	46690.00	46690.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	46690.00	46690.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5742.27	5742.27
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	5742.27	5742.27
8. Cash on Hand at Close of Reporting Period (from Line 27)	50947.73	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	10000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

MIKE FRANCE CT2

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	1

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

40540.00

40540.00

(ii) Unitemized.....

6150.00

6150.00

(iii) TOTAL of contributions from individuals ▶

46690.00

46690.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

46690.00

46690.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

10000.00

10000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

10000.00

10000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

56690.00

56690.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5742.27	5742.27
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5742.27	5742.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	56690.00
25. SUBTOTAL (add Line 23 and Line 24).....	56690.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5742.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	50947.73

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

A. Full Name (Last, First, Middle Initial)
Ackert, Tim, , ,

Mailing Address 67 Deer Hill Lane

City Coventry	State CT	Zip Code 06238
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Ackert Electric	Occupation Contractor
-------------------------------------	--------------------------

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) **Convention**

Election Cycle-to-Date **500.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2021

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

B. Full Name (Last, First, Middle Initial)
Allyn, Jami, , ,

Mailing Address 602 COLONEL LEDYARD HHY

City Ledyard	State CT	Zip Code 06339
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Stonington Services	Occupation Business Owner
---	------------------------------

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) **Convention**

Election Cycle-to-Date **2000.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2021

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period

2000.00

☐ Memo Item
Contribution

C. Full Name (Last, First, Middle Initial)
Betts, George, W, ,

Mailing Address 1924 Perkins St

City Bristol	State CT	Zip Code 06010
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer State of CT	Occupation Legislator
---------------------------------	--------------------------

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) **Convention**

Election Cycle-to-Date **1000.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2021

Transaction ID : SA11AI.4207

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution
SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

3500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

A. Full Name (Last, First, Middle Initial) Blais, Linda, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2021		
Mailing Address 150 Bishop Road			Transaction ID : SA11AI.4272		
City Bozrah	State CT	Zip Code 06334	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Memo Item Contribution			
Name of Employer General Dynamics/Electric Boat		Occupation Detail Planning Specialist			
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 250.00			
B. Full Name (Last, First, Middle Initial) Boyd, Curtis, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2021		
Mailing Address 257 Whalehead Road			Transaction ID : SA11AI.4249		
City Gales Ferry	State CT	Zip Code 06335	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Memo Item Contribution			
Name of Employer State Farm		Occupation Self employed- Insurance			
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 1000.00			
C. Full Name (Last, First, Middle Initial) Carter, Daniel, , ,			Date of Receipt M M / D D / Y Y Y Y Y 02 / 13 / 2021		
Mailing Address 14 KATRINA CIR			Transaction ID : SA11AI.4100		
City BETHEL	State CT	Zip Code 06801	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Memo Item Contribution			
Name of Employer Carter McBride LLC		Occupation Realtor			
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			1750.00		
TOTAL This Period (last page this line number only)..... ▶					

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

A. Full Name (Last, First, Middle Initial) Dauphinais, Anne, Dubay, ,			Date of Receipt M M / D D / Y Y Y Y Y 02 08 2021	
Mailing Address 204 Wright Rd			Transaction ID : SA11AI.4201	
City Danielson	State CT	Zip Code 06239	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			☐ Memo Item Contribution	
Name of Employer State of CT		Occupation Legislator		
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Dauphinais, Dale, , ,			Date of Receipt M M / D D / Y Y Y Y Y 02 21 2021	
Mailing Address 204 WRIGHT ROAD			Transaction ID : SA11AI.4126	
City killingly	State CT	Zip Code 06239	Amount of Each Receipt this Period 2800.00	
FEC ID number of contributing federal political committee. C			☐ Memo Item Contribution	
Name of Employer Raytheon		Occupation Sr Manager		
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 2800.00		
C. Full Name (Last, First, Middle Initial) Dempsey, Robert, J, ,			Date of Receipt M M / D D / Y Y Y Y Y 03 31 2021	
Mailing Address 36 River Ave #1			Transaction ID : SA11AI.4353	
City Norwich	State CT	Zip Code 06360	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			☐ Memo Item Contribution	
Name of Employer Mohegan Sun Casino		Occupation Poker Dealer		
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional).....			3550.00	
TOTAL This Period (last page this line number only).....				

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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

A. Full Name (Last, First, Middle Initial)
Fishbein, Craig, , ,

Mailing Address 179 Grieb Road

City Wallingford	State CT	Zip Code 06492
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Fishbein Law Firm, LLC	Occupation Attorney
--	------------------------

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) **Convention**

Election Cycle-to-Date **500.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2021

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

B. Full Name (Last, First, Middle Initial)
France, Frederick, M, ,

Mailing Address 6815 Neptune Pl

City La Jolla	State CA	Zip Code 92037
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer H & R Block	Occupation Tax professional
---------------------------------	--------------------------------

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) **Convention**

Election Cycle-to-Date **2900.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 24 / 2021

Transaction ID : SA11AI.4351

Amount of Each Receipt this Period

2900.00

☐ Memo Item
Contribution

C. Full Name (Last, First, Middle Initial)
France, Heather, , ,

Mailing Address 17 Garden Dr

City Gales Ferry	State CT	Zip Code 06335
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Yale New Haven Health	Occupation RN
---	------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **2900.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2021

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period

2900.00

☐ Memo Item
Contribution
SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

6300.00

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

A. Full Name (Last, First, Middle Initial) France, Heather, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 25 / 2021		
Mailing Address 17 Garden Dr			Transaction ID : SA11AI.4195		
City Gales Ferry	State CT	Zip Code 06335	Amount of Each Receipt this Period 2900.00		
FEC ID number of contributing federal political committee. C			☐ Memo Item Contribution		
Name of Employer Yale New Haven Health		Occupation RN	☐ Memo Item Contribution		
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 5800.00			
B. Full Name (Last, First, Middle Initial) France, Heather, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 29 / 2021		
Mailing Address 17 Garden Dr			Transaction ID : SA11AI.4357		
City Gales Ferry	State CT	Zip Code 06335	Amount of Each Receipt this Period 2900.00		
FEC ID number of contributing federal political committee. C			☐ Memo Item Contribution		
Name of Employer Yale New Haven Health		Occupation RN	☐ Memo Item Contribution		
Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 8700.00			
C. Full Name (Last, First, Middle Initial) France, Robert, T, ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2021		
Mailing Address 1663 Northlake Blvd			Transaction ID : SA11AI.4343		
City Bluffton	State SC	Zip Code 29909	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			☐ Memo Item Contribution		
Name of Employer retired		Occupation retired	☐ Memo Item Contribution		
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			6800.00		
TOTAL This Period (last page this line number only)..... ▶					

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

A. Full Name (Last, First, Middle Initial) Grillo, Michael, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 19 / 2021		
Mailing Address 20 Jordan Drive			Transaction ID : SA11AI.4253		
City Norwich	State CT	Zip Code 06360	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. C		Name of Employer The M&m group llc			
Occupation Account executive		Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ Convention			
Election Cycle-to-Date ▼ _____ 1000.00		☐ Memo Item Contribution			
B. Full Name (Last, First, Middle Initial) Herold, Julie, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 15 / 2021		
Mailing Address 18 Vernon			Transaction ID : SA11AI.4243		
City Newport Beach	State CA	Zip Code 92657	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C		Name of Employer Retired			
Occupation Retired		Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ Convention			
Election Cycle-to-Date ▼ _____ 250.00		☐ Memo Item Contribution			
C. Full Name (Last, First, Middle Initial) Kelsey, J David, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 23 / 2021		
Mailing Address 74 Sill Ln			Transaction ID : SA11AI.4197		
City Old Lyme	State CT	Zip Code 06371	Amount of Each Receipt this Period _____ 2900.00		
FEC ID number of contributing federal political committee. C		Name of Employer Hamilton Point Inn			
Occupation Investment Mgr		Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼			
Election Cycle-to-Date ▼ _____ 2900.00		☐ Memo Item Contribution			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 4150.00		
TOTAL This Period (last page this line number only)..... ▶			_____		

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

A. Full Name (Last, First, Middle Initial) Kelsey, J David, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 23 / 2021		
Mailing Address 74 Sill Ln			Transaction ID : SA11AI.4198		
City Old Lyme	State CT	Zip Code 06371	Amount of Each Receipt this Period 2900.00		
FEC ID number of contributing federal political committee. C		Memo Item Contribution ☐			
Name of Employer Hamilton Point Inn		Occupation Investment Mgr			
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 5800.00			
B. Full Name (Last, First, Middle Initial) Kelsey, J David, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 23 / 2021		
Mailing Address 74 Sill Ln			Transaction ID : SA11AI.4199		
City Old Lyme	State CT	Zip Code 06371	Amount of Each Receipt this Period 2900.00		
FEC ID number of contributing federal political committee. C		Memo Item Contribution ☐			
Name of Employer Hamilton Point Inn		Occupation Investment Mgr			
Receipt For: 2022 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 8700.00			
C. Full Name (Last, First, Middle Initial) Levy, Allen, , Mr,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 23 / 2021		
Mailing Address 19 Fillow Street			Transaction ID : SA11AI.4256		
City Westport	State CT	Zip Code 06880	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Memo Item Contribution ☐			
Name of Employer WenConn		Occupation Real estate			
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			6050.00		
TOTAL This Period (last page this line number only)..... ▶					

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

A. Full Name (Last, First, Middle Initial) Levy, Leora, , ,			Date of Receipt M M / D D / Y Y Y Y Y 02 23 2021	
Mailing Address 59 Peckslan Road			Transaction ID : SA11AI.4151	
City Greenwich	State CT	Zip Code 06831	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			☐ Memo Item Contribution	
Name of Employer Retired		Occupation Retired	☐ Memo Item Contribution	
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Lopez, Mark, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 14 2021	
Mailing Address 5 Ovata DRIVE			Transaction ID : SA11AI.4234	
City Gales Ferry	State CT	Zip Code 06335	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. C			☐ Memo Item Contribution	
Name of Employer Retired		Occupation Retired	☐ Memo Item Contribution	
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 2700.00		
C. Full Name (Last, First, Middle Initial) Nystrom, Linda, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 16 2021	
Mailing Address 36 Laurel Heights Road			Transaction ID : SA11AI.4245	
City Norwich	State CT	Zip Code 06360	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			☐ Memo Item Contribution	
Name of Employer Retired		Occupation Retired	☐ Memo Item Contribution	
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			3450.00	
TOTAL This Period (last page this line number only)..... ▶				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

A. Full Name (Last, First, Middle Initial)
ODea, Thomas, , , Jr

Mailing Address 37 Holly Road

City New Canaan	State CT	Zip Code 06840
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Diserio Martin	Occupation Attorney
------------------------------------	------------------------

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) **Convention**

Election Cycle-to-Date **250.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2021

Transaction ID : SA11AI.4149

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

B. Full Name (Last, First, Middle Initial)
Petit, William, A, , Jr

Mailing Address 132 Red Stone Hill
PO Box 310

City Plainville	State CT	Zip Code 06062
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer State of CT	Occupation State Representative
---------------------------------	------------------------------------

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) **Convention**

Election Cycle-to-Date **250.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 29 / 2021

Transaction ID : SA11AI.4370

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

C. Full Name (Last, First, Middle Initial)
Pieniadz, William, J, ,

Mailing Address 157 Simpson Lane

City Oakdale	State CT	Zip Code 06370
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer P&H Construction/Septic	Occupation owner
---	---------------------

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) **Convention**

Election Cycle-to-Date **500.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 22 / 2021

Transaction ID : SA11AI.4335

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution
SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

A. Full Name (Last, First, Middle Initial) Price, Stanley, , , Mailing Address 368 Hazelnut Hill Rd City Groton State CT Zip Code 06340 FEC ID number of contributing federal political committee. C Name of Employer Electric Boat Occupation Production Supervisor Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) Convention Election Cycle-to-Date 240.00			Date of Receipt M M / D D / Y Y Y Y Y 02 28 2021 Transaction ID : SA11AI.4186 Amount of Each Receipt this Period 240.00 ☐ Memo Item Contribution
B. Full Name (Last, First, Middle Initial) Pyne, Warner, C, , III Mailing Address 162 Center Rd City Woodbridge State CT Zip Code 06525 FEC ID number of contributing federal political committee. C Name of Employer Philips Healthcare Occupation Business Development Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) Convention Election Cycle-to-Date 500.00			Date of Receipt M M / D D / Y Y Y Y Y 03 24 2021 Transaction ID : SA11AI.4337 Amount of Each Receipt this Period 500.00 ☐ Memo Item Contribution
C. Full Name (Last, First, Middle Initial) Rapini, Dominic, , , Mailing Address 4 Mariners Way City Branford State CT Zip Code 06405 FEC ID number of contributing federal political committee. C Name of Employer Apple, inc Occupation Sales Manager Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) Convention Election Cycle-to-Date 250.00			Date of Receipt M M / D D / Y Y Y Y Y 03 12 2021 Transaction ID : SA11AI.4224 Amount of Each Receipt this Period 250.00 ☐ Memo Item Contribution
SUBTOTAL of Receipts This Page (optional)..... ▶			990.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

PAGE 15 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

A. Full Name (Last, First, Middle Initial)
Simmons, Robert, R, ,

Mailing Address 268 N Main St

City Stonington State CT Zip Code 06378

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) **Convention**

Election Cycle-to-Date **500.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 28 2021

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

B. Full Name (Last, First, Middle Initial)
Vitouladitis, Spiros, A, ,

Mailing Address 1649 Route 12

City Gales Ferry State CT Zip Code 06335

FEC ID number of contributing federal political committee. **C**

Name of Employer BOQ, Inc Occupation Keeper

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) **Convention**

Election Cycle-to-Date **500.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 28 2021

Transaction ID : SA11AI.4345

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

C. Full Name (Last, First, Middle Initial)
Waggoner, John, , ,

Mailing Address 41 Lynn Dr

City Preston State CT Zip Code 06365

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) **Convention**

Election Cycle-to-Date **1000.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 27 2021

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

A. Full Name (Last, First, Middle Initial) Weir, Steve, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2021		
Mailing Address 888 Gilead Street			Transaction ID : SA11AI.4317		
City Hebron	State CT	Zip Code 06248	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Memo Item Contribution			
Name of Employer Self Employed		Occupation American Integrity Restoration			
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 1000.00			
B. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C		Memo Item			
Name of Employer		Occupation			
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼			
C. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C		Memo Item			
Name of Employer		Occupation			
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼			
SUBTOTAL of Receipts This Page (optional).....			1000.00		
TOTAL This Period (last page this line number only).....			40540.00		

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

A. Full Name (Last, First, Middle Initial)
FRANCE, MIKE, , ,

Mailing Address 17 GARDEN DR

City GALES FERRY	State CT	Zip Code 06335
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H2CT02161

Name of Employer Progeny Systems Corp	Occupation Engineering Manager
--	-----------------------------------

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) ▼ Convention

Election Cycle-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 29 / 2021

Transaction ID : SA13A.4332

Amount of Each Receipt this Period

10000.00

☐ Memo Item
 Loan to campaign

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

10000.00
10000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

Full Name (Last, First, Middle Initial)

A. Anedot, Inc

Mailing Address PO Box 84314

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2021

City
Baton RougeState
LAZip Code
70884Purpose of Disbursement
Online Donation Processing Fee

003

FEC Identification Number

C C00768689

Amount of Each Disbursement this Period

122.20

Transaction ID : SB17.4133

☐ Memo Item

Candidate Name

MIKE FRANCE CT2Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

State: CT

District: 02

Full Name (Last, First, Middle Initial)

B. Anedot, Inc

Mailing Address PO Box 84314

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2021

City
Baton RougeState
LAZip Code
70884Purpose of Disbursement
online donation processing fee

FEC Identification Number

C C00768689

Amount of Each Disbursement this Period

49.40

Transaction ID : SB17.4154

☐ Memo Item

Candidate Name

MIKE FRANCE CT2Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

State: CT

District: 02

Full Name (Last, First, Middle Initial)

C. Anedot, Inc

Mailing Address PO Box 84314

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		09		2021

City
Baton RougeState
LAZip Code
70884Purpose of Disbursement
online donation processing fees

001

FEC Identification Number

C C00768689

Amount of Each Disbursement this Period

23.00

Transaction ID : SB17.4179

☐ Memo Item

Candidate Name

MIKE FRANCE CT2Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

State: CT

District: 02

SUBTOTAL of Disbursements This Page (optional).....▶

194.60

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

Full Name (Last, First, Middle Initial)

A. Anedot, Inc

Mailing Address PO Box 84314

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2021

City
Baton RougeState
LAZip Code
70884Purpose of Disbursement
online donation processing fee

001

FEC Identification Number

C C00768689

Amount of Each Disbursement this Period

221.00

Transaction ID : SB17.4239

☐ Memo Item

Candidate Name

MIKE FRANCE CT2Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼ Convention

State: CT

District: 02

Full Name (Last, First, Middle Initial)

B. Anedot, Inc

Mailing Address PO Box 84314

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2021

City
Baton RougeState
LAZip Code
70884Purpose of Disbursement
Online donation processing fees

001

FEC Identification Number

C C00768689

Amount of Each Disbursement this Period

103.00

Transaction ID : SB17.4254

☐ Memo Item

Candidate Name

MIKE FRANCE CT2Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼ Convention

State: CT

District: 02

Full Name (Last, First, Middle Initial)

C. Anedot, Inc

Mailing Address PO Box 84314

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2021

City
Baton RougeState
LAZip Code
70884Purpose of Disbursement
online donation processing fee

001

FEC Identification Number

C C00768689

Amount of Each Disbursement this Period

54.30

Transaction ID : SB17.4277

☐ Memo Item

Candidate Name

MIKE FRANCE CT2Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼ Convention

State: CT

District: 02

SUBTOTAL of Disbursements This Page (optional).....▶

378.30

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

Full Name (Last, First, Middle Initial)

A. Anedot, Inc

Mailing Address PO Box 84314

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2021

City
Baton RougeState
LAZip Code
70884

FEC Identification Number

C C00768689

Purpose of Disbursement
online donation processing fees

003

Amount of Each Disbursement this Period

43.60

Transaction ID : SB17.4391

☐ Memo Item

Candidate Name

MIKE FRANCE CT2Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼ Convention

State: CT

District: 02

Full Name (Last, First, Middle Initial)

B. Chory, Loretta, J, ,

Mailing Address 26 Dale Road

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2021

City
TrumbullState
CTZip Code
06611

FEC Identification Number

C C00768689

Purpose of Disbursement
treasurer's fee

001

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4333

☐ Memo Item

Candidate Name

MIKE FRANCE CT2Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼ Convention

State: CT

District: 02

Full Name (Last, First, Middle Initial)

c. Chory, Loretta, J, ,

Mailing Address 26 Dale Road

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2021

City
TrumbullState
CTZip Code
06611

FEC Identification Number

C C00768689

Purpose of Disbursement
PO Box rental (6 months)

001

Amount of Each Disbursement this Period

67.00

Transaction ID : SB17.4358

☐ Memo Item

Candidate Name

MIKE FRANCE CT2Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼ Convention

State: CT

District: 02

SUBTOTAL of Disbursements This Page (optional).....▶

410.60

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

Full Name (Last, First, Middle Initial)

A. Para Bellum Public Affairs

Mailing Address 13121 Olumpia Way

City
Santa AnaState
CAZip Code
92705Purpose of Disbursement
Consulting Services

001

Candidate Name

MIKE FRANCE CT2Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼ Convention

State: CT

District: 02

Date of Disbursement

M M	D D	Y Y Y Y
03	10	2021

FEC Identification Number

C C00768689

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.4180

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Para Bellum Public Affairs

Mailing Address 13121 Olumpia Way

City
Santa AnaState
CAZip Code
92705Purpose of Disbursement
Display Ads

004

Candidate Name

MIKE FRANCE CT2Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼ Convention

State: CT

District: 02

Date of Disbursement

M M	D D	Y Y Y Y
03	10	2021

FEC Identification Number

C C00768689

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4182

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. RepublicanAds.com

Mailing Address 700 Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
media ads

004

Candidate Name

MIKE FRANCE CT2Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼ Convention

State: CT

District: 02

Date of Disbursement

M M	D D	Y Y Y Y
03	10	2021

FEC Identification Number

C C00768689

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4182.0

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4100.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

Full Name (Last, First, Middle Initial)

A. Spectrum Marketing CoMailing Address 95 Eddy Rd
Suite 101City
ManchesterState
NHZip Code
03102Purpose of Disbursement
Donation Envelopes

001

Candidate Name

MIKE FRANCE CT2Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼ Convention

State: CT

District: 02

Date of Disbursement

M M	D D	Y Y Y Y
03	13	2021

FEC Identification Number

C C00768689

Amount of Each Disbursement this Period

207.63

Transaction ID : SB17.4216

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Spectrum Marketing CoMailing Address 95 Eddy Rd
Suite 101City
ManchesterState
NHZip Code
03102Purpose of Disbursement
#10 Envelopes

001

Candidate Name

MIKE FRANCE CT2Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼ Convention

State: CT

District: 02

Date of Disbursement

M M	D D	Y Y Y Y
03	13	2021

FEC Identification Number

C C00768689

Amount of Each Disbursement this Period

122.82

Transaction ID : SB17.4218

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

330.45

TOTAL This Period (last page this line number only).....▶

5413.95

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 OF 23

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

Transaction ID : SC/10.4332

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

FRANCE, MIKE, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
ConventionMailing Address
17 GARDEN DR

City

GALES FERRY

State

CT

ZIP Code

06335

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03^M /D 29^D /Y 2021^Y

M M /

D D /

Y 12/31/2022^Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.