

# SEEC FORM 20

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



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Page 1 of 17

### COVER PAGE

#### 1. NAME OF COMMITTEE

Cartfora For Mayor

#### 2. TREASURER NAME

First Richard MI A Last DePalma Suffix

#### 3. TREASURER ADDRESS

Street Address 10 Seaview Ave City East Haven State CT Zip Code 06512

#### 4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy) 11-4-25

#### 5. OFFICE SOUGHT (Complete only if Candidate Committee)

Mayor

#### 6. DISTRICT NUMBER

(if applicable)

#### 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First Joseph MI A Last Cartfora 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
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report: _____
<input checked="" type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="checkbox"/> Termination	_____
<input type="checkbox"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="checkbox"/> 45 days following election not held in November		

#### 9. PERIOD COVERED

Beginning Date

7-1-25

Ending Date

9-30-25

thru

#### 10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.



TREASURER OR DEPUTY TREASURER (SIGNATURE)



PRINT NAME OF SIGNER

106-25  
DATE (mm/dd/yyyy)

## SEEC FORM 20

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

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
	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	27086.28	
13. Contributions Received from Individuals (Sections A and B)	60 70.00	25465.00
14. Receipts from Other Committees (Sections C1 and C2)	1500.00	8117.40
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	3000
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	7570.00	36,582.40
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	34656.28	36,582.40
19. Expenses Paid by Committee (Section P)	6428.80	8354.92
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	28227.48	28,227.48
21. In-Kind Donations not Considered Contributions Received (Section L4)	200.00	800.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	200	200
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Castro for Mayor		10-10-85 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ 6070	
B. Itemized Contributions from Individuals			
First Name	First	MI	
Volcanay H	Senior		
Residential Street Address	269 Shore Dr	City	Blawfard
Principal Occupation	Sales	Name of Employer	At Front Medi g
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
If yes, list Event # 2091425		Date Received 9-16-85 Aggregate Contributions 200.00	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		First Name Paul	
Last Name Apacki		MI	
Residential Street Address	6 Guikid Ct	City	East Haven
Principal Occupation	Contractor	Name of Employer CT Vists Life	State CT Zip Code 06512
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
If yes, list Event # 2091425		Date Received 9-26-85 Aggregate Contributions 20.00	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		First Name Stephen	
Last Name Fanning		MI	
Residential Street Address	23 Angel Place	City	North Haven
Principal Occupation	Dir. of Economic Development	Name of Employer City of West Haven	State CT Zip Code 06173
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
If yes, list Event # 2091425		Date Received 9-12-85 Aggregate Contributions 395.00	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		SUBTOTAL Section B - This Page 240.00	
TOTAL of additional Section B Pages		5830	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		6070	

Section B ADDITIONAL PAGE 1 of 30

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Citizens For Major</i>		10-10-Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b> \$ <i>6070</i>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <i>Thompson</i> First <i>Paul</i> MI			
Residential Street Address <i>849 Thompson Ave</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Blind Rehab.</i>		Name of Employer <i>Dept of Veterans Affairs</i>	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <i>Anerjet</i>		Date Received <i>9-2-25</i>	Aggregate Contributions <i>400 -</i>
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name <i>Scabatino</i> First <i>Edward</i> MI			
Residential Street Address <i>388 Thompson Ave</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>HRI Ass Dir of Admin.</i>		Name of Employer <i>Town of East Haven</i>	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <i>Anerjet</i>		Date Received <i>9-14-25</i>	Aggregate Contributions <i>300 -</i>
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name <i>Bye</i> First <i>Suzanne</i> MI			
Residential Street Address <i>27 Jeffay Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</i>	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <i>Anerjet</i>		Date Received <i>9-16-25</i>	Aggregate Contributions <i>80 -</i>
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
<b>SUBTOTAL Section B — This Page</b> <i>900 -</i>			
<b>TOTAL of additional Section B Pages</b> <i>5740</i>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals) <i>6070</i>			

Section B ADDITIONAL PAGE 2 of 30

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Chococa Fox Mafel</i>		10-0-25 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ <i>6070</i>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <i>Ruzycik</i>		First <i>Alicia</i>	MI <i>Z</i>
Residential Street Address <i>106 Roger 11 Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>VA</i>		Name of Employer <i>Retired</i>	
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 112? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9-14-25</i>	Aggregate Contributions <i>130.00</i>
Last Name <i>Heaney</i>		First <i>Alicia</i>	MI <i>M</i>
Residential Street Address <i>57 Hoben St.</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</i>	
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 112? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9-14-25</i>	Aggregate Contributions <i>200.00</i>
Last Name <i>Elliott</i>		First <i>Josh</i>	MI
Residential Street Address <i>28 Cobblestone Dr.</i>		City <i>Hamden</i>	State <i>CT</i> Zip Code <i>06518</i>
Principal Occupation <i>Owner</i>		Name of Employer <i>Thyme of Senses</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 112? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9-14-25</i>	Aggregate Contributions <i>100 -</i>
SUBTOTAL Section B — This Page <i>340. -</i>			
TOTAL of additional Section B Pages <i>5400</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>6070</i>			

Section B ADDITIONAL PAGE 3 of 30

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Cafoes for Mayd</i>		10-10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <small>(See instructions for definition of Small Contributor)</small>		<b>SUBTOTAL SECTION A</b> \$ <i>6070.00</i>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <i>Bry Her</i>	First <i>Lisa</i>	MI	
Residential Street Address <i>35 Red Bluff Rd</i>	City <i>East Haven CT</i>	State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation <i>Town Clerk</i>	Name of Employer <i>Town of EH.</i>		
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> <i>E091425</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <i>Cash</i>		Date Received <i>9-14-25</i>	Aggregate Contributions <i>195</i>
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name <i>Desbache</i>	First <i>Robert</i>	MI <i>A</i>	
Residential Street Address <i>57 Foote Rd</i>	City <i>East Haven CT</i>	State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>	Name of Employer <i>Retired</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> <i>E091425</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <i>Cash</i>		Date Received <i>9-14-25</i>	Aggregate Contributions <i>10.00</i>
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name <i>Revan</i>	First <i>Kathleen</i>	MI	
Residential Street Address <i>42 Cottong Rd</i>	City <i>East Haven CT</i>	State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>	Name of Employer <i>Retired</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> <i>E091425</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <i>Cash</i>		Date Received <i>9-14-25</i>	Aggregate Contributions <i>90</i>
<b>SUBTOTAL Section B — This Page</b>			<i>125.00</i>
<b>TOTAL of additional Section B Pages</b>			<i>\$275</i>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			<i>6070</i>

Section B ADDITIONAL PAGE 4 of 30

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Cocofaga Fol Metal</i>		<i>10-10 Filing</i>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ <i>6070.00</i>	
B. Itemized Contributions from Individuals			
Last Name <i>Clayh</i>	First <i>Doreen</i>	MI <i>E</i>	
Residential Street Address <i>32 Chidsey Ac</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation <i>Accounting, Mgt</i>	Name of Employer <i>PC Bigelow</i>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <i>EC091125</i>		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative <i>50. -</i>	
Method of Contribution <i>Cash</i>		Date Received <i>9-14-25</i>	Aggregate Contributions <i>1702</i>
Last Name <i>DeJesus</i>	First <i>Nicholas</i>	MI	
Residential Street Address <i>51 Massachussets Ave</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation <i>Unemployed</i>	Name of Employer <i>NA</i>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <i>EC091125</i>		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative <i>40. -</i>	
Method of Contribution <i>Cash</i>		Date Received <i>9-14-25</i>	Aggregate Contributions <i>40. -</i>
Last Name <i>B. Hob</i>	First <i>Sophia</i>	MI	
Residential Street Address <i>35 Red Bluff Rd</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation <i>Attorney</i>	Name of Employer <i>Happy Ever After Family Law</i>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <i>EC091125</i>		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative <i>25.00</i>	
Method of Contribution <i>Cash</i>		Date Received <i>9-14-25</i>	Aggregate Contributions <i>245. -</i>
SUBTOTAL Section B — This Page <i>115.00</i>			
TOTAL of additional Section B Pages <i>5160</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>6070</i>			

Section B ADDITIONAL PAGE 5 of 20

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Castroa Feo / Mayol</i>		<i>10-10-Filing</i>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ <i>6000</i>	
B. Itemized Contributions from Individuals			
Last Name <i>Wright</i>		First <i>Charles</i> MI	
Residential Street Address <i>52 Elm St.</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Plumber</i>		Name of Employer <i>S&amp;F</i>	
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # <del>EC91425</del></i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative</i>	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9/14/25</i>	Aggregate Contributions <i>60-</i>
Last Name <i>Cox</i>		First <i>Kerry</i> MI	
Residential Street Address <i>30 Kitchen Ave</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Electrician</i>		Name of Employer <i>Town of EH.</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # <del>EC91425</del></i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative</i>	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9/14/25</i>	Aggregate Contributions <i>40-</i>
Last Name <i>Tacka</i>		First <i>John</i> MI	
Residential Street Address <i>18 Joshua Trail</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # <del>EC91425</del></i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative</i>	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9/14/25</i>	Aggregate Contributions <i>80-</i>
SUBTOTAL Section B — This Page <i>140.00</i>			
TOTAL of additional Section B Pages <i>5020</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>6020</i>			

Section B ADDITIONAL PAGE 6 of 36

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
<i>Cal4669 Feb Major</i>		1C-10-Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ <i>6070</i>				
		SUBTOTAL SECTION A				
<b>B. Itemized Contributions from Individuals</b>						
Last Name	First	MI				
<i>Cummings</i>	<i>Geradine</i>					
Residential Street Address	City	State	Zip Code			
<i>7 Thor Stone Dr/161 Rd</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>			
Principal Occupation	Name of Employer					
<i>Retired</i>	<i>Retired</i>					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section 112?	<input type="checkbox"/> Yes	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes		<input type="checkbox"/> No		
<i>If yes, list Event # <i>EC9425</i></i>	<input type="checkbox"/> No	<i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="checkbox"/> Executive	<input type="checkbox"/> Legislative	
Method of Contribution:	Date Received	Aggregate Contributions				
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	<i>9/14/25</i>	<i>20. -</i>				
Last Name	First	MI				
<i>Cummings</i>	<i>Dawn</i>					
Residential Street Address	City	State	Zip Code			
<i>7 Thor Stone Dr/161 Rd</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>			
Principal Occupation	Name of Employer					
<i>Senior Buyer</i>	<i>Buddery Inc.</i>					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section 112?	<input checked="" type="checkbox"/> Yes	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes		<input type="checkbox"/> No		
<i>If yes, list Event # <i>EC9425</i></i>	<input type="checkbox"/> No	<i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="checkbox"/> Executive	<input type="checkbox"/> Legislative	
Method of Contribution:	Date Received	Aggregate Contributions				
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	<i>9/14/25</i>	<i>20. -</i>				
Last Name	First	MI				
<i>DeRango</i>	<i>Richard</i>					
Residential Street Address	City	State	Zip Code			
<i>10 Seavon Ave</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>			
Principal Occupation	Name of Employer					
<i>Retired</i>	<i>Retired</i>					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section 112?	<input checked="" type="checkbox"/> Yes	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes		<input type="checkbox"/> No		
<i>If yes, list Event # <i>EC9425</i></i>	<input type="checkbox"/> No	<i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="checkbox"/> Executive	<input type="checkbox"/> Legislative	
Method of Contribution:	Date Received	Aggregate Contributions				
<input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	<i>9/14/25</i>	<i>290.00</i>				
SUBTOTAL Section B — This Page				<i>80.00</i>		
TOTAL of additional Section B Pages				<i>4940</i>		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				<i>6070</i>		

Section B ADDITIONAL PAGE 7 of 30

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Cast for Bob Mafeo</i>		<i>10-1022 filing</i>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A <i>\$ 6070</i>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name	First	MI	
<i>Mafeo</i>	<i>Julie</i>		
Residential Street Address	City	State	Zip Code
<i>24 Jilson Dr.</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Principal Occupation	Name of Employer		
<i>Caf. Lunch mkt</i>	<i>Tavern &amp; P.T.H.</i>		
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 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 checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>EC9142</i>		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9-14-25</i>	Aggregate Contributions <i>40.-</i>
Last Name	First	MI	
<i>Bellmoe</i>	<i>Wendy</i>		
Residential Street Address	City	State	Zip Code
<i>57 Catherine St.</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Principal Occupation	Name of Employer		
<i>Retired</i>	<i>Retired</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 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 checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <i>EC9142</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9-14-25</i>	Aggregate Contributions <i>20.-</i>
Last Name	First	MI	
<i>Mahon</i>	<i>Edward</i>		
Residential Street Address	City	State	Zip Code
<i>2 Coating Rd</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Principal Occupation	Name of Employer		
<i>NA</i>	<i>NA</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 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 checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>EC9143</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9-14-25</i>	Aggregate Contributions <i>100.-</i>
SUBTOTAL Section B — This Page			<i>160.00</i>
TOTAL of additional Section B Pages			<i>4780</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			<i>6070</i>

Section B ADDITIONAL PAGE 8 of 30

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
<i>Castilla Fox Matel</i>	<i>10-0-2. Filing</i>
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	<b>SUBTOTAL SECTION A</b>
	\$ <i>6070</i>

**B. Itemized Contributions from Individuals**

Last Name	First	MI
<i>Ernesto</i>	<i>Richard</i>	
Residential Street Address	City	State Zip Code
<i>23 Pequot St.</i>	<i>East Haven</i>	<i>CT 06512</i>

Principal Occupation	Name of Employer
<i>Financial Advisor</i>	<i>Assocation</i>

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	<b>Amount of Contribution</b>
--	------------------------------	--	------------------------------	--	-------------------------------

Is this contribution associated with an event reported in Section 112?	<input checked="" type="checkbox"/> Yes	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If yes, list Event #</i>	<i>EC91425</i>	<i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="checkbox"/> Executive	<input type="checkbox"/> Legislative

Method of Contribution:	Date Received	Aggregate Contributions
<input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	<i>9-14-25</i>	<i>20-</i>

Last Name	First	MI
<i>Wober Smith</i>	<i>John</i>	
Residential Street Address	City	State Zip Code
<i>93 Casey Beach Rd</i>	<i>East Haven</i>	<i>CT 06512</i>

Principal Occupation	Name of Employer
<i>Retired</i>	<i>Retired</i>

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	<b>Amount of Contribution</b>
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Is this contribution associated with an event reported in Section 112?	<input checked="" type="checkbox"/> Yes	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If yes, list Event #</i>	<i>EC91425</i>	<i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="checkbox"/> Executive	<input type="checkbox"/> Legislative

Method of Contribution:	Date Received	Aggregate Contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	<i>9-14-25</i>	<i>80</i>

Last Name	First	MI
<i>Castellan</i>	<i>Madelaine</i>	
Residential Street Address	City	State Zip Code
<i>73 Pleasant Ave</i>	<i>East Haven</i>	<i>CT 06512</i>

Principal Occupation	Name of Employer
<i>Retired</i>	<i>Retired</i>

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	<b>Amount of Contribution</b>
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Is this contribution associated with an event reported in Section 112?	<input checked="" type="checkbox"/> Yes	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If yes, list Event #</i>	<i>EC91425</i>	<i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="checkbox"/> Executive	<input type="checkbox"/> Legislative

Method of Contribution:	Date Received	Aggregate Contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	<i>9-14-25</i>	<i>40-</i>

**SUBTOTAL Section B — This Page***100.00***TOTAL of additional Section B Pages***468***TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)***(Enter total on Line 13, Column A of Summary Page Totals)**6070*

Section B ADDITIONAL PAGE 9 of 30

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Castro for Mayor</i>		<i>10-10-25 Filing</i>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ <i>6070</i>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name	First	MI	
<i>Stevens</i>	<i>Sam</i>		
Residential Street Address	City	State	Zip Code
<i>19 Angels Dr.</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Principal Occupation	Name of Employer		
<i>Retired</i>	<i>Retired</i>		
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 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 checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received	Aggregate Contributions	
	<i>9/14-25</i>	<i>20 -</i>	
Last Name	First	MI	
<i>Castro</i>	<i>Mariamne</i>		
Residential Street Address	City	State	Zip Code
<i>8 Felicia Dr.</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Principal Occupation	Name of Employer		
<i>Retired</i>	<i>Retired</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 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 checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: <i>456</i> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received	Aggregate Contributions	
	<i>9/13-25</i>	<i>50 -</i>	
Last Name	First	MI	
<i>Pace</i>	<i>Lois</i>		
Residential Street Address	City	State	Zip Code
<i>107 Foxon Rd</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Principal Occupation	Name of Employer		
<i>Retired</i>	<i>Retired</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 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 checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution:	Date Received	Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	<i>9/14-25</i>	<i>70</i>	
<b>SUBTOTAL Section B — This Page</b>		<i>98.00</i>	
<b>TOTAL of additional Section B Pages</b>		<i>4590</i>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		<i>6070</i>	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Chococca Fox Map 1</i>		10-1025 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ <u>6070</u>	
B. Itemized Contributions from Individuals			
Last Name <i>Salisbury</i>		First <i>Pat</i>	MI <i>D</i>
Residential Street Address <i>82 Edmon Dr.</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</i>	
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>EC9-1425</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9-14-25</i>	Aggregate Contributions <i>80.</i>
Last Name <i>Spargo</i>		First <i>Cynthia</i>	MI
Residential Street Address <i>42 Caroline Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</i>	
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>EC9-1425</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9-14-25</i>	Aggregate Contributions <i>100. -</i>
Last Name <i>Ahern</i>		First <i>Kathy</i>	MI
Residential Street Address <i>5 Cali Court Rd.</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Rad Tech.</i>		Name of Employer <i>YRHH</i>	
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>EC9-1425</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>09-14-25</i>	Aggregate Contributions <i>20</i>
SUBTOTAL Section B — This Page <i>240 -</i>			
TOTAL of additional Section B Pages <i>4350</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>6070</i>			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Caruso For Mayor</i>		<i>10-10-25 Filings</i>	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b> \$ <i>6070</i>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <i>Perdo</i>		First <i>Matthew</i>	MI
Residential Street Address <i>17 Douglass St.</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Clock</i>		Name of Employer <i>Knights of Columbus</i>	
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>109425</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9-14-25</i>	Aggregate Contributions <i>200.00</i>
Last Name <i>Santana</i>		First <i>Erica</i>	MI <i>L</i>
Residential Street Address <i>52 Elm St.</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Receptionist</i>		Name of Employer <i>Hamden Bilingual</i>	
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>109425</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9-14-25</i>	Aggregate Contributions <i>90.00</i>
Last Name <i>Coye</i>		First <i>Charles</i>	MI
Residential Street Address <i>25 Columbus</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Public Works Sgt</i>		Name of Employer <i>Town of East Haven</i>	
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>109425</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <i>200</i> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9-14-25</i>	Aggregate Contributions <i>370.00</i>
SUBTOTAL Section B — This Page <i>130.00</i>			
TOTAL of additional Section B Pages <i>420</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>6070</i>			

Section B ADDITIONAL PAGE 12 of 30

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Castro Feb Mart</i>		<i>10-10-8 Filing</i>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ <i>6070.0</i>	
B. Itemized Contributions from Individuals			
Last Name	First	MI	
<i>Fosciano</i>	<i>Benedict</i>		
Residential Street Address	City	State	Zip Code
<i>81 Eddy St.</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Principal Occupation	Name of Employer		
<i>Private Investigator</i>	<i>Perm Investigators</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 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 checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <i>8-28-25</i>	Aggregate Contributions <i>50.00</i>	
Last Name	First	MI	
<i>Delsing</i>	<i>Richard</i>		
Residential Street Address	City	State	Zip Code
<i>10 Leaven Ave</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Principal Occupation	Name of Employer		
<i>Retired</i>	<i>Retired</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 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 checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <i>8-28-25</i>	Aggregate Contributions <i>350.00</i>	
Last Name	First	MI	
<i>Dagle</i>	<i>Kenneth</i>		
Residential Street Address	City	State	Zip Code
<i>1270 Path Hgt</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Principal Occupation	Name of Employer		
<i>Retired</i>	<i>Retired</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 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 checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <i>8-28-25</i>	Aggregate Contributions <i>180.00</i>	
SUBTOTAL Section B — This Page			<i>130.00</i>
TOTAL of additional Section B Pages			<i>4090</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			<i>6070</i>

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Cottage Fox Mayd</i>		10-10-25 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ <i>6070</i>	
B. Itemized Contributions from Individuals			
Last Name	First	MI	
Residential Street Address	City	State	Zip Code
Principal Occupation	Name of Employer		
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 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?	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		<i>8-22-25</i>	<i>395-</i>
Last Name	First	MI	
Residential Street Address	City	State	Zip Code
Principal Occupation	Name of Employer		
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 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?	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		<i>9-22-25</i>	<i>25-</i>
Last Name	First	MI	
Residential Street Address	City	State	Zip Code
Principal Occupation	Name of Employer		
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 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?	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		<i>8-15-25</i>	<i>20-</i>
SUBTOTAL Section B — This Page <i>180.00</i>			
TOTAL of additional Section B Pages <i>3910</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>6070</i>			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Castossa Tax Mktg</i>		<i>10-10-25 Filing</i>	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <small>(See instructions for definition of Small Contributor)</small>		<b>SUBTOTAL SECTION A</b> \$ <i>6070</i>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <i>Thompson</i> Residential Street Address <i>843 Thompson St.</i> Principal Occupation <i>Real Estate</i>		First <i>Van</i> City <i>East Haven</i> Name of Employer <i>SEK</i> 	
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 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 checked="" type="checkbox"/> No	<b>Amount of Contribution</b> <i>50. -</i>
Is this contribution associated with an event reported in Section L12? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>108282</i>			
Method of Contribution: <i>3021</i> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i> Aggregate Contributions <i>20 -</i>	
Last Name <i>Salisbury</i> Residential Street Address <i>82 Edon Dr.</i> Principal Occupation <i>Retired</i>		First <i>Van</i> City <i>East Haven</i> Name of Employer <i>Retired</i> 	State <i>CT</i> Zip Code <i>06512</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 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 checked="" type="checkbox"/> No	<b>Amount of Contribution</b> <i>60. -</i>
Is this contribution associated with an event reported in Section L12? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>108282</i>			
Method of Contribution: <i>330</i> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i> Aggregate Contributions <i>60 -</i>	
Last Name <i>Romans</i> Residential Street Address <i>4 Elton Pl.</i> Principal Occupation <i>Lead Legal / Paralegal</i>		First <i>Diane</i> City <i>East Haven</i> Name of Employer <i>ATET</i> 	State <i>CT</i> Zip Code <i>06510</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 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 checked="" type="checkbox"/> No	<b>Amount of Contribution</b> <i>50. -</i>
Is this contribution associated with an event reported in Section L12? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>108282</i>			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-27-25</i> Aggregate Contributions <i>50 -</i>	
<b>SUBTOTAL Section B — This Page</b>			<i>160.00</i>
<b>TOTAL of additional Section B Pages</b>			<i>3750</i>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)			<i>6070</i>

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Castro for Mayor</i>		<i>10-10-25 Filing</i>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ <i>6070</i>	
B. Itemized Contributions from Individuals			
Last Name	First	MI	
<i>Tarducci</i>	<i>John</i>	<i>MI</i>	
Residential Street Address	City	State	Zip Code
<i>25 Britt Lane</i>	<i>East Haven</i>	<i>CT</i>	<i>06413</i>
Principal Occupation	Name of Employer		
<i>Real Estate</i>	<i>William Rivers</i>		
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 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 checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> <i>108825</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <i>9007</i>	Date Received <i>8-28-25</i>	Aggregate Contributions <i>50. -</i>	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name	First	MI	
<i>Yocco</i>	<i>Genaro</i>	<i>A</i>	
Residential Street Address	City	State	Zip Code
<i>74 Bennett Rd</i>	<i>East Haven</i>	<i>CT</i>	<i>06413</i>
Principal Occupation	Name of Employer		
<i>Retired</i>	<i>Retired</i>		
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 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 checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> <i>108825</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <i>3765</i>	Date Received <i>8-28-25</i>	Aggregate Contributions <i>8. -</i>	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name	First	MI	
<i>Alvarado</i>	<i>Peter</i>	<i>J</i>	
Residential Street Address	City	State	Zip Code
<i>54 Fieldstone Rd</i>	<i>126th Haven</i>	<i>CT</i>	<i>06413</i>
Principal Occupation	Name of Employer		
<i>State Magician</i>	<i>Sek Sek FCT</i>		
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 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 checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> <i>108825</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <i>1675</i>	Date Received <i>8-28-25</i>	Aggregate Contributions <i>650. -</i>	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
SUBTOTAL Section B — This Page		<i>210. 00</i>	
TOTAL of additional Section B Pages		<i>3540</i>	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		<i>6070</i>	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
<i>Carfoca for Mayor</i>		10-10-25 Film		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ <i>6070.00</i>		
B. Itemized Contributions from Individuals				
Last Name	First	MI		
<i>Moraco</i>	<i>Anthony</i>			
Residential Street Address	City	State	Zip Code	
<i>424 Advocate</i>	<i>M. Kild</i>	<i>MI 48460</i>		
Principal Occupation	Name of Employer			
<i>NA</i>	<i>Soft -</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 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 checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution:	Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	<i>8-28-25</i>		<i>30 -</i>	
Last Name	First	MI		
<i>Carre</i>	<i>Charles</i>			
Residential Street Address	City	State	Zip Code	
<i>25 Columbus</i>	<i>East Haven</i>	<i>CT 06512</i>		
Principal Occupation	Name of Employer			
<i>Pub Works</i>	<i>Town of East Haven</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 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 checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution:	Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	<i>8-28-25</i>		<i>30 -</i>	
Last Name	First	MI		
<i>Capone</i>	<i>Frank</i>			
Residential Street Address	City	State	Zip Code	
<i>20 Twin Lakes Rd</i>	<i>North Bedford</i>	<i>CT 06512</i>		
Principal Occupation	Name of Employer			
<i>Retired</i>	<i>Retired</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 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 checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution:	Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	<i>8-28-25</i>		<i>100 -</i>	
SUBTOTAL Section B — This Page				<i>250. -</i>
TOTAL of additional Section B Pages				<i>3290</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				<i>6070</i>

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
<i>Gofoss Tax Mafol</i>		10-10-25 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ <i>6070</i>		
B. Itemized Contributions from Individuals				
Last Name <i>Spano</i>		First <i>Elizabeth</i> MI		
Residential Street Address <i>23 Pennsylvania</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>	
Principal Occupation <i>Rec. Director</i>		Name of Employer <i>Town of EH.</i>		
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No		Amount of Contribution <i>100 -</i>
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>88265</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: <i>#268</i>		Date Received <i>8/28/25</i>	Aggregate Contributions <i>100 -</i>	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				
Last Name <i>Luazzi</i>		First <i>Clair</i> MI <i>m</i>		
Residential Street Address <i>434 Thompson Ave</i>		City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</i>		
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No		Amount of Contribution <i>250 -</i>
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>108301</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: <i>#816</i>		Date Received <i>8/28/25</i>	Aggregate Contributions <i>605 -</i>	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				
Last Name <i>Bonanno Raymond</i>		First <i>Raymond</i> MI <i>F</i>		
Residential Street Address <i>105 Sargent Ave</i>		City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</i>		
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No		Amount of Contribution <i>100 -</i>
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>108301</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: <i>#9665</i>		Date Received <i>8/28/25</i>	Aggregate Contributions <i>600 -</i>	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				
SUBTOTAL Section B — This Page				<i>450.00</i>
TOTAL of additional Section B Pages				<i>2810</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				<i>6070</i>

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Carolina Job Project</i>		10-10-25-Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ <i>6070</i>	
B. Itemized Contributions from Individuals			
Last Name <i>Savinelli</i>		First <i>Mack</i>	MI <i>A</i>
Residential Street Address <i>3450 2h: Mayfield</i>		City <i>Hanover</i>	State <i>CT</i> Zip Code <i>06518</i>
Principal Occupation <i>Electrical Construction</i>		Name of Employer <i>Fiora Electrical Inc 90</i>	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>1008825</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i>	Aggregate Contributions <i>60. -</i>
Last Name <i>Agarico</i>		First <i>Ricky</i>	MI
Residential Street Address <i>643 Bradley St</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>W/</i>		Name of Employer <i>Self Employed</i>	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>1008825</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i>	Aggregate Contributions <i>50. -</i>
Last Name <i>Volko</i>		First <i>Albert</i>	MI
Residential Street Address <i>43 Eden Ave</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired 5000</i>		Name of Employer <i>Retired 5000</i>	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>1008825</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i>	Aggregate Contributions <i>70. -</i>
SUBTOTAL Section B — This Page <i>160.00</i>			
TOTAL of additional Section B Pages <i>2680</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>6070</i>			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Carla &amp; Tom Mard</i>		<i>10-10-25 Filing</i>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ <i>6070</i>	
B. Itemized Contributions from Individuals			
Last Name <i>Pronto</i>		First <i>Mark</i> MI	
Residential Street Address <i>103 Rissc Dr.</i>		City <i>Grifford</i>	State <i>CT</i> Zip Code <i>06612</i>
Principal Occupation <i>NA</i>		Name of Employer <i>NA</i>	
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 108825</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i>	Aggregate Contributions <i>50 -</i>
Last Name <i>Poete</i>		First <i>Dominic</i> MI	
Residential Street Address <i>1622 Shrubidge CT</i>		City <i>Cheshire</i>	State <i>CT</i> Zip Code <i>06910</i>
Principal Occupation <i>Security</i>		Name of Employer <i>ProTel</i>	
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event # 108825</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i>	Aggregate Contributions <i>100.00</i>
Last Name <i>Simpson</i>		First <i>Kevin</i> MI	
Residential Street Address <i>801 Blakeslee Ave</i>		City <i>North Haven</i>	State <i>CT</i> Zip Code <i>06473</i>
Principal Occupation <i>Law Enforcement</i>		Name of Employer <i>Town of Haven</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 108825</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i>	Aggregate Contributions <i>30 -</i>
SUBTOTAL Section B — This Page <i>1080.00</i>			
TOTAL of additional Section B Pages <i>1600</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>6070</i>			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
<i>Barbara Fox Mical</i>		<i>10-108 Filing</i>		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ <i>6070</i>		
<b>B. Itemized Contributions from Individuals</b>				
Last Name <i>Sullivan</i>		First <i>John</i>	MI <i>J</i>	
Residential Street Address <i>15 Sentinel Hill Rd</i>		City <i>Dickson</i>	State <i>CT</i> Zip Code <i>06512</i>	
Principal Occupation <i>Law Enforcement</i>		Name of Employer <i>State of CT</i>		
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No		Amount of Contribution <i>30.00</i>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8/27/25</i>	Aggregate Contributions <i>30.00</i>	
Last Name <i>Lupo</i>		First <i>Gabriel</i>	MI <i>L</i>	
Residential Street Address <i>45 Chester St.</i>		City <i>Hamden</i>	State <i>CT</i> Zip Code <i>06514</i>	
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</i>		
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No		Amount of Contribution <i>30.00</i>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8/28/25</i>	Aggregate Contributions <i>30.00</i>	
Last Name <i>Anastasio</i>		First <i>Andy</i>	MI	
Residential Street Address <i>169 South End Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>	
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No		Amount of Contribution <i>30.00</i>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i>	Aggregate Contributions <i>30.00</i>	
SUBTOTAL Section B — This Page				<i>90.00</i>
TOTAL of additional Section B Pages				<i>1510</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				<i>6070</i>

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Castro Ted Major</i>		<i>10-10-25 Filing</i>	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ <i>6070.00</i>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name	First	MI	
<i>Kicale</i>	<i>Bo.</i>		
Residential Street Address	City	State	Zip Code
<i>40 Cricket Tr</i>	<i>Gilford</i>	<i>CT</i>	<i>06437</i>
Principal Occupation	Name of Employer		
<i>W-A</i>	<i>—</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution:	Date Received		Aggregate Contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	<i>8-28-25</i>		<i>30.00</i>
Last Name	First	MI	
<i>105 Park Street</i>	<i>Bo. of</i>		
Residential Street Address	City	State	Zip Code
<i>45 Soffecon Rd</i>	<i>Branford</i>	<i>CT</i>	<i>06405</i>
Principal Occupation	Name of Employer		
<i>Trackman</i>	<i>Antar</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution:	Date Received		Aggregate Contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	<i>8-28-25</i>		<i>30.00</i>
Last Name	First	MI	
<i>Vol. 2</i>	<i>TCX</i>		
Residential Street Address	City	State	Zip Code
	<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Principal Occupation	Name of Employer		
<i>Refined Prod. Mfg.</i>	<i>Refined</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution:	Date Received		Aggregate Contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	<i>8-28-25</i>		<i>40.00</i>
SUBTOTAL Section B — This Page			<i>100.00</i>
TOTAL of additional Section B Pages			<i>1410</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			<i>6070.00</i>

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Castosa For Mayor</i>		<i>10-10-25 Film 6070 0</i>	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ <b>SUBTOTAL SECTION A</b>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name	First	MI	
<i>Lieto</i>	<i>Joseph</i>		
Residential Street Address	City	State	Zip Code
<i>85 Manorwood Dr</i>	<i>Brantford</i>	<i>CT</i>	<i>06402</i>
Principal Occupation	Name of Employer		
<i>/</i>	<i>/</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 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 checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
<i>10-8285</i>		<i>8-28-25</i>	<i>30 -</i>
Last Name	First	MI	
<i>Barrett</i>	<i>Michael</i>		
Residential Street Address	City	State	Zip Code
<i>312 Thompson Ave</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Principal Occupation	Name of Employer		
<i>Maintenanc</i>	<i>Sims Metal</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 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 checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
<i>10-8285</i>		<i>8-28-25</i>	<i>50 -</i>
Last Name	First	MI	
<i>Dechello</i>	<i>Kathleen</i>		
Residential Street Address	City	State	Zip Code
<i>15 Calagene Rd</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Principal Occupation	Name of Employer		
<i>Dad Tech</i>	<i>TUH4</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 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 checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
<i>10-8285</i>		<i>8-28-25</i>	<i>145 -</i>
SUBTOTAL Section B — This Page			<i>130.00</i>
TOTAL of additional Section B Pages			<i>1280</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			<i>6070</i>

Section B ADDITIONAL PAGE B of 30

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Castosa For Mayor</i>		10-10-B Filig 60700	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ <b>SUBTOTAL SECTION A</b>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <b>Santiago</b> Residential Street Address <b>52 Elm Street</b>		First <b>Ed, La</b> City <b>East Haven</b>	MI <b>C</b> State <b>CT</b> Zip Code <b>06702</b>
Principal Occupation <b>Receptionist</b>		Name of Employer <b>Hamden Pediatrics</b>	
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> <b>D08825</b>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>8-28-25</b>	Aggregate Contributions <b>50.-</b>
Last Name <b>Cubelloff</b> Residential Street Address <b>112 French Ave</b>		First <b>Robert</b> City <b>East Haven</b>	MI State <b>CT</b> Zip Code <b>06510</b>
Principal Occupation <b>-</b>		Name of Employer <b>-</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> <b>D08825</b>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>8-28-25</b>	Aggregate Contributions <b>50.-</b>
Last Name <b>Parant</b> Residential Street Address		First <b>Fegan</b> City <b>Wilton</b>	MI State <b>CT</b> Zip Code <b>064937</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> <b>D08825</b>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>8-28-25</b>	Aggregate Contributions <b>30.-</b>
<b>SUBTOTAL Section B — This Page</b>			
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			
<b>130.00</b>			
<b>1150</b>			
<b>6070</b>			

Section B ADDITIONAL PAGE 21 of 2020

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Castro Feb Motel</i>		<i>10-10-25 filing</i>	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ <i>60700</i>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <i>Tomassello</i>		First <i>Joe</i>	
Residential Street Address <i>61 Charles St.</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Security</i>		Name of Employer <i>Town of EH</i>	
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i>	Aggregate Contributions <i>30</i>
Last Name <i>Gleason</i>		First <i>Daniel</i>	
Residential Street Address <i>13 Sunset Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation		Name of Employer <i>Town of EH</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i>	Aggregate Contributions <i>30</i>
Last Name <i>Danson</i>		First <i>Patrick</i>	
Residential Street Address <i>917 North High St.</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Police w/1 Det. 600</i>		Name of Employer <i>Town of EH Retired</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <i>3557</i>		Date Received <i>8-28-25</i>	Aggregate Contributions <i>30</i>
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
SUBTOTAL Section B — This Page <i>90.00</i>			
TOTAL of additional Section B Pages <i>1060</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>6070</i>			

## Section B ADDITIONAL PAGE 25 of 30

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Cast for a True Major</i>		10-10-25 Film 6070	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ <b>6070</b>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <i>Holmes</i>		First <i>Lawrence</i>	MI
Residential Street Address <i>7 Kenay Court</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</i>	
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event # 1082825</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/></i>	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i>	Aggregate Contributions <i>30.-</i>
Last Name <i>Legsd</i>		First <i>Ashley</i>	MI <i>A</i>
Residential Street Address <i>23 Taylor Ae</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Ass Town Clerk</i>		Name of Employer <i>Town of East Haven</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 1082825</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/></i>	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i>	Aggregate Contributions <i>50.-</i>
Last Name <i>Migliaccio</i>		First <i>John</i>	MI <i>J</i>
Residential Street Address <i>128 Food Stcat.</i>		City <i>Milford</i>	State <i>CT</i> Zip Code <i>06461</i>
Principal Occupation <i>-</i>		Name of Employer <i>-</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 1082825</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/></i>	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i>	Aggregate Contributions <i>50.-</i>
SUBTOTAL Section B — This Page <i>110.00</i>			
TOTAL of additional Section B Pages <i>950</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>6070.</i>			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Castro Fox May</i>		<i>10-10-F Filing</i>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ <i>6070</i>	
B. Itemized Contributions from Individuals			
Last Name <i>Reed</i>		First <i>Christopher</i>	MI <i>M</i>
Residential Street Address <i>17 Davgatuck St</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Clerk</i>		Name of Employer <i>K CPC</i>	
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <i>Cash</i>		Date Received <i>8-28-25</i>	Aggregate Contributions <i>170-</i>
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name <i>Linacelli</i>		First <i>Matthew</i>	MI
Residential Street Address <i>245 Mansfield St. Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <i>Cash</i>		Date Received <i>8-28-25</i>	Aggregate Contributions <i>400-</i>
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name <i>Duracemo</i>		First <i>Andrea</i>	MI
Residential Street Address <i>57 Jay Street</i>		City <i>New Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired food service</i>		Name of Employer <i>Retired</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <i>Cash</i>		Date Received <i>8-28-25</i>	Aggregate Contributions <i>30-</i>
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
SUBTOTAL Section B — This Page <i>160.00</i>			
TOTAL of additional Section B Pages <i>790</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>6070</i>			

Section B ADDITIONAL PAGE 27 of 30

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Castro for Mayor</i>		10-10-2 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ <u>6070</u>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <u>Falsignano</u>		First <u>David</u> MI <u>MI</u>	
Residential Street Address <u>178 Main St.</u>		City <u>Bronx</u>	State <u>NY</u> Zip Code <u>10461</u>
Principal Occupation <u>Police Officer, Retired</u>		Name of Employer <u>Retired</u>	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event # <u>D082825</u></i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative</i>	
Method of Contribution: <u>Cash</u>		Date Received <u>8-28-15</u>	Aggregate Contributions <u>30-</u>
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name <u>Sandford</u>		First <u>Christine</u> MI <u>MI</u>	
Residential Street Address <u>350 Mansfield Street</u>		City <u>East Haven</u>	State <u>CT</u> Zip Code <u>06512</u>
Principal Occupation <u>Retired</u>		Name of Employer <u>Retired</u>	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event # <u>D082825</u></i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative</i>	
Method of Contribution: <u>Cash</u>		Date Received <u>8-28-15</u>	Aggregate Contributions <u>50-</u>
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name <u>Derbacher</u>		First <u>Ari</u> MI <u>MI</u>	
Residential Street Address <u>57 Foote Rd</u>		City <u>East Haven</u>	State <u>CT</u> Zip Code <u>06512</u>
Principal Occupation <u>Optician</u>		Name of Employer <u>The EyeCare Group</u>	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event # <u>D082825</u></i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative</i>	
Method of Contribution: <u>Cash</u>		Date Received <u>8-28-15</u>	Aggregate Contributions <u>50-</u>
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
SUBTOTAL Section B — This Page <u>10.00</u>			
TOTAL of additional Section B Pages <u>680</u>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <u>6070</u>			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Castro a Fox Mayb</i>		<i>10-10-25-Filing</i>	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b> \$ <i>6070</i>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <i>Stacy</i>		First <i>Susan</i> MI	
Residential Street Address <i>Forbes Place</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</i>	
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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>10082825</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i>	Aggregate Contributions <i>50. -</i>
Last Name <i>Cameron</i>		First <i>Alphonse</i> MI	
Residential Street Address <i>30 Viley Street</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Teacher</i>		Name of Employer <i>EH BCE</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>10082825</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i>	Aggregate Contributions <i>50. -</i>
Last Name <i>Vellali</i>		First <i>Joseph</i> MI	
Residential Street Address <i>97 Brookwood Ave</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>NA Retired</i>		Name of Employer <i>Retired</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 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>10082825</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-28-25</i>	Aggregate Contributions <i>50. -</i>
SUBTOTAL Section B — This Page <i>150.00</i>			
TOTAL of additional Section B Pages <i>530</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>6070</i>			

Section B ADDITIONAL PAGE 29 of 30

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Castro's For Mayor</i>		<i>D-PB Filing</i>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ <i>6070</i>	
B. Itemized Contributions from Individuals			
Last Name <i>Desbacher</i>		First <i>Robert</i>	MI <i>A</i>
Residential Street Address <i>57 Foote Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</i>	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 1082825</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative</i>	
Method of Contribution: <i>3082</i>		Date Received <i>8-4-25</i>	Aggregate Contributions <i>50-</i>
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name <i>Santino</i>		First <i>Joseph</i>	MI <i>E</i>
Residential Street Address <i>388 Cee Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</i>	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 1082823</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative</i>	
Method of Contribution: <i>31</i>		Date Received <i>8-18-25</i>	Aggregate Contributions <i>800-</i>
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name <i>Purzycki</i>		First <i>Alfred</i>	MI <i>Z</i>
Residential Street Address <i>106 Borrelli Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>NA Retired</i>		Name of Employer <i>Retired</i>	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 1082825</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative</i>	
Method of Contribution:		Date Received <i>8-21-25</i>	Aggregate Contributions <i>90</i>
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
SUBTOTAL Section B — This Page <i>400.00</i>			
TOTAL of additional Section B Pages <i>130</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>6070</i>			

Section B ADDITIONAL PAGE 30 of 30

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
<i>Castfora Feb Major</i>		<i>10-10-25 Filing.</i>		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		<b>SUBTOTAL SECTION A</b> \$ <i>6070</i>		
<b>B. Itemized Contributions from Individuals</b>				
Last Name <i>Quim</i> Residential Street Address <i>42 Costing Rd</i> Principal Occupation <i>Retired</i>		First <i>Kathleen</i> City <i>East Haven</i> Name of Employer <i>Retired</i> State <i>CT</i> Zip Code <i>06512</i>		
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 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 checked="" type="checkbox"/> No		<b>Amount of Contribution</b> <i>30-</i>
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # <i>DC87825</i></i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/></i>		
Method of Contribution: <i>Cash</i> <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-1-05</i> Aggregate Contributions <i>30</i>		
Last Name <i>Pacelli</i> Residential Street Address <i>107 Foxon Rd</i> Principal Occupation <i>Retired</i>		First <i>Loyis</i> City <i>East Haven</i> Name of Employer <i>Retired</i> State <i>CT</i> Zip Code <i>06512</i>		
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 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 checked="" type="checkbox"/> No		<b>Amount of Contribution</b> <i>50-</i>
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # <i>DC87825</i></i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/></i>		
Method of Contribution: <i>Cash</i> <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-15-05</i> Aggregate Contributions <i>50-</i>		
Last Name <i>Bolteb</i> Residential Street Address <i>35 Red Bluff Rd</i> Principal Occupation <i>Attorney</i>		First <i>Joslyn</i> City <i>East Haven</i> Name of Employer <i>Happy Ever After Family Law LLC</i> State <i>CT</i> Zip Code <i>06512</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 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 checked="" type="checkbox"/> No		<b>Amount of Contribution</b> <i>50</i>
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # <i>DC87825</i></i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/></i>		
Method of Contribution: <i>Cash</i> <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>7-20-05</i> Aggregate Contributions <i>50-</i>		
<b>SUBTOTAL Section B — This Page</b>				<i>130.00</i>
<b>TOTAL of additional Section B Pages</b>				<i>0</i>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				<i>6070</i>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
<i>Charter for Mayd</i>		10-10-23 Filing			
<b>C1. Contributions from Other Committees</b>					
Name of Committee	Name of Treasurer				
<i>Contract Laborers Political Kiehl Brothers</i>					
Address	Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Amount of Contribution		
P.O. Box 156	<input type="checkbox"/> Yes <input type="checkbox"/> No		1500.00		
City	State	Zip Code	Date Received	Aggregate Contributions	
Bonfret	CT	06259	8/1/23	1500.00	
Name of Committee	Name of Treasurer				
Address	Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Amount of Contribution		
City	State	Zip Code	Date Received	Aggregate Contributions	
Name of Committee	Name of Treasurer				
Address	Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Amount of Contribution		
City	State	Zip Code	Date Received	Aggregate Contributions	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>					
Name of Committee		Name of Treasurer			
Address		City		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution			Amount of Receipt
Description					
Name of Committee		Name of Treasurer			
Address		City		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution			Amount of Receipt
Description					
<b>SUBTOTAL Section C — This Page</b>				<i>1500.00</i>	
<b>TOTAL of additional Section C Pages</b>				<i>0</i>	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</b>				<i>1500.00</i>	

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT		
<b>D. Loans Received this Period</b>				
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				<b>Amount Received</b>
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				<b>Amount Received</b>
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TOTAL SECTION D</b>				
<b>E. Receipts from Entities other than Individuals or Other Committees <i>(Referendum Committees ONLY)</i></b>				
Name of Entity				
Street Address			Date Received	<b>Amount Received</b>
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	<b>Amount Received</b>
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	<b>Amount Received</b>
City	State	Zip Code	Aggregate Contributions	
<b>TOTAL SECTION E</b>				

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT

**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
<b>TOTAL SECTION F</b>			

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)**

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
<b>TOTAL SECTION G</b>		

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

Date of Receipt	Method of payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
<b>TOTAL SECTION H</b>			

**I. Anonymous Contributions**

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT		
<b>J. Interest from Deposits in Authorized Accounts</b>				
Name of Institution		Date Received		<b>Amount</b>
Street Address	City	State	Zip Code	
Name of Institution		Date Received		<b>Amount</b>
Street Address	City	State	Zip Code	
<b>TOTAL SECTION J</b>				
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>				
Name		Date of Transaction		<b>Amount Received</b>
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		<b>Amount Received</b>
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		<b>Amount Received</b>
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		<b>Amount Received</b>
Street Address	City	State	Zip Code	
Description				
<b>TOTAL SECTION K</b>				

**SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)**

Total Loans Received this Period (Section D)	
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+
Total Amount Transferred from Affiliated Business Treasury (Section F)	+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+
<b>Total of Other Monetary Receipts</b>	
<i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i>	

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>66709 Feb May 10/10/05 Filing</i>		<i>10/10/05 Filing</i>	
<b>L1. Event Information</b>			
Event # Date of Event	Description	Was this a fundraising event?	
<i>091425 E</i>	<i>Fried Dough Pizza Fundraiser</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Location: Street Address	City	State	Zip Code
<i>DC Headquarters Plaza</i>		<i>CT</i>	<i>06512</i>
<b>Subpart 1: (All Committees)</b>			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="checkbox"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input checked="" type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) → \$ <i>0</i> <input checked="" type="checkbox"/> No	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" 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 with this fundraiser?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) → \$ <i>0</i> <input checked="" type="checkbox"/> No	
Event # Date of Event	Description	Was this a fundraising event?	
<i>082825 D</i>	<i>Chicken Park Buffet Fundraiser</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Location: Street Address	City	State	Zip Code
<i>509 Laurel Street</i>		<i>CT</i>	<i>06512</i>
<b>Subpart 1: (All Committees)</b>			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="checkbox"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input checked="" type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) → \$ <i>0</i> <input checked="" type="checkbox"/> No	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" 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 with this fundraiser?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) → \$ <i>0</i> <input checked="" type="checkbox"/> No	
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>			
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>			
<b>TOTAL of additional Section L1 Pages</b>			
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> (Enter total on Line 16a, Column A of Summary Page Totals)			

## II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2, removed*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>				
Name of Purchaser			Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
Name of Purchaser			Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
Name of Purchaser			Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
Name of Purchaser			Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
Name of Purchaser			Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>				
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>				
<b>TOTAL of additional Section L3 Pages</b>				
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> (Enter total on Line 16c, Column A of Summary Page Totals)				

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
<i>Carfoca Fox Mayol</i>		<i>10-10-25</i>	
<b>L4. In-Kind Donations Not Considered Contributions</b>			
Name of Donor <i>Italian American Ass.</i>			
Street Address <i>509 Laurel Street</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Donation Given By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation <i>use of Hall - Fundraiser</i>		Fair Market Value of Donation <i>\$200.00</i>
	Date Received <i>08/28/25</i>	Event # <i>D082825</i>	
Name of Donor			
Street Address		City	State Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	
Name of Donor			
Street Address		City	State Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	
Name of Donor			
Street Address		City	State Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	
<b>SUBTOTAL Section L4 — This Page</b>			
<b>TOTAL of additional Section L4 Pages</b>			
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>			

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>			
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State Zip Code
Description of Donation			
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>	
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State Zip Code
Description of Donation			
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>	
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State Zip Code
Description of Donation			
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>	
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State Zip Code
Description of Donation			
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>	
<b>SUBTOTAL Section L5 — This Page</b>			
<b>TOTAL of additional Section L5 Pages</b>			
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			

## III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT																					
<i>Carfora For Mayor</i>		<i>10-10-25</i>																					
<b>M. In-Kind Contributions</b>																							
<p>Name <i>East Haven DTC</i></p> <p>Street Address <i>DTC Headquarters 915 Plaza Et.</i> City <i>East Haven</i> State <i>CT</i> Zip Code <i>06512</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Type of contributor: <input checked="" type="checkbox"/> Committee</td> <td style="width: 25%;">Date Received</td> <td style="width: 25%;">Aggregate Contributions</td> <td style="width: 25%;">Description of In-Kind Contribution</td> </tr> <tr> <td><input type="checkbox"/> Individual / Sole Proprietorship</td> <td><input type="checkbox"/> Other</td> <td><i>9-14-25 200.00</i></td> <td><i>Dough - cheese - sugar</i></td> </tr> <tr> <td colspan="2">Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td colspan="2">If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 091425E</i></td> <td colspan="2">Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i></td> </tr> <tr> <td colspan="4" style="text-align: right;"><i>200.00</i></td> </tr> </table>				Type of contributor: <input checked="" type="checkbox"/> Committee	Date Received	Aggregate Contributions	Description of In-Kind Contribution	<input type="checkbox"/> Individual / Sole Proprietorship	<input type="checkbox"/> Other	<i>9-14-25 200.00</i>	<i>Dough - cheese - sugar</i>	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 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 checked="" type="checkbox"/> No		Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 091425E</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		<i>200.00</i>			
Type of contributor: <input checked="" type="checkbox"/> Committee	Date Received	Aggregate Contributions	Description of In-Kind Contribution																				
<input type="checkbox"/> Individual / Sole Proprietorship	<input type="checkbox"/> Other	<i>9-14-25 200.00</i>	<i>Dough - cheese - sugar</i>																				
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 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 checked="" type="checkbox"/> No																					
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 091425E</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>																					
<i>200.00</i>																							
<p>Name</p> <p>Street Address</p> <p>Type of contributor: <input type="checkbox"/> Committee</p> <p><input type="checkbox"/> Individual / Sole Proprietorship</p> <p><input type="checkbox"/> Other</p> <p>Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i></p>																							
<p>City</p> <p>State</p> <p>Zip Code</p> <p>Description of In-Kind Contribution</p>																							
<p>Street Address</p> <p>City</p> <p>State</p> <p>Zip Code</p>																							
<p>Type of contributor: <input type="checkbox"/> Committee</p> <p><input type="checkbox"/> Individual / Sole Proprietorship</p> <p><input type="checkbox"/> Other</p> <p>Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is this contribution associated with an event reported listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i></p>																							
<p>City</p> <p>State</p> <p>Zip Code</p> <p>Description of In-Kind Contribution</p>																							
<p>Street Address</p> <p>City</p> <p>State</p> <p>Zip Code</p>																							
<p>Type of contributor: <input type="checkbox"/> Committee</p> <p><input type="checkbox"/> Individual / Sole Proprietorship</p> <p><input type="checkbox"/> Other</p> <p>Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is this contribution associated with an event reported listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i></p>																							
<p>City</p> <p>State</p> <p>Zip Code</p> <p>Description of In-Kind Contribution</p>																							
<b>SUBTOTAL Section M — This Page</b>																							
<b>TOTAL of additional Section M Pages</b>																							
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)</b>																							
<b>N. Refundable Deposit to Telephone Company</b>																							
Last Name of Individual		First																					
Residential Street Address		City	State	Zip Code	<b>Amount of Deposit</b>																		
Name of Telephone Company																							
Street Address		City	State	Zip Code																			
<b>TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)</b>																							

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Factors for Major</i>		<i>10-10-25 Efile</i>	
<b>P. Expenses Paid by Committee</b>			
Name of Payee <i>AmazeD</i>		Date of Payment <i>9-15-25</i>	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <i>410 Terry Ave N</i>	City <i>Seattle</i>	State <i>WA</i>	Zip Code <i>98108</i>
Purpose of Expenditure (by code) <i>Office</i>	Description <i>Stationary Supplies</i>	Event # <i>-</i>	Amount <i>77.86</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee	Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City		State _____ Zip Code _____
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee	Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City		State _____ Zip Code _____
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee	Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City		State _____ Zip Code _____
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
SUBTOTAL Section P — This Page		<i>77.86</i>	
TOTAL of additional Section P Pages		<i>0350.94</i>	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		<i>6428.80</i>	

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Café for May</i>		<i>10-10-25 Filing</i>	
P. Expenses Paid by Committee			
Name of Payee <i>Anedct</i>		Date of Payment <i>9/30-25</i>	Method of Payment: <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <i>1920 McKinley Dallas</i>		City <i>Dallas</i>	State <i>TX</i> Zip Code <i>75201</i>
Purpose of Expenditure (by code) <i>BNU</i>	Description <i>Merchant Secy Fee</i>	Event # —	Amount <i>\$40.30</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee <i>Tollis Apizza</i>	Date of Payment <i>8-19-25</i>		Method of Payment: <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <i>410 Main Street</i>	City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>	
Purpose of Expenditure (by code) <i>Food</i>	Description <i>Food for Campaign Workers (Sign)</i>	Event # —	Amount <i>55.00</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee <i>Neta</i>	Date of Payment <i>9-22-25</i>		Method of Payment: <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <i>1 Hackley Way</i>	City <i>Menlo Park</i>	State <i>CA</i> Zip Code <i>94025</i>	
Purpose of Expenditure (by code) <i>Web</i>	Description <i>Web Advertising Boost</i>	Event # —	Amount <i>10. -</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee <i>Amazon</i>	Date of Payment <i>9-22-25</i>		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <i>410 Terry Ave N</i>	City <i>Seattle</i>	State <i>WA</i> Zip Code <i>98008</i>	
Purpose of Expenditure (by code) <i>ASISh</i>	Description <i>Tri-PodGard Sign</i>	Event # —	Amount <i>176.52</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page			<i>371.82</i>
TOTAL of additional Section P Pages			<i>5979.12</i>
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			<i>6428.80</i>

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caitlin Fox Mayob		10-1026-Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment
Amy Dechacker		9-29-25	<input checked="" type="checkbox"/> Check # 1007 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
57 Foote Rd		East Haven	CT 06512
Purpose of Expenditure (by code)	Description	Event #	Amount
KMISC	Reimbursement for water for campaign waters		2930.
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: o A o B o C o D	
Name of Payee	Date of Payment		Method of Payment
Amy Dechacker.	9-29-25		<input checked="" type="checkbox"/> Check # 1007 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State Zip Code	
57 Foote Rd	East Haven	CT 06512	
Purpose of Expenditure (by code)	Description	Event #	Amount
KMISC	Reimbursement Clear Explorers		10.58
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: o A o B o C o D	
Name of Payee	Date of Payment		Method of Payment
Tina Ballen	9-14-25		<input checked="" type="checkbox"/> Check # 1003 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State Zip Code	
84 - Landing Place	East Haven	CT 06512	
Purpose of Expenditure (by code)	Description	Event #	Amount
KMISC Ford	Reimbursement + Baked Goods for	E091425	44.57
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: o A o B o C o D	
Name of Payee	Date of Payment		Method of Payment
Vinny's Italian Import	8-26-25		<input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State Zip Code	
779 Grand Ave	New Haven	CT 06511	
Purpose of Expenditure (by code)	Description	Event #	Amount
KFood	Food / meats for Rachetta Run	D082825	1374.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: o A o B o C o D	
SUBTOTAL Section P — This Page			\$ 458.45
TOTAL of additional Section P Pages			5520.67
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			6428.80

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Carroll for Mayor</i>		10-10-22 E1-Nir	
P. Expenses Paid by Committee			
Name of Payee <i>Home Depot</i>		Date of Payment <i>75-25</i>	Method of Payment: <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <i>75 Frontage Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Purpose of Expenditure (by code) <i>A-Sign</i>	Description <i>Loose Cable Ties for Laydown Signs</i>	Event # —	Amount <i>75.40</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee <i>Walmart</i>	Date of Payment <i>9-16-25</i>	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <i>120 Commercial Rd</i>	City <i>Brasfield</i>	State <i>CT</i> Zip Code <i>06405</i>	
Purpose of Expenditure (by code) <i>*Misc</i>	Description <i>Ken's Coffee Mkt/ Headquarters</i>	Event # —	Amount <i>84.02</i>
Expenditure # (if applicable) <i>*Misc</i>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee <i>Dollar City</i>	Date of Payment <i>9-10-25</i>	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <i>346 - Hemingway Ave</i>	City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>	
Purpose of Expenditure (by code) <i>Office</i>	Description <i>Stationary of Headquarters</i>	Event # —	Amount <i>41.87</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee <i>David White</i>	Date of Payment <i>8-17-25</i>	Method of Payment: <input checked="" type="checkbox"/> Check # <i>1006</i> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <i>268 Chidsey Ave</i>	City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>	
Purpose of Expenditure (by code) <i>A-Sign</i>	Description <i>Date stickers for Signs</i>	Event # —	Amount <i>400.00</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page			<i>574.29</i>
TOTAL of additional Section P Pages			<i>4946.30</i>
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			<i>6428.80</i>

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Car Leas For Metal</i>		<i>10-10-Filing</i>	
P. Expenses Paid by Committee			
Name of Payee <i>META</i>		Date of Payment <i>8-13-25</i>	Method of Payment: <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <i>1 Hacker Wy</i>	City <i>Mendo Park</i>	State <i>CA</i>	Zip Code <i>94025</i>
Purpose of Expenditure (by code) <i>Awesb</i>	Description <i>Advertising Web Page</i>	Event # <i>—</i>	Amount <i>184.00</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee <i>HomeDepot</i>	Date of Payment <i>7-14-25</i>		Method of Payment: <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <i>75 Frontage Rd</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
Purpose of Expenditure (by code) <i>Xmisc</i>	Description <i>Fried Dough Sealed Bucket to dispose of oil</i>	Event # <i>EO91425</i>	Amount <i>12.68</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee <i>Dollar City</i>	Date of Payment <i>8-28-25</i>		Method of Payment: <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <i>346 Hennigway Ave</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
Purpose of Expenditure (by code) <i>Xmisc</i>	Description <i>Paper Goods Kitchen clothes fundamentals</i>	Event # <i>0762825</i>	Amount <i>43.40</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee <i>Stop &amp; Shop</i>	Date of Payment <i>8-18-25</i>		Method of Payment: <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <i>370 Hennigway Ave</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
Purpose of Expenditure (by code) <i>Xmisc</i>	Description <i>water/coke/soda/paper goods/Handgels</i>	Event # <i>0762825</i>	Amount <i>88.45</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page			<i>328.53</i>
TOTAL of additional Section P Pages			<i>4617.85</i>
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			<i>6428.80</i>

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Castroga for Mark</i>		<i>10-10-F177</i>	
P. Expenses Paid by Committee			
Name of Payee	Restaurant Dept	Date of Payment	Method of Payment:
Street Address	181 Mash Hill Rd	City	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Purpose of Expenditure (by code)	Description	Event #	State Zip Code
<i>X Food</i>	<i>Food / supplies for Pachett Fund</i>	<i>10/20/2010 87825</i>	<i>CT 06417</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		<i>747.89</i>
Name of Payee	Castroga	Date of Payment	Method of Payment:
Street Address	63 Taylor Ave	City	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Purpose of Expenditure (by code)	Description	Event #	State Zip Code
<i>X MIS</i>	<i>pep6</i>	<i>10/28/2010 882825</i>	<i>CT 06512</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		<i>\$275.00</i>
Name of Payee	B J's Wholesale Club	Date of Payment	Method of Payment:
Street Address	555 University Dr.	City	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Purpose of Expenditure (by code)	Description	Event #	State Zip Code
<i>Office</i>	<i>lg. Tables &amp; Cleaning Supplies Headquarters</i>	<i>2/6/2011</i>	<i>CT</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		<i>438.45</i>
Name of Payee	Walmart	Date of Payment	Method of Payment:
Street Address	315 Foxon Road	City	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Purpose of Expenditure (by code)	Description	Event #	State Zip Code
<i>X MIS</i>	<i>Veg. C. / grocery store</i>	<i>Food 2011 1091925</i>	<i>CT 06513</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		Amount
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		<i>103.86</i>
SUBTOTAL Section P — This Page			<i>1565.20</i>
TOTAL of additional Section P Pages			<i>3052.65</i>
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			<i>6428.80</i>

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
(605-106-9706-106-10501)		10-10-25 Filing	
P. Expenses Paid by Committee			
Name of Payee	Date of Payment	Method of Payment:	
East Haven DTC	7-1-25	<input checked="" type="checkbox"/> Check # 997 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address	City	State	Zip Code
PO Box 120446	East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount
CNTRB	Contribution to Committee for Headquarters —		3000.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: o A o B o C o D	
Name of Payee	Date of Payment	Method of Payment:	
Dollar City	8-28-25	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address	City	State	Zip Code
346 Hemingway Ave	East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount
XMISC	19706 Goods, half director, friend	2082825	38.37
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: o A o B o C o D	
Name of Payee	Date of Payment	Method of Payment:	
Stop Shop	7-8-25	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address	City	State	Zip Code
370 Hemingway Ave	East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount
XMISC	Stop Shop / Corrector stay	—	3.71
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: o A o B o C o D	
Name of Payee	Date of Payment	Method of Payment:	
Dollar City	9-14-25	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address	City	State	Zip Code
346 Hemingway Ave	East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount
XMISC.	Office Tape for window AB	—	10.57
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: o A o B o C o D	
SUBTOTAL Section P — This Page		3052.65	
TOTAL of additional Section P Pages		0	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		6428.80	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
<b>Q. Campaign Expenses Paid by Candidate</b>			
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
<b>SUBTOTAL Section Q — This Page</b>			
<b>TOTAL of additional Section Q Pages</b>			
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>			

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
<b>R. Expenses Incurred on Committee Credit Card</b>			
Name of Issuing Institution		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:	
Name of Vendor, Person or Entity		Date of Transaction	
Street Address		City	State    Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Vendor, Person or Entity		Date of Transaction	
Street Address		City	State    Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Vendor, Person or Entity		Date of Transaction	
Street Address		City	State    Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
<b>SUBTOTAL Section R — This Page</b>			
<b>TOTAL of additional Section R Pages</b>			
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>			

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>			
Name of Creditor			Date Incurred
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Creditor			Date Incurred
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Creditor			Date Incurred
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
<b>SUBTOTAL Section S-This Page</b>			
<b>TOTAL of additional Section S Pages</b>			
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>			
Previously reported Expenses Unpaid and still Outstanding			
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>			

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
<b>T. Itemization of Reimbursements and Secondary Payees</b>			
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
<b>SUBTOTAL Section T — This Page</b>			
<b>TOTAL of additional Section T Pages</b>			
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>			