### **SEEC FORM 20**

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

PECEIVED EASTERNESS, CT.

2023 FEB 24 P 3: 16

Do Not Mark in This Space For Official Co Only

#### **COVER PAGE**

			A CALL						
1. NAME OF COMMITTEE		N SS VICE DE LA PARIE							
Carfora For Mayor									
2. TREASURER NAME				r					
First		MI		Last	_				Suffix
Richard		A.	9000V9000104	DePain	18		460 5 4 6 4 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
3. TREASURER ADDRESS		30 (3) (3)	I Cir.				To-	Zip Co	vde
Street Address 10 Seavlew Ave.			City	t Haven			State	065	
	- OTHER COME	**************************************	igespragatelisti		a su v		•	New Secretaries	RICT NUMBER
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUG	iH I (Complei	te onty	if Canaiaui	Сотипее)			(if applicable	CONTRACTOR AND ASSESSMENT OF THE PROPERTY OF
(	Mayor								
7. CANDIDATE NAME (Complete only if	Candidate or Explorata	ry Committee)	)			::::::::::::::::::::::::::::::::::::::	46366		nigatik (in gjadkran)
First		MI		Last					Suffix
Joseph		А		Carfora	1				
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	7th day preced	ding primar	ry	O7th	day preceding referer	ndum <b>C</b>	Initial Cont (PACs ONLY)		r Disbursement
April 10 filing	30 days follow	ving primar	ry	O 45 days following referendum			)Amendmen		
OJuly 10 filing	O7th day preced	ding electio	n	O Deficit			Type of Rep		
October 10 filing	Ol2th day preco			Termination			Terminati		oloratory
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		n				Commi	Te L	
9. PERIOD COVERED		The state of the s	S S S						
	Beginning Da	ite			Ending Date			,	
	08/24/2022			thru	01/20/2023				
10, CERTIFICATION	The state of the s								
III. CERTIFICATION			<u> Bergeral</u>						
I hereby certify and state, under p	penalties of false:	statement.	that	all of the	information set for	th on this <b>I</b> (	emized Car	mpaign F	inance
Disclosure Statement for the pe	riod covered is t	rue, accu	rate	and con	plete.			··· 1 · O	
h// //	[/r		Rich	nard DeP	alma			02/24/2	ากวร
My The						*	<del></del>		
TREASURER OR DEPUTY TREASURI	ER (SIGNATURE)		PRIN	VT NAME	OF SIGNER			DAIE	mm/dd/yyyy)
A nerson who is	found to have kn	owinelv a	nd w	illfullv vi	olated any provisio	ns of the ca	mpaign find	ınce statu	ıtes

faces a civil penalty or imprisonment or both.

Page 1 of 17

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

# SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	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	0	
13. Contributions Received from Individuals (Sections A and B)	1870.00	1870.00
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D through K)	0.00	0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising-Program Book or Sign (Section L3)	0.00	0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1870.00	1870.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1870.00	1870.00
19. Expenses Paid by Committee (Section P)	77.20	77.20
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1792.80	1792.80
21. In-Kind Donations not Considered Contributions Received (Section L4)	О	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
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 Re	egistered with Filing Repository)			TYPE OF REPORT					
Carfora For Mayor				Termination of Exp	lorator	y Con	nmittee		
A. Total Contributions from Small (See instructions for definition of Small Contrib			is Period ONLY OTAL SECTION A	\$ 1870.00					
					Charles and America	110000000000000000000000000000000000000			
	B. Itemized Con	RUKKO MOD	itions from Individ	luals					
Last Name		Fin	st lichael				MI		
LUZZI Residential Street Address	Ic	ity			State	Zip C	ode		
3 Whalers Point Rd.	1	-	Haven	!	CT	065			
Principal Occupation			Name of Employer						
Lawyer			Law Offices of Mich	ael J. Luzzi LLC					
or dependent child of a lobbyist? O No does value	ntribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?	s assoc	ciated with have a contract OYes ONo	with said municipality	, Amo		Contribution		
Is this contribution associated with an event reported in Section L1?  No If yes, list Event #	Is contributor a principal of a st If yes, indicate which brand of government the contract	ch or b	oranches h: <b>O</b> Executive	OLegislative O No					
Method of Contribution:	An unit of Art of	0-1	Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction (Money of		08/24/2022	100.00		-	MI		
Last Name		Fir 1	st ucille				MI		
Onnembo Residential Street Address	In the second	ity	ucino		State	Zip C	ode		
263 Riverside Dr.	No. 1						518		
Principal Occupation			Name of Employer						
Retired			Retired						
or dependent child of a lobbyist? O No does	ntribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?	o a can	didate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality		ount of ),00	Contribution		
Is this contribution associated with an event reported in Section L1? No No If yes, list Event #	Is contributor a principal of a s  If yes, indicate which bran of government the contract	ch or	branches	O Legislative					
Method of Contribution:			Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction (Money		09/23/2022	500.00			3.0		
Last Name		Fii	rst Vayne				MI		
Sanford	I	City	vayne		State	Zip C	Code		
Residential Street Address 350 Mansfield Grove Rd.		•	Haven		СТ		512		
Principal Occupation			Name of Employer		<u> </u>				
Retired			Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If co does	ontribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?	o a car s asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipalit with said municipality	y, <b>Am</b> 50.		Contribution		
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	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:  Executive Legislative								
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card O	Payroll Deduction OMoney	Order	Date Received 01/12/2023	Aggregate Contributions 50.00					
			L Section B — This	Page 650.00					
	TOTAL	of a	dditional Section B I	Pages 1220.00					
TOTAL OF ALL (	CONTRIBUTIONS FROM (Enter total on Line 1	IND 3, Col	IVIDUALS (Sections A umn A of Summary Page	(A + B) Totals) 1870.00					

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

NAME OF COMM	ITTEE (Provide Complet	e Name as Registered w	ith Filing Repos	itory):		TYPE OF REPORT			
Carfora For May	or					Termination of Ex	ploratory Cor	nmittee	
		Cı. C	ontributio	ons from				65 Shape Shape	
Name of Committee					Name of T	l reasurer			
Address				Is this cor event repo	orted in Sectio	nciated with an OYes ONo on L1? es, list Event#	Amount of Contribution		
City		State	Zip Code	Date Re	eceived	Aggregate Contributions			
Name of Committee			i		Name of	Freasurer			
Address				Is this cor	orted in Sectio	ociated with an Yes No on L1? es, list Event #	Amount of	Contribution	
City		State	Zip Code	Date Re	eceived	Aggregate Contributions	1		
Name of Committee		<u>L</u>	<u>t</u>		Name of	Treasurer	1		
Address				Is this conevent rep	orted in Section	ociated with an Yes No on L1? nes, list Event #	Amount of	Contribution	
City		State	Zip Code	Date R	eceived	Aggregate Contributions			
	C2. F	Reimbursemen	ts or Surp	lus Distri	butions fr	com other Committees			
Name of Committee					Name of				
Address	A STATE OF THE STA			City			State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type  OReimbursem	ent for shared	expense (	Surplus Dist	tribution	Amount	of Receipt	
Description									
Name of Committee					Name of	Treasurer			
Address				City			State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type  Reimburse	ement for share	ed expense	O Surplus D	vistribution	Amoun	of Receipt	
Description									
				72 (20 to 10 to	tion C — I		·		
	mon at cr	ALL COMMIT			nal Section				
	FOTAL OF (Section	S C1 + C2) (Enter	total on Line	14, Column A	of Summary	Page Totals) 0		······································	

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

Page 5 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Fr	iling Renosii	orv)			TYPE OF	REPORT	
Carfora For Mayor		- //					atory Committee
	Loans	Receiv	ed this Period				
Name of Lender	5000 c.9000 c.900 c.e.		Source of Loan:	d: d	. T., d!, d d., a l	Othor	Date of Receipt
			OBank O Cano	didate 🔾		Committee	
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes  No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City		A STATE OF THE STA		State	Zip Code	
Name of Lender	.*		Source of Loan: OBank Cano	didate 🔘	) Individual	Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
Name of Lender	l		Source of Loan: OBank Cane	didate C	) Individua	Other	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
			TOTAL SECT	ION D	0		
E. Receipts from Entities other tha	ın Indiv	iduals (	or Other Com	mittees	(Referen	dum Committe	es ONLY)
Name of Entity							
Street Address				Date I	Received		Amount Received
City		State	Zip Code	Aggre	egate Contrib	outions	
Name of Entity				1			· · · · · · · · · · · · · · · · · · ·
Street Address	1			Date 1	Received	and the harmonic	Amount Received
City		State	Zip Code	Aggre	egate Contrib	outions	
Name of Entity			1				
Street Address				Date 1	Received	-	Amount Received
City	<del>.</del>	State	Zip Code	Aggre	egate Contrib	outions	
			TOTAL SECT	ION E	0		

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

NAME OF COMMITTEE (Prov.	ide Complete Name as Registe	red with Filing R	lepository)				OF REPORT
Carfora For Mayor						Tern	nination of Exploratory Committee
F. Am	ount Transferred	from Affil	iated Bu	isiness Tr	easury <i>(Bu</i>	isiness Enti	ty Committees ONLY)
Date of Receipt	Is this transaction associ event reported in Section		8 Yes No	<i>If yes</i> , list E	vent#		Amount
Date of Receipt	Is this transaction associ event reported in Section		8Yes No	<i>If yes</i> , list F	vent#		Amount
Date of Receipt	Is this transaction associ event reported in Section		8Yes No	<i>If yes</i> , list E	vent #		Amount
Date of Receipt	Is this transaction associ event reported in Section		8Yes No	<i>If yes</i> , list E	vent#		Amount
				тот	AL SECTI	ON F	0
G. Amount Transfe	erred from Affilia	ted Labor	Union o	r Other (	Organizati	on Treas	ury (Organization Committees ONLY)
Date of Receipt	Date of Receipt				Date of	Receipt	
Amount	,	Amount					Amount
				тота	L SECTIO	ng (	)
	Personal Funds of	the Candi	date Rec	eived thi	Period (	Candidate (	
Date of Receipt	Method of payment:	<b>~</b>			0		Amount
Date of Receipt	OCash  Method of payment:	<b>V</b>	Personal Ch	eck	Credit/De	ebit Card	Amount
Date of Receipt	Cash	O I	Personal Ch	eck	Credit/De	bit Card	1.22.4.4.1.4
Date of Receipt	Method of payment:						Amount
	<b>O</b> Cash	O	Personal Ch	eck	Credit/De	bit Card	
Date of Receipt	Method of payment:  Cash	<b>O</b> 1	Personal Ch	eck	Credit/De	bit Card	Amount
				TO	TAL SEC	TION H	0
		I. An	onymou	ıs Contril	utions		

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.

	TART RECEIT 15 (Sections	and the same of the same					
NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repository)		TYPE OF REPORT Termination of Exploratory Committee				
Carfora For Mayor		2000	miauc	III OI EXPIOI	atory committee		
	om Deposits in Authorized Accou	Section of the Contract of	Received		Amount		
Name of Institution		Date	Received		Amount		
Street Address	City	State	Zi	p Code			
	•						
Name of Institution		Date	Received		Amount		
Street Address	City	State	Zi	p Code			
	TOTAL SECTI	ONJ	0				
K. Miscellaneous Mo	netary Receipts not Considered (	Contri	butio	15			
Name				Transaction .	Amount Received		
				la. A.			
Street Address	City	St	ate	Zip Code			
Description				<u>.L</u>			
•							
Name			Date of	Transaction	Amount Received		
		St	l te	Zip Code			
Street Address	City		***	Z.p code			
Description				L			
Name			Date of	Transaction	Amount Received		
Street Address	City	St	ate	Zip Code			
Description							
Name			Date of	Transaction	Amount Received		
Name					Amount Received		
Street Address	City	St	ate	Zip Code			
Description							
	TOTAL SECTION	<b>c</b> (	·	***************************************			
			CET AND TOWNS OF FORWARD IN				
SUMMARY OF OTHER	R MONETARY RECEIPTS (Sect	ions L	thro	igh K)			
Total Loans Received this Period (Section D)				0			
Total Receipts from Entities other than Individuals or Ot	her Committees (Section E)	+		0			
Total Amount Transferred from Affiliated Business Trea	sury (Section F)	+		0			
Total Amount Transferred from Affiliated Labor Union o		(G) +		0			
Total Amount of Personal Funds of the Candidate Receiv		+		0	The second secon		
Total Amount of Interest from Deposits in Authorized Ac		+		0			
Total Miscellaneous Monetary Receipts not Considered C		+		0			
	Total of Other Moneta		200000000000000000000000000000000000000	0			
(Add Sections D through	K) (Enter total on Line 15, Column A of Sumn	ary Pag	z 1 otals)	Š			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite	ory) TYPE OF	REPORT
Carfora For Mayor	•	tion of Exploratory Committee
	ent Information	
Event # Description  Letter Description		Was this a fundraising event?  Yes ONo
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	OYes (If yes, go to Section L5 In-Kind D Associated with a House Party an purchases made by host(s) for food  No	d complete required information for any
Did this fundraiser include goods or services donated by a business entiof up to \$200 or items donated by an individual of up to \$100?	<del>-</del>	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Receipts here.)  No	\{\\$
Subpart 2: (Party Committees, Municipal Candidates and Political Committees of advertising space in a program book or on a sign associated with this fundraiser?	ommittees other than Exploratory Committee OYes (If yes, go to Section L3 Purchases or on a Sign and complete requir ONo	of Advertising Space in a Program Book
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If yes, enter Total Receipts here.) ONo	<b>→</b> \$
Event # Date of Event Letter Description		Was this a fundraising event?  OYes  ONo
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes ( <i>If yes</i> , go to Section L5 In-Kind D  Associated with a House Party an purchases made by host(s) for food  No	d complete required information for any
Did this fundraiser include goods or services donated by a business enti of up to \$200 or items donated by an individual of up to \$100?	ty O Yes (If yes, go to Section L4 In-Kind I and complete required information No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Receipts here.)  No	\\$
Subpart 2: (Party Committees, Municipal Candidates and Political Co Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	ommittees other than Exploratory Committee OYes (If yes, go to Section L3 Purchases or on a Sign and complete requir ONo	of Advertising Space in a Program Book
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes ( <i>If yes</i> , enter Total Receipts here.) ONo	<b>\$</b>
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipt	s from Sale of Donated Items — This Page	0
	ection L1—Subpart 3 (Town Committees ONLY) eccipts from Food Purchases — This Page	
	TOTAL of additional Section L1 Pages	0
	CEIPTS FROM SMALL PURCHASE Il on Line 16a, Column A of Summary Page Total	

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

	(Provide Complete Name as Registere	ed with Filing Reposito	(עיז		TYPE OF REPOR				
Carfora For Mayor						nination of Exploratory Committee			
	L3. Purchases	s of Advertisin	ig in a Progra	ım Book or c	n a Sign				
Name of Purchaser	и в при					Purchase	e Made By:	_	
						OBus	siness Entity	Other	
						OInd	ividual/Sole P	roprietorship	
Street Address			City				State	Zip Code	
D. G. D	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	00	L Amount of Sig	m Purchase	
Date Received	ISVEHE #	Aggregate 1 grosinees	IOI TIII E ÇOILLI	Amount of Fre	ogi am 7ka x urena		imount of Sig	, ii X di Viimo	
Name of Purchaser		A					e Made By:	_	
						OBu	siness Entity	Other	
						OInd	ividual/Sole P		
Street Address			City				State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se .	Amount of Sig	n Purchase	
2.								•	
Name of Purchaser							e Made By:		
						Ξ	siness Entity	Other	
			<b>.</b>			OInd	lividual/Sole P		
Street Address			City				State	Zip Code	
								-	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se .	Amount of Sig	n Purchase	
				<u> </u>					
Name of Purchaser						_	e Made By:		
						_	siness Entity	O Other	
			r			() Ind	lividual/Sole P		
Street Address			City				State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise .	Amount of Sig	n Purchase	
Name of Purchaser							e Made By:	<b>⊘</b> out	
						Ξ	siness Entity	Other	
			Cit.			Und	lividual/Sole P	Zip Code	
Street Address			City				Siate	∠ib Code	
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se .	Amount of Sig	n Purchase	
No. opinio de la companya de la com									
The state of the s	SUBTOTAL Section L3 To	otal Purchases of	Advertising in I	rogram Book -	—This Page 0				
	SUBTOTAL Section	on L3 Total Purc	hases of Advert	sing on a Sign -	—This Page ()				
			TOTAL of	additional Secti	on L3 Pages ()				
ТОТАТ	OF ALL PURCHASES O	E ADVERTISIN	G IN A PROGR	AM BOOK or	ON A SIGN _				
		(Enter total on	Line 16c, Column	A of Summary	Page Totals)				

NAME OF COMMITTE	IE (Provide Complete Name as	Registered with Filing Repo	sitory)		TYPE OF REP	ORT		
Carfora For Mayor					Termination	of Explor	atory Co	ommittee
	L4.	In-Kind Donatio	ns Not Consi	idered Contribu	tions			
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair I	Market Va	due of Donation
Business Entity								
OIndividual	Date Received	Event #		Aggregate Value fo	or this Event			
O Sole Proprietorship								
Name of Donor								
Street Address			City		,		State	Zip Code
Donation Given By:	Description of Donation					Fair I	Market Va	lue of Donation
OBusiness Entity								
Omdividual	Date Received	Event #		Aggregate Value fo	or this Event			
OSole Proprietorship								
Name of Donor				·········	,			
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation		I			Fair I	Market V	lue of Donation
OBusiness Entity								
<b>O</b> Individual	Date Received	Event#		Aggregate Value fo	or this Event			
O Sole Proprietorship								
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair I	Market Va	lue of Donation
O Business Entity								
O Individual	Date Received	Event #		Aggregate value fo	r this Event			
O Sole Proprietorship								
	1	S	URTOTAL Sect	tion L4— This Pag	e 0			
					U			
		TC	OTAL of additio	nal Section L4 Pag	es 0			
TOT	FAL OF ALL IN-KIND	DONATIONS NOT (Enter total on Line 2	CONSIDERED	CONTRIBUTION	(S) 0			
		(Enter wat on Line 2	an community of a					

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)			TYPE OF RE	PORT		
Carfora For Mayor				Terminatio	n of Exp	olor CTTE.	
L5. In-Kind Donati	ons Not Considered (	Contributions Asso	ciated with a F	Iouse Part	y		
Name of Host			committee?	t supporting more than one candidate  Yes No  Complete Itemization in Addendum L5			
Street Address	A CONTRACTOR OF THE CONTRACTOR	City			State	Zip Code	
Description of Donation		<u> </u>		Fair Mar	ket Value	e of Donation	
Event # Aggregate Value of th	s Event—all hosts A	ggregate Value of all Events—i	this host/candidate				
Name of Host	<b>_</b>		committee?	OYes ON	o	one candidate o	
CO.		Low	If yes, co	mplete Itemiza	State	Zip Code	
Street Address		City			State	2.ip Code	
Description of Donation				Fair Mar	ket Value	e of Donation	
Event # Aggregate Value of th	s Event—all hosts A	ggregate Value of all Events—i	this host/candidate	1			
Name of Host			committee?	Supporting mo OYes ON omplete Itemiz	o	one candidate o	
Street Address		City		-	State	Zip Code	
Description of Donation		J.,		Fair Mar	ket Valu	e of Donation	
Event # Aggregate Value of th	s Event—all hosts A	ggregate Value of all Events—	this host/candidate	-			
Name of Host			committee?		o	one candidate o	
Street Address		City			State	Zip Code	
Description of Donation				Fair Mai	ket Valu	e of Donation	
Event # Aggregate Value of th	s Event—all hosts A	ggregate Value of all Events— <i>i</i>	this host/candidate				
	SUI	STOTAL Section L5	— This Page	0			
	TOTA	AL of additional Sect	ion L5 Pages	0			
TOTAL OF ALL IN-KIND ASSOCIATED WITH A HOUSE PART		ONSIDERED CON'I 22, Column A of Summ		0			
						•	

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

Page 12 of 17

NAME OF COMMITTEE (Provide Complete	Name as Registered	vith Filing Repository	)		TYPE OF REPO			
Carfora For Mayor					Termination	of Explor	atory Co	mmittee
	5 5 6	M. In-Ki	ind Contr	ibutions				
Name			<del></del> _					
Street Address			Ci	ty			State	Zip Code
Type of contributor: Committee	Date Received	Aggregate Con	tributions	Description of In-Kind	Contribution		, <b>.</b>	
OIndividual / Sole Proprietorship OOther	TC i hti an i	a in avenue of \$400	to a sandidat	e for a chief executive of	officer of a munici	inality		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor valued at more t	or business he/she han \$5,000?	e is associated	with have a contract w OYes ONo	ith said municipal	ity		Iarket Value Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	No If	ributor a principal yes, indicate which government the cor	branch or b	tractor or prospective stranches  Executive	tate contractor?	8Yes No		
Name								
Street Address			C	ity			State	Zip Code
Type of contributor: Committee OIndividual / Sole Proprietorship Other	Date Received	Aggregate Con	tributions	Description of In-Kind	Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		or or business he/sh		ate for a chief executive d with have a contract of Yes No				Market Value Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	O No If J	ributor a principal yes, indicate which government the con	branch or b		ate contractor?	8Yes No		
Name	•							
Street Address			Ċ	ity			State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship Other	Date Received	Aggregate Con	tributions	Description of In-Kind	Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution does contribute valued at more	or or business he/sl	0 to a candida ne is associate	ate for a chief executive d with have a contract Yes No	officer of a muni with said municipa	cipality, ality		Market Value Contribution
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	O No If	ributor a principal yes, indicate which government the cor	i branch or b		tate contractor?  Legislative	8Yes No		
		SUI	BTOTAL S	ection M — This Pa	<b>ge</b> 0	I		
		TOTA	AL of addit	ional Section M Pag	ges 0			
TOTAL OF ALL IN-KIND CON	TRIBUTION	S (Enter total on L	ine 23, Colum	n A of Summary Page T	otals) ()			
	N. Ref	undable Dep	osit to Te	lephone Compa	ny			
Last Name of Individual			First			MI	Date Deposi	it Made
Residential Street Address		City	,		State Zip C	Code		Amount of Deposit
Name of Telephone Company					<u> </u>			
Street Address		City			State Zip C	Code	_	
					<u>                                     </u>			
TOTAL SI	SCTION N (E)	nter total on Line 2	74, Column A	of Summary Page To	(als) 0			

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#### IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMITT	EE (Pravide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		880424	
Carfora For Mayor			Termination of Exp	loratory Committee	:	
	P. Expenses	Paid by Committee			919-139	
Name of Payee			Date of Payment	Method of Payment:		
Anedot			01/12/2023	O Check #		
Street Address		City		State Zip Code	FI	
		Dallas		TX 75201		
1920 McKinny Ave	3.			1/0201		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Bank Fees	Fees For Electronic Deposit	53.20				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is a	hecked)	1		
(if applicable)	None of the below				. 1	
	Coordinated with reimbursement sought (joint expenditur	e) National Properties	ent O O O			
Name of Payee	Coordinated without reimbursement sought (in-kind contr	Organizat Organizat	Date of Payment	Method of Payment:		
			12/31/2022	O Check #		
Key Bank			12/31/2022	O Debit Card OE	FT	
Street Address		City		State Zip Code		
P.O. Box 93885		Cleveland		OH 44101-58	385	
Purpose of Expenditure	Description		Event #	Amount		
(by code) Bank Fees	Bank Fees			24.00		
			· / ·	24.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is c	necked)			
	O None of the below Coordinated with reimbursement sought (joint expenditur	e) Independe	ent			
	Coordinated without reimbursement sought (in-kind contr	, <del>-</del> -	ionOA OB OC OD			
Name of Payee			Date of Payment	Method of Payment:		
				O Check #O Debit Card OE	ET	
Street Address		City		State Zip Code	.T. T	
			Event #			
Purpose of Expenditure (by code)	Description		Livone II	Amount		
				_		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below" is	checked)			
ң аррисионе)	None of the below					
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con		tionOAOBOCOD			
Name of Payee		, Organiza	Date of Payment	Method of Payment:		
				O Check #		
				O Debit Card OE	EFT	
Street Address		City		State Zip Code		
Purpose of Expenditure	Description		Event #	Amount		
(by code)						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	nless "Nove of the below" is a	rhecked)	1		
(if applicable)	None of the below	nicus Tronc of the boton is				
	Coordinated with reimbursement sought (joint expenditu	re) Independ	lent			
	Coordinated without reimbursement sought (in-kind cont	ribution) Organizat	tion OA OB OC OD			
		SUBTOTAL Section P —	This Page 77,20			
	TO	TAL of additional Section	n P Pages 0			
	MODELL OF LEE EVIDE	NOTE DATE DAY COM	AVENDERATIO			
	TOTAL OF ALL EXPE (Enter total on Lin	INSES PAID BY COIV e 19, Column A of Summary				

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository	TYPE OF REPORT					
Carfora For Mayor			Termination of Exp	Termination of Exploratory Committee			
	Q. Campaign Exp	enses Paid by Candi	date				
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	ursement claimed?		
				0	res O No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)							
	Date of Payment	Y					
Name of Payee (Name of V	Date of rayment	Is reimbursement claimed?					
		0	Yes O No				
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description	<u> </u>	Event #		Amount		
(by code)							
			[n . an	<u> </u>			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment		ursement claimed?		
				O	Yes O No		
Street Address		Cîty		State	Zip Code		
D CE Lines.	Description		Event #		l		
Purpose of Expenditure (by code)	Description		2.000				
			100-111				
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	ursement claimed?		
				0	Yes 🔘 No		
Street Address		City		State	Zip Code		
			Event #		 Amount		
Purpose of Expenditure (by code)	Description		EACUL 4		Amount		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City		State	Zip Code		
			Event #		A maunt		
Purpose of Expenditure (by code)	Description		EVOIL #	•	Amount		
Name of Payce (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	ursement claimed?		
				0	Yes O No		
Street Address		City		State	Zip Code		
			D4		L		
Purpose of Expenditure (by code)	Description		Event #		Amount		
				1			
SUBTOTAL Section Q — This Page 0							
TOTAL of additional Section Q Pages ()							
TOTAL OF ALL EXPENSES PAID BY CANDIDATE 77.20							
	(Enter total on Lin	ie 26, Column A of Summary	Page Totals)				

	EE. (Provide Complete Name as Registered with	(Filing Repository)	TYPE OF REPO	
Carfora For Mayor				of Exploratory Committee
		ses Incurred on Committee	Credit Card	
Name of Issuing Insti	rution	Type of Credit Card: O Visa OMas	ster Card ODiscover O	American Express Other:
Name of Vendor, Person of	r Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adden  None of the below Coordinated with reimbursement sou Coordinated without reimbursement		low" is checked)  Independent  Independent  Inganization OA OB OC	: Ор
Name of Vendor, Person of	r Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adden None of the below Coordinated with reimbursement so Coordinated without reimbursement		Iow" is checked)  Independent  Organization OA OB OC	C O D
Name of Vendor, Person of	r Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adden One of the below Coordinated with reimbursement so Coordinated without reimbursement		low" is checked)  Independent  Organization: OA OB OC	с Ор
		SUBTOTAL Section F	R—This Page 0	
		TOTAL of additional Se-	ction R Pages 77.20	
ТО	TAL OF ALL EXPENSES INC (E	URRED ON COMMITTEE CF nter total on Line 27, Column A of Sum		

NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Repositor	y).	TYPE OF REPORT			
Carfora For Mayo			Termination of Ex	kploratory	/ Committee	
	S. Expenses Incurred by Con	nmittee but Not Paid	During this Period			
Name of Creditor				Date Incu	red	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	<b></b>	Event #	Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint expension Coordinated without reimbursement sought (in-kind)	Indep	is checked) endent aization: OA OB OC O	D		
Name of Creditor				Date Incu	rred	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #	i i	nount Incurred stimate or Actual)	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum S Require  None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind	Indep	is checked) endent ization: OA OB OC O	D		
Name of Creditor				Date Incu	rred	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	nditure) Indep	r is checked)  mendent  mization:	D		
		SUBTOTAL Section	S-This Page 0			
		TOTAL of additional Se	ction S Pages 0			
TOTAL OF ALL 1	EXPENSES INCURRED BY COMMITTEE DU (Enter total on	RING THIS PERIOD BU 1 Line 28, Column A of Summ	T NOT PAID of the party Page Totals)			
	Previously reported E	xpenses Unpaid and still (	Outstanding 0			
	TOTAL OF ALL EXPENSES INCURRI (Enter total on )	ED BY COMMITTEE BU Line 28a, Column A of Summ				

NAME OF COMMITT	BE (Provide Complete Name as Registered with Filing Reposit	ory)		PE OF REP				
Carfora For Mayor				nakana (nkamana) intaka	of Expl	oratory Com	mittee	
	T. Itemization of Rein	ibursements	and Secondary Pa	yees				
Last Name of Worker/Con	sultant	First			MI	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant		//-	Payment to reported in S	Section P:	Committee Worke		
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		1.		State Zip	Code	
Purpose of Expenditure (by code)	Description		Event #			Amo	ount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requestion None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kit)	penditure)	of the below" is checked,  Independent Organization: o		Сор			
Last Name of Worker/Cor	sultant	First			МІ	Date of Payme Person or Enti		
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant			Payment to reported in S	Section P:	Committee Worke	er/Consultant as	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State Zip	Code	
Purpose of Expenditure (by code)	Description		Event #			Amo	unt	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kit)	penditure)	of the below" is checked,  Independent Organization: o A	0 0	С о р			
Last Name of Worker/Cor	ısulfant	First			MI	Date of Payme Person or Enti		
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant			Payment to reported in C	Section P:	Committee Work	er/Consultant as	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State Zip	Code	
Purpose of Expenditure (by code)	Description		Event #			Amo	ount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requestion of the below Coordinated with reimbursement sought (joint expectation) Coordinated without reimbursement sought (in-kit)	penditure)	of the below" is checked,  Independent Organization: o A	0 0	<b>О</b>			
		SUBTOTA	L Section T — This Pa	ige 0				
		TOTAL of ac	ditional Section T Pa	ges ()				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS A	AND CONSULTAN	<b>TS</b> 0				

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# Section B ADDITIONAL PAGE 4 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	pository)			TYPE OF REPORT		
Carfora For Mayor	Termination of Exp	olorator	y Committee			
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)	\$ 1870.00					
					theresees a	
B. Itemiz	zed Cont	aparter and activities	ions from Indivi	duals	(B) (\$ (S)	l Na
Last Name		First	/mond			MI
Pompano	Cit		yiiioiid		State	Zip Code
Residential Street Address 105 Sorrento Ave.		ast H	aven		CT	06512
Principal Occupation			Name of Employer	.,	<u> </u>	
Retired			ВІ			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess does contributor or busine valued at more than \$5,00	ess he/she is 00?	associa	nted with have a contract OYes ONo	with said municipality	500	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate w of government the	which branch	h or br s with:	<b>O</b> Executive	OLegislative O No		
Method of Contribution:	Monor		Date Received 01/13/2023	Aggregate Contributions 500.00		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Twitoney O	First	V 17 1312023	1 300.00		MI
Last Name		FIRST				1411
Residential Street Address	Cit	ty			State	Zip Code
Principal Occupation	<u></u>		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess does contributor or busine valued at more than \$5,00	ess he/she is	a cand associ	idate for a chief executivated with have a contractory Yes O No	ve officer of a municipalit t with said municipality	y, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a printing of government of government to the section of government to the sec	which branc	h or b	tractor or prospective stractors:	ate contractor?  No Legislative	S .	
Method of Contribution:	_		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money O	rder				
Last Name		Firs				MI
Residential Street Address	Ci	ity	***************************************	<u></u>	State	Zip Code
Principal Occupation			Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No If contribution is in exces does contributor or busine valued at more than \$5,00	iess he/she is	a cand associ	idate for a chief executi ated with have a contrac O Yes O No	ve officer of a municipalit t with said municipality	y, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate woof government to the section of the s	which branc	h or bi		ONo Legislative		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney C	Order	Date Received	Aggregate Contributions		
	SUBTO	)TAI	Section B — Thi	s Page 500.00		
	TOTAL	of ad	ditional Section B	Pages 1370.00		
TOTAL OF ALL CONTRIBUTION (Enter total	NS FROM il on Line 13	INDI , Colu	VIDUALS (Sections mn A of Summary Page	<b>A+B</b> ) Totals) 1870.00		

NAME OF COMMITTEE (Provide Complete	Name as R	egistered with Filing Repository)	8 (238 (3)		TYPE OF REPORT			
Carfora For Mayor					Termination of Exp	lorator	y Cor	nmittee
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A					\$ 1870.00			
		B. Itemized Con	ıtrib	utions from Indivi	duals			
Last Name			- 1	rst				MI
Luzzi			N	Aichael				J
Residential Street Address	F   14   14   14   14   14   14   14							
3 Whalers Point Road			Last	Name of Employer		O1		
Principal Occupation				Law Offices of Mich	nael I. Luzzi I. I.C			
Attorney  Is contributor a lobbyist, spouse,  OY	ng Ifac	ontribution is in excess of \$400 t	A 9 C91			/ Am	ount of	f Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	o does	s contributor or business he/she i ed at more than \$5,000?	is asso	ciated with have a contract OYes ONo	with said municipality	250		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or	branches	e contractor? Yes OLegislative			
Method of Contribution:				Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/De	oit Card (	Payroll Deduction OMoney	Order	01/12/2023	350.00			
Last Name			Fi	rst				MI
Deko			J	oseph				
Residential Street Address		1	City	11		State	Zip (	
147 Salerno Ave.			East	Haven		СТ	06:	512
Principal Occupation				Name of Employer Town of Guilford				
Firefighter		20/00		1	CC			0.71 4.11 41
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	o does	ontribution is in excess of \$400 to s contributor or business he/she is sed at more than \$5,000?	o a cai	ciated with have a contract  O Yes  No	with said municipality	, Am. 50.		f Contribution
	Yes No	Is contributor a principal of a s  If yes, indicate which bran of government the contract	ich or	branches	te contractor? Yes  No  Legislative			
Method of Contribution:				1	Aggregate Contributions			
OCash OPersonal Check OCredit/De	oit Card	Payroll Deduction OMoney	Order	01/12/2023	50.00			
Last Name				irst				МІ
Kot				Anna		10	12.	<u> </u>
Residential Street Address			City Fast	Haven		State CT	1 -	Code 512
133 Foxon Hill Road Principal Occupation			Last	Name of Employer		1 "		· ·
Data Scientist				KPMG LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	o does	ontribution is in excess of \$400 to s contributor or business he/she	to a ca is asso	ciated with have a contract	e officer of a municipalit with said municipality			f Contribution
event reported in Section L1?	valued at more than \$5,000?  Yes O No  Is contributor a principal of a state contractor or prospective state contractor?  No  If yes, indicate which branch or branches							
If yes, list Event #  Method of Contribution:		of government the contrac	15 W	Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/De	bit Card (	Payroll Deduction OMoney	Order	l .	250.00			
	3000 E	SUBT	OT/	AL Section B — This	Page 550.00			
				dditional Section B l				
TOTAL	)F ALL	CONTRIBUTIONS FROM (Enter total on Line)	I INE 13, Co	OPVIDUALS (Sections A lumn A of Summary Page	<b>A + B)</b> <i>Totals)</i> 1870,00			

# Section B ADDITIONAL PAGE 3 of 4

NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Carfora For Mayor	Termination of Exploratory Committee							
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  S		eriod ONLY L SECTION A	\$ 1870.00	-				
B. Itemized Cor	itribution	ns from Individ	luals	162 B. B.				
Last Name	First				MI			
Bysiewicz	Susan							
	City	S			Zip Code			
10 Tun Timpora Na.	Middleto			CT	06457			
Principal Occupation	į.	ie of Employer ite of Connecticu	·+					
Lt. Governor/Attorney				. 1 .				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is associated	with have a contract v OYes ONo	with said municipality	50.0	unt of Contribution			
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a security in the section of the security is a security in the security in the security in the security is a security in the security in the security in the security is a security in the security in the security in the security is a security in the security in	ich or branci	hes	_ O No					
If yes, list Event # of government the contract			O Legislative					
Method of Contribution:		Received /12/2023	Aggregate Contributions 50.00					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		/12/2023	30.00		МІ			
Last Name  Francisco	First Bened	lict			1441			
Frosceno	City	2101		State	Zip Code			
Residential Street Address 81 Eddon Drive	East Have	'			06512			
Principal Occupation		ne of Employer						
P.I.		n Mar Investigati	ons LLC					
Is contributor a lobbyist spouse  Yes If contribution is in excess of \$400	to a candidate	e for a chief executive	officer of a municipality	, Amo	unt of Contribution			
or dependent child of a lobbyist?  One does contributor or business he/she valued at more than \$5,000?	is associated	with have a contract of Yes O No	with said municipality	20.0	0			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No Section L1? If yes, indicate which brain of government the contraction of government the contraction.	nch or branc	hes	e contractor? Yes No Legislative					
Method of Contribution:	1		Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 01	1/13/2023	20.00					
Last Name	First				MI			
Thompson	Debb	ie		· · · · · · · · · · · · · · · · · · ·				
Residential Street Address	City Branford			State CT	Zip Code 06405			
10 B Harbour Village		ne of Employer		Ç.	00403			
Principal Occupation		wn of East Haver	3					
Administrative Assistant  Is contributor a lobbyist, spouse.  Yes If contribution is in excess of \$400				,   Ama	unt of Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?		Amount of Contribution 100.00						
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  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:  Executive O Legislative								
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		Received /13/2023	Aggregate Contributions					
	l		4-0.00					
		onal Section B P						
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	11 INDIVID 13, Column	OUALS (Sections A A of Summary Page	(1870.00 <b>X+B)</b>					