

SEEC FORM 20

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



RECEIVED FOR FILING
APR 10 2023
TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

Cheri Batten

TOWN CLERK

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE			
Cartosa For Mayor			
2. TREASURER NAME			
<small>First</small> Richard	<small>MI</small> A	<small>Last</small> DePalma	<small>Suffix</small>
3. TREASURER ADDRESS			
<small>Street Address</small> 10 Seaview Ave	<small>City</small> East Haven	<small>State</small> CT	<small>Zip Code</small> 06512
4. ELECTION/REFERENDUM DATE <small>(mm/dd/yyyy)</small>	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> Mayor		6. DISTRICT NUMBER <small>(if applicable)</small>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
<small>First</small> Joseph	<small>MI</small> A	<small>Last</small> Cartosa	<small>Suffix</small>
8. TYPE OF REPORT <i>(Check One Box)</i>			
<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 <i>(PACs ONLY)</i>
<input checked="" 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 type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election <small>(State Central Committees Only)</small>	<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		Ending Date	
1-21-23		thru 3-31-23	
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.			
<i>[Signature]</i> _____ TREASURER OR DEPUTY TREASURER (SIGNATURE)		Richard DePalma _____ PRINT NAME OF SIGNER	4-10-23 _____ DATE (mm/dd/yyyy)
<i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i>			

SEEC FORM 20

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		1792.80
12. Balance on hand at the beginning of Reporting Period	1792.80	
13. Contributions Received from Individuals (Sections A and B)	17105.00	17105.00
14. Receipts from Other Committees (Sections C1 and C2)	0	0
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)	11400.00	11400.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	28505.00	28505.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	30297.80	30297.80
19. Expenses Paid by Committee (Section P)	358.30	358.30
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	29939.50	29939.50
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	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 Registered with Filing Repository)		TYPE OF REPORT	
Castro for Mayra		4-10-83	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 17105.00	
B. Itemized Contributions from Individuals			
Last Name		First	MI
James		Benjamin	
Residential Street Address		City	State Zip Code
600 Foxon Rd		East Haven - CT	06512
Principal Occupation		Name of Employer	
Retired		Retired	
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? 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
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	Aggregate Contributions
		3-31-73	20-
Last Name		First	MI
Clough		Dobson	E
Residential Street Address		City	State Zip Code
32 Chadsey Ave		East Haven	CT 06512
Principal Occupation		Name of Employer	
Account Manager		RC Bigelow Inc	
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? 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
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	Aggregate Contributions
		3-31-73	100-
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 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 type="checkbox"/> No	Amount of Contribution
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
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		Date Received	Aggregate Contributions
SUBTOTAL Section B - This Page		120.-	
TOTAL of additional Section B Pages		17105	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		17105.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <div style="font-size: 1.5em; font-family: cursive;">Castro For Mayor</div>	TYPE OF REPORT <div style="font-size: 1.5em; font-family: cursive;">4-10-23</div>
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ <div style="font-size: 1.5em; font-family: cursive;">17105.00</div>

B. Itemized Contributions from Individuals

Last Name <div style="font-size: 1.5em; font-family: cursive;">Smith</div>	First <div style="font-size: 1.5em; font-family: cursive;">George</div>	MI
Residential Street Address <div style="font-size: 1.5em; font-family: cursive;">8 Maplevale Rd</div>	City <div style="font-size: 1.5em; font-family: cursive;">East Haven</div>	State <div style="font-size: 1.5em; font-family: cursive;">CT</div>
Principal Occupation <div style="font-size: 1.5em; font-family: cursive;">Management</div>	Name of Employer <div style="font-size: 1.5em; font-family: cursive;">A & G Cleaning Agents</div>	
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 <div style="font-size: 1.5em; font-family: cursive;">100.-</div>
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <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 <div style="font-size: 1.5em; font-family: cursive;">3-20-23</div>
Aggregate Contributions <div style="font-size: 1.5em; font-family: cursive;">100.-</div>		

Last Name <div style="font-size: 1.5em; font-family: cursive;">Balletta</div>	First <div style="font-size: 1.5em; font-family: cursive;">Jeff</div>	MI
Residential Street Address <div style="font-size: 1.5em; font-family: cursive;">14 Princess Dr</div>	City <div style="font-size: 1.5em; font-family: cursive;">Madison CT</div>	State <div style="font-size: 1.5em; font-family: cursive;">CT</div>
Principal Occupation <div style="font-size: 1.5em; font-family: cursive;">Project manager</div>	Name of Employer <div style="font-size: 1.5em; font-family: cursive;">Roberts Fees Inc.</div>	
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 <div style="font-size: 1.5em; font-family: cursive;">500.-</div>
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <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 <div style="font-size: 1.5em; font-family: cursive;">3-30-21</div>
Aggregate Contributions <div style="font-size: 1.5em; font-family: cursive;">500.-</div>		

Last Name <div style="font-size: 1.5em; font-family: cursive;">Ucich</div>	First <div style="font-size: 1.5em; font-family: cursive;">Christine</div>	MI
Residential Street Address <div style="font-size: 1.5em; font-family: cursive;">967 N High St</div>	City <div style="font-size: 1.5em; font-family: cursive;">East Haven</div>	State <div style="font-size: 1.5em; font-family: cursive;">CT</div>
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution <div style="font-size: 1.5em; font-family: cursive;">50.-</div>
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <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 <div style="font-size: 1.5em; font-family: cursive;">3-31-23</div>
Aggregate Contributions <div style="font-size: 1.5em; font-family: cursive;">50.-</div>		

SUBTOTAL Section B — This Page	<div style="font-size: 1.5em; font-family: cursive;">650</div>
TOTAL of additional Section B Pages	<div style="font-size: 1.5em; font-family: cursive;">16985</div>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	<div style="font-size: 1.5em; font-family: cursive;">17105.00</div>

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
Cattara For Mayor		4-10-23
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		\$ 17,105.00
SUBTOTAL SECTION A		

B. Itemized Contributions from Individuals

Last Name		First	MI
Fontana		Stephen	
Residential Street Address		City	State Zip Code
23 Angel Place		North Haven	CT 06473
Principal Occupation		Name of Employer	
Deputy Director, Economic Develop		City of New Haven	
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?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	250-
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:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
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		3-15-23	250.-

Last Name		First	MI
Penington		Ann	
Residential Street Address		City	State Zip Code
18 Joshua's Trail		East Haven	CT 06612
Principal Occupation		Name of Employer	
Clinical Receptionist		Yale Univ.	
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?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100-
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:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
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		3-20-23	100-

Last Name		First	MI
Yaccarino		David	
Residential Street Address		City	State Zip Code
56 Robert Drive		East Haven	CT 06512
Principal Occupation		Name of Employer	
Staff Scientist		Thomas Fish / Scientific	
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?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	50-
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:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
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		3-20-23	50-

SUBTOTAL Section B — This Page		400-
TOTAL of additional Section B Pages		16,335
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		17,105.00

I. MONETARY RECEIPTS (Sections A—K)

Revised January 2015

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caspera For Mayor		7-10-23	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 17105.00	

B. Itemized Contributions from Individuals

Last Name		First		MI	
Iovanne		William			
Residential Street Address		City		State Zip Code	
61 Pasture Lane		Branford		CT 06405	
Principal Occupation		Name of Employer			
Funeral Director		Iovanne Funeral Home Inc			

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, list Event # _____		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		Date Received		Aggregate Contributions		500.-	
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		3-8-23		500.-					

Last Name		First		MI	
Thompson		Paul		50.	
Residential Street Address		City		State Zip Code	
849 Thompson St.		East Haven		CT 06512	
Principal Occupation		Name of Employer			
Blind Rehabilitation		Dept. of Veteran Affairs			

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, list Event # _____		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		Date Received		Aggregate Contributions		20.-	
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		3-8-23		20.-					

Last Name		First		MI	
Thompson		Paul		50.	
Residential Street Address		City		State Zip Code	
843 Thompson St.		East Haven		CT 06512	
Principal Occupation		Name of Employer			
Teacher		SPP - Job Time			

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, list Event # _____		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		Date Received		Aggregate Contributions		50.-	
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		3-9-23		50.-					

SUBTOTAL Section B — This Page		570.00	
TOTAL of additional Section B Pages		15935	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		17105.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
Casta Ca Fed Major		4-10-83
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ 17105.00
SUBTOTAL SECTION A		

B. Itemized Contributions from Individuals

Last Name		First	MI
Glassman		Kimberly	
Residential Street Address		City	State Zip Code
55 Sharon Dr.		East Haven	CT 06512
Principal Occupation		Name of Employer	
Director		Foundation For Fair Contracting of CT	
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? 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:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
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		1-31-83	50.-
		Amount of Contribution	
		50.-	

Last Name		First	MI
Albis		James	
Residential Street Address		City	State Zip Code
55 Sharon Dr.		East Haven	CT 06512
Principal Occupation		Name of Employer	
Office Director		of Dept of Energy + Env. Protection	
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? 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:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
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		1-31-83	50.-
		Amount of Contribution	
		50.-	

Last Name		First	MI
Bowden		Joyce	
Residential Street Address		City	State Zip Code
76 Burgess Street		East Haven	CT 06512
Principal Occupation		Name of Employer	
Home maker		Home maker	
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 #		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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
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		2-1-83	20.-
		Amount of Contribution	
		20.-	

SUBTOTAL Section B— This Page		120.-
TOTAL of additional Section B Pages		153.65
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		17105.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Castro For Mayor						4-10-23	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)						SUBTOTAL SECTION A	
						\$ 17105.00	
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?			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?			Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			20.-	
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:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
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			1-27-23		20.-		
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?			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?			Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30.-	
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:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
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			1-27-23		30.-		
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?			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?			Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			50.-	
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:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
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			1-30-23		50.-		
SUBTOTAL Section B — This Page:						100.-	
TOTAL of additional Section B Pages:						15245	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						17105.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE: (Provide Complete Name as Registered with Filing Repository) Cadogan Job Mayor		TYPE OF REPORT 4-10-23	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ 17105.00	
B. Itemized Contributions from Individuals			
Last Name Wobensmith		First John	MI 5
Residential Street Address 93 Casaj Beach Ave Apt 14		City East Haven	State Zip Code CT 06512
Principal Occupation Retired		Name of Employer Retired	
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	150	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <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 3-28-23	Aggregate Contributions 150.-
Last Name Martin		First Karen	MI
Residential Street Address 15 Oak Grove Rd.		City East Haven	State Zip Code CT 06512
Principal Occupation Radiologic Tech.		Name of Employer Yak UNV.	
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	20	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <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 1-23-23	Aggregate Contributions 20.-
Last Name Coughlin		First Lance	MI
Residential Street Address 12 Cantoy Hills Rd		City Hamden	State Zip Code CT 06514
Principal Occupation Attorney		Name of Employer Self employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 type="checkbox"/> No	50	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input 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 1-27-23	Aggregate Contributions 50.-
SUBTOTAL Section B — This Page		280.-	
TOTAL of additional Section B Pages		15,145	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on line 13, Column A of Summary Page Totals)		17105.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE: (Provide Complete Name as Registered with Filing Repository) <i>Carlota For Mayor</i>		TYPE OF REPORT <i>4-10-23</i>	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ <i>17105.00</i>	
B. Itemized Contributions from Individuals			
Last Name <i>Dicoletti</i>		First <i>Zachel</i>	MI
Residential Street Address <i>33 Hackney Dr.</i>		City <i>Madison</i>	State <i>CT</i>
Principal Occupation <i>Res. Service Coordinator</i>		Name of Employer <i>Woodview Assoc.</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? 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <i>1819</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>3-1-23</i>	Aggregate Contributions <i>500.-</i>
Last Name <i>Stacey</i>		First <i>Susan</i>	MI <i>C</i>
Residential Street Address <i>82 Forbes Pl.</i>		City <i>East Haven</i>	State <i>CT</i>
Principal Occupation <i>Retired</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	Amount of Contribution
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <i>2013</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>3-21-23</i>	Aggregate Contributions <i>100.-</i>
Last Name <i>Testa</i>		First <i>Debra</i>	MI
Residential Street Address <i>240 South Main St.</i>		City <i>Wallingford</i>	State <i>CT</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <i>181</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>3-24-24</i>	Aggregate Contributions <i>1000.00</i>
SUBTOTAL Section B— This Page:		<i>1600.00</i>	
TOTAL of additional Section B Pages:		<i>14925</i>	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		<i>17105.00</i>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Cactus For Mayd</i>	TYPE OF REPORT <i>4-10-23</i>
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ <i>17105.00</i>

B. Itemized Contributions from Individuals

Last Name <i>Lieber</i>	First <i>Marth</i>	MI	State <i>CT</i>	Zip Code <i>06512</i>
Residential Street Address <i>18 Hampton Rd</i>		City <i>East Haven</i>		
Principal Occupation <i>-</i>		Name of Employer <i>-</i>		

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 <i>25.-</i>
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:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <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>3-6-23</i>
<i>396</i>		Aggregate Contributions <i>25.-</i>

Last Name <i>Palmel</i>	First <i>AGT</i>	MI	State <i>CT</i>	Zip Code <i>06405</i>
Residential Street Address <i>27 Standard Ave</i>		City <i>Bridgeport</i>		
Principal Occupation <i>-</i>		Name of Employer <i>-</i>		

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 <i>500.-</i>
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:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <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>2-23-23</i>
<i>022323A</i>		Aggregate Contributions <i>500.-</i>

Last Name <i>Booge H</i>	First <i>Michael</i>	MI	State <i>CT</i>	Zip Code <i>06512</i>
Residential Street Address <i>312 Thompson Ave</i>		City <i>East Haven</i>		
Principal Occupation <i>Supervisor</i>		Name of Employer <i>Sims MM</i>		

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 <i>1000.-</i>
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:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <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>2-26-23</i>
<i>118</i>		Aggregate Contributions <i>1000.-</i>

SUBTOTAL Section B — This Page:	<i>1525.00</i>
TOTAL of additional Section B Pages:	<i>13325</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B): (Enter total on Line 13, Column A of Summary Page Totals)	<i>17105.00</i>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caffery For Mayor		4-10-93	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 17105.00	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Escante		Steven	
Residential Street Address		City	State Zip Code
115 Harbor St.		Barnford	CT 06405
Principal Occupation		Name of Employer	
Attorney		Lynch Trumb - Keefe + Escante	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?	Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	250
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:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 02373A		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: \$ 5800		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		2/23/93	250-
Last Name		First	MI
LeSpare		Patricia	
Residential Street Address		City	State Zip Code
1090 Prospect Ave		Hartford	CT 06108
Principal Occupation		Name of Employer	
Lobbyist			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?	Amount of Contribution
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100.-
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:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: #0273		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		2/22/93	100-
Last Name		First	MI
Dendas		Zachary	
Residential Street Address		City	State Zip Code
125 Hitchkiss Grove Rd.		Barnford	CT 06405
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?	Amount of Contribution
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100.-
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:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: 132		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		2-21-93	100-
SUBTOTAL Section B— This Page		450.00	
TOTAL of additional Section B Pages		11800	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A+B) (Enter total on Line 13, Column A of Summary Page Totals)		17105.00	

MEMORANDUM (Provide Complete Name as Registered with Filing Report(s)) <i>Cristina For Major</i>	TYPE OF REPORT <i>4-10-23 Filing</i>
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ <i>17,105.00</i>

B. Itemized Contributions from Individuals

Name <i>Ryan</i>		First <i>William</i>	MI <i>A</i>
Residential Street Address <i>60 Meadowbrook Road</i>		City <i>North Haven</i>	State <i>CT</i> Zip Code <i>06473</i>
Principal Occupation <i>Attorney</i>		Name of Employer <i>Ryan & Ryan LLC</i>	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution <i>500</i>
Is this contribution associated with an event reported in Section L1? Yes, list Event # <i>022323A</i>	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"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <i># 4102</i>		Date Received <i>2-23-23</i> Aggregate Contributions <i>500.-</i>	
Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			

Name <i>Mike</i>		First <i>Dominic</i>	MI <i>C</i>
Residential Street Address <i>1622 Sturbridge Court</i>		City <i>Cheshire</i>	State <i>CT</i> Zip Code <i>06410</i>
Principal Occupation <i>Self</i>		Name of Employer <i>Self - Pro Tek Security LLC</i>	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution <i>1000.-</i>
Is this contribution associated with an event reported in Section L1? Yes, list Event # <i>02223A</i>	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"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution:		Date Received <i>2-23-23</i> Aggregate Contributions <i>1000.-</i>	
Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			

Name <i>Orlando</i>		First <i>Gene</i>	MI
Residential Street Address <i>1570 T. Inverto 63 CT</i>		City <i>East Mead</i>	State <i>FL</i> Zip Code <i>33901</i>
Principal Occupation		Name of Employer	
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 <i>250.-</i>
Is this contribution associated with an event reported in Section L1? Yes, list Event # <i>02223A</i>	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"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution:		Date Received <i>2-23-23</i> Aggregate Contributions <i>250.-</i>	
Cash <input 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>1750.-</i>
TOTAL of additional Section B Pages	<i>11350.-</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	<i>17105.00</i>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Catara Feb Mayor</i>	TYPE OF REPORT <i>1-10-23 Filing</i>
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ <i>17105.00</i>

B. Itemized Contributions from Individuals

Last Name <i>Ba Hee Lisa</i>	First <i>Lisa</i>	MI <i></i>	
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>Town Clerk</i>	Name of Employer <i>Town of E.H.</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 <i>250.00</i>
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>0223BA</i>	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"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: \$ <i>171</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>2-23-23</i>	Aggregate Contributions <i>250.00</i>	

Last Name <i>Keeley Jo</i>	First <i>James</i>	MI <i>C</i>	
Residential Street Address <i>34 Country Club Rd</i>	City <i>Waterbury</i>	State <i>CT</i>	Zip Code <i>06708</i>
Principal Occupation <i>Finance Director</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution <i>250.00</i>
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>0223BA</i>	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"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: \$ <i>530</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>2-23-23</i>	Aggregate Contributions <i>250.00</i>	

Last Name <i>Ryan Jo</i>	First <i>David</i>	MI <i>A</i>	
Residential Street Address <i>3 Deeborn Ridge</i>	City <i>Woodbridge</i>	State <i>CT</i>	Zip Code <i>06525</i>
Principal Occupation <i>Attorney</i>	Name of Employer <i>Ryan & Ryan PC</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution <i>500.00</i>
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>0223BA</i>	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"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: \$ <i>2397</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>2-23-23</i>	Aggregate Contributions <i>500.00</i>	

SUBTOTAL Section B — This Page	<i>1000.00</i>
TOTAL of additional Section B Pages	<i>9600.00</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line B, Column A of Summary Page Totals)	<i>17105.00</i>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Jurisdiction)		TYPE OF FILING	
Castroon For Mayor		4-10-73 Filing	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 17105.00	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Donofrio		Jeffrey	M
Residential Street Address		City	State Zip Code
4 Nichols Farm Rd.		Tombull	CT 06611
Principal Occupation		Name of Employer	
Attorney		Civita & Donofrio LLP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?	Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1000.00
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:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 02323A		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions
Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>		2-15-73	1,000
Last Name		First	MI
Cisewick Peter J Jr.		Peter J	J
Residential Street Address		City	State Zip Code
54 Fieldstone Court		North Haven	CT 06473
Principal Occupation		Name of Employer	
CT State Marshall		Self - St. of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?	Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	250.00
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:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 02323A		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions
Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>		2-73-73	250.00
Last Name		First	MI
Gettings Ben		Ben	
Residential Street Address		City	State Zip Code
93 Thompson Sts.		Milford	CT 06460
Principal Occupation		Name of Employer	
Milford Probate Judge		St of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?	Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	250.00
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:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 02323A		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions
Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>		2-73-73	250.00
SUBTOTAL Section B — This Page		1500.00	
TOTAL of additional Section B Pages		8600.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 15, Column A of Summary Page Totals)		17105.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Castro Feb 1993		4-10-93 February	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 17,105.00	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Stafstrom		John	F
Residential Street Address		City	State Zip Code
105 Battery Park Dr.		Bridgeport	CT 06605
Principal Occupation		Name of Employer	
Attorney		Pullman & Conley LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of Contribution			
500.-			
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:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: # 1548		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		2-9-93	500.-
Last Name		First	MI
Phelan		Margie	U
Residential Street Address		City	State Zip Code
19 Cedar Dr.		Killingworth	CT 06419
Principal Occupation		Name of Employer	
Attorney		Pullman & Conley LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of Contribution			
500.-			
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:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: # 709		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		2-7-93	500.-
Last Name		First	MI
Luzzi		Michael	J
Residential Street Address		City	State Zip Code
3 Whakes Pt		East Haven	CT 06512
Principal Occupation		Name of Employer	
Attorney		Law Office of Michael Luzzi LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of Contribution			
\$1000.-			
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:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: # 205		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		2/17/93	1000.-
SUBTOTAL Section B — This Page		2000.00	
TOTAL of additional Section B Pages		7100.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		17105.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Casson For Major		4-10-73 Final	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 17105.00	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Sheagin		JAMES	T
Residential Street Address		City	State Zip Code
81 Taverton Hill Rd.		Newtown	CT 06470
Principal Occupation		Name of Employer	
Attorney		Pullmant & Cowley PC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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:	
<input checked="" type="checkbox"/> No 022323A		<input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: #2361		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		2-7-73	500.
		Amount of Contribution	
		500.-	
Last Name		First	MI
Pardo		CHRISTOPHER	M
Residential Street Address		City	State Zip Code
17 Nayagatuck St.		East Haven	CT 06512
Principal Occupation		Name of Employer	
		Rights of Columbus	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: #897		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		2-13-73	150.-
		Amount of Contribution	
		150.-	
Last Name		First	MI
Russo		STEPHEN	J
Residential Street Address		City	State Zip Code
99 Queach Rd.		Beardford	CT 06405
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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:	
<input checked="" type="checkbox"/> Yes 022323A		<input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: #6671		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		2-20-73	1000.-
		Amount of Contribution	
		1000.-	
SUBTOTAL Section B—This Page:		1650.00	
TOTAL of additional Section B Pages:		5100.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		17105.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Castro For Mayor		4-10-23-Filing	
A. Total Contributions from Small Contributors Received This Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 17105.00	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Calk		Charles	J
Residential Street Address		City	State Zip Code
25 Columbus Ave		East Haven	CT 06512
Principal Occupation		Name of Employer	
Supt of Public Works		Town of E.H.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		250.-	
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:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: #1715		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		2-13-23	250.-
Last Name		First	MI
DiCaprio Jr.		Ralph	J
Residential Street Address		City	State Zip Code
11 Lee Rd.		Prospect	CT 06712
Principal Occupation		Name of Employer	
Supervisor		Affordable Waste Systems Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		750.-	
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:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: #121		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		2-15-23	750.-
Last Name		First	MI
Empedato		Vicki	
Residential Street Address		City	State Zip Code
445 Foxon Rd		North Branford	CT 06471
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input type="checkbox"/> No		500.-	
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:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Contribution: #77		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		2-17-23	500.-
SUBTOTAL Section B - This Page		1500.-	
TOTAL of additional Section B Pages		3450.-	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		17105.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reporter)		TYPE OF REPORT	
Castro Fob Mayor		4-10-73 Filing	
A. Total Contributions from Small Contributors Received this Period ONLY <small>(See instructions for definition of Small Contributor)</small>		SUBTOTAL SECTION A	
		\$ 17105.00	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Stacey		Jack	
Residential Street Address		City	State Zip Code
82 Forbes Place		East Haven	CT 06512
Principal Occupation		Name of Employer	
Retired		Retired	
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 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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution: # 1971	Date Received	Aggregate Contributions	Amount 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	2-10-73	200.-	200.00
Last Name		First	MI
S Parago		Cynthia	A
Residential Street Address		City	State Zip Code
42 Catherine Rd		East Haven	CT 06512
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?	<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 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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution: # 1510	Date Received	Aggregate Contributions	Amount 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	1-31-73	1000.-	\$ 700.-
Last Name		First	MI
Vitale		Ann	
Residential Street Address		City	State Zip Code
18 Joshua Trail		East Haven	CT 06512
Principal Occupation		Name of Employer	
Secretary		Yale University	
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 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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution: # 1235	Date Received	Aggregate Contributions	Amount 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	2-14-73	400.-	400.-
SUBTOTAL Section B— This Page			\$ 1300.-
TOTAL of additional Section B Pages			\$ 1950.-
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 15, Column A of Summary Page Totals)</small>			17105.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Coschoe For Mayor</i>		TYPE OF REPORT <i>410-73 Filing</i>	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ <i>17105.00</i>	
B. Itemized Contributions from Individuals			
Last Name <i>Mison</i>		First <i>Judy</i>	MI <i>E</i>
Residential Street Address <i>12 Hilton Ave</i>		City <i>East Haven</i>	State <i>CT</i>
Principal Occupation <i>Realtor</i>		Name of Employer <i>Caldwell Banker Realty</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 <i>100.00</i>	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <i>#573</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>2-10-23</i>	Aggregate Contributions <i>100.00</i>	
Last Name <i>Gimetti</i>		First <i>William Sr.</i>	MI
Residential Street Address <i>36 Dodge Ave</i>		City <i>East Haven</i>	State <i>CT</i>
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution <i>250.00</i>	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <i>#300</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>2-11-23</i>	Aggregate Contributions <i>250.00</i>	
Last Name <i>Spagano</i>		First <i>Cynthia</i>	MI <i>A</i>
Residential Street Address <i>42 Coschoe Rd</i>		City <i>East Haven</i>	State <i>CT</i>
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution <i>300.00</i>	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <i>#153</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>2-6-23</i>	Aggregate Contributions <i>300.00</i>	
SUBTOTAL Section B— This Page		<i>\$ 650.00</i>	
TOTAL of additional Section B Pages		<i>0</i>	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		<i>17105.00</i>	

I. MONETARY RECEIPTS (Sections A—K)

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

I. MONETARY RECEIPTS (Sections A—K)

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

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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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 <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
TOTAL SECTION F		

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
TOTAL SECTION G		

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
TOTAL SECTION H		

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
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J. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	

TOTAL SECTION J

K. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				

TOTAL SECTION K

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)	+	
Total of Other Monetary Receipts		
<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	
<div style="font-size: 1.2em; font-weight: bold;">L1. Event Information</div>			4-10-23 Filing	
Event # Date of Event	Letter	Description	Was this a fundraising event?	
022323	A	Fundraiser Buffet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address		City	State	Zip Code
Pocofinos - 937 State Str.		New Haven	CT	06511
Subpart 1: (All Committees)				
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 type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No	
			\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input checked="" 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 type="checkbox"/> No	
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?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No	
			\$	
Event # Date of Event	Letter	Description	Was this a fundraising event?	
Location: Street Address		City	State	Zip Code
Subpart 1: (All Committees)				
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 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 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.) <input type="checkbox"/> No	
			\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
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 type="checkbox"/> No	
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?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input type="checkbox"/> No	
			\$	
SUBTOTAL Section L1—Subpart 1: (All Committees) Total Receipts from Sale of Donated Items — This Page				
SUBTOTAL Section L1—Subpart 3: (Town Committees ONLY) Total Receipts from Food Purchases — This Page				
TOTAL of additional Section L1 Pages				
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (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 <i>(Provide Complete Name as Registered with Filing Repository)</i> <i>Ch 469 For Mayor</i>	TYPE OF REPORT <i>4-10-23 Filing</i>
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L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser <i>Delta Com. Corp</i>	Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship
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Street Address <i>11 old Bradley St.</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
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Date Received <i>3-14-23</i>	Event # <i>022397A</i>	Aggregate Purchases for All Events	Amount of Program Ad Purchase <i>950</i>	Amount of Sign Purchase <i>-</i>
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Name of Purchaser <i>East Haven Funeral Home Inc</i>	Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship
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Street Address <i>425 main St.</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
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Date Received <i>3-31-23</i>	Event # <i>022397A</i>	Aggregate Purchases for All Events	Amount of Program Ad Purchase <i>250 -</i>	Amount of Sign Purchase <i>-</i>
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Name of Purchaser	Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser	Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser	Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				<i>500</i>
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SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				<i>-</i>
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TOTAL of additional Section L3 Pages				<i>11400</i>
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TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>				<i>11400.00</i>
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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
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L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser Ralph Ciareglio Jewels				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 1036 main st		City Bridgeport		State CT	Zip Code 06405
Date Received 2-25-23	Event # 022323A	Aggregate Purchases for All Events -	Amount of Program Ad Purchase 250.-	Amount of Sign Purchase -	

Name of Purchaser Giulio's Pizza				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 126 Middle Town Ave		City North Haven		State CT	Zip Code 06473
Date Received 2-23-23	Event # 022323A	Aggregate Purchases for All Events -	Amount of Program Ad Purchase 250-	Amount of Sign Purchase -	

Name of Purchaser F. Perrelli & Sons Fuel Inc.				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 60 Commerce St.		City East Haven		State CT	Zip Code 06512
Date Received 2-23-23	Event # 022323A	Aggregate Purchases for All Events -	Amount of Program Ad Purchase 250-	Amount of Sign Purchase -	

Name of Purchaser Mazzavella Construction Inc				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 101 Hickory Lane		City Madison		State CT	Zip Code 06443
Date Received 2-25-23	Event # 022323A	Aggregate Purchases for All Events -	Amount of Program Ad Purchase 250-	Amount of Sign Purchase -	

Name of Purchaser Flowers By Lisa				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 33 Hemingway Ave		City East Haven		State CT	Zip Code 06512
Date Received 3-2-23	Event # 022323A	Aggregate Purchases for All Events -	Amount of Program Ad Purchase 250-	Amount of Sign Purchase -	

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				1250.-	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				-	
TOTAL of additional Section L3 Pages				10900	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>				11400.00	

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	
Caldwell Fab Motel				4-10-23 Filming	
L3. Purchases of Advertising in a Program Book or on a Sign					
Name of Purchaser				Purchase Made By:	
Beach side Restaurant, LLC				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
388 Orange St.		New Haven		CT	06511
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2-21-23	02-23-23A	-	250.00	-	
Name of Purchaser				Purchase Made By:	
Fasanu, Ippolito, kee & Florentine				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
388 Orange St.		New Haven		CT	06511
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2-21-23	02-23-23A	-	250.00	-	
Name of Purchaser				Purchase Made By:	
Silver sands Beach & Tennis Club LLC				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
388 Orange St.		New Haven		CT	06511
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2-21-23	02-23-23A	-	250.00	-	
Name of Purchaser				Purchase Made By:	
JFA Management LLC				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
140 North Branford Rd		Branford		CT	06405
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2-23-23	02-23-23A	-	250.00	-	
Name of Purchaser				Purchase Made By:	
F Vigiatti Construction Company LLC				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
140 North Branford Rd		Branford		CT	06405
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2-23-23	02-23-23A	-	250.00	-	
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				1250.00	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				-	
TOTAL of additional Section L3 Pages				9650.00	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				11400.00	

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 <small>(Provide Complete Name as Registered with Filing Repository)</small>	TYPE OF REPORT
<i>Capitol for Major</i>	<i>4-10-23 Filing</i>

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser		Purchase Made By:	
<i>Ryan & Ryan LLC</i>		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	City	State	Zip Code
<i>900 Chapel St. Suite 101</i>	<i>New Haven</i>	<i>CT</i>	<i>06510</i>
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase
<i>2-17-23</i>	<i>022323A</i>	-	<i>250.-</i>

Name of Purchaser		Purchase Made By:	
<i>ToToket Woods Management</i>		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	City	State	Zip Code
<i>P.O. Box 120688</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase
<i>2-21-23</i>	<i>022323A</i>	-	<i>250.-</i>

Name of Purchaser		Purchase Made By:	
<i>MT Carmel Associates</i>		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	City	State	Zip Code
<i>P.O. Box 120688</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase
<i>2-21-23</i>	<i>022323A</i>	-	<i>250.-</i>

Name of Purchaser		Purchase Made By:	
<i>CVF Realty, LLC</i>		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	City	State	Zip Code
<i>388 Orange Street</i>	<i>New Haven</i>	<i>CT</i>	<i>06512</i>
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase
<i>2-21-23</i>	<i>022323A</i>	-	<i>250.-</i>

Name of Purchaser		Purchase Made By:	
<i>ToToket Woods Developers LLC</i>		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	City	State	Zip Code
<i>P.O. Box 120688</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase
<i>2-21-23</i>	<i>022323A</i>	-	<i>250.-</i>

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page	<i>7250.-</i>
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SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	
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TOTAL of additional Section L3 Pages	<i>8400</i>
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TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <small>(Enter total on Line 16c, Column A of Summary Page Totals)</small>	<i>11400.00</i>
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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 <i>(Provide Complete Name as Registered with Filing Repository)</i> <i>Eastern Job Model</i>	TYPE OF REPORT <i>4-10-23 Filing</i>
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L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser <i>The Cleaning Company, Inc</i>	Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship
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Street Address <i>15 Baer Circle Unit A2 East Haven</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
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Date Received <i>2-17-23</i>	Event # <i>022323A</i>	Aggregate Purchases for All Events <i>-</i>	Amount of Program Ad Purchase <i>150.-</i>	Amount of Sign Purchase <i>-</i>
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Name of Purchaser <i>New England Stone Tech. LLC</i>	Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship
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Street Address <i>15 Baer Circle Unit A3 East Haven</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
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Date Received <i>2-17-23</i>	Event # <i>022323A</i>	Aggregate Purchases for All Events <i>-</i>	Amount of Program Ad Purchase <i>150.-</i>	Amount of Sign Purchase <i>-</i>
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Name of Purchaser <i>Positive Electrica LLC</i>	Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship
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Street Address <i>12 Highfield Lane North Branford</i>	City <i>North Branford</i>	State <i>CT</i>	Zip Code <i>06471</i>
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Date Received <i>2-17-23</i>	Event # <i>022323A</i>	Aggregate Purchases for All Events <i>-</i>	Amount of Program Ad Purchase <i>100.-</i>	Amount of Sign Purchase <i>-</i>
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Name of Purchaser <i>Luzzi Law</i>	Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship
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Street Address <i>1172 Townsend Ave New Haven</i>	City <i>New Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
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Date Received <i>2-17-23</i>	Event # <i>022323A</i>	Aggregate Purchases for All Events <i>-</i>	Amount of Program Ad Purchase <i>250.-</i>	Amount of Sign Purchase <i>-</i>
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Name of Purchaser <i>Benmal Investigation / Ben Fascene</i>	Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual Sole Proprietorship
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Street Address <i>81 Edden Dr. East Haven</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
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Date Received <i>2-23-23</i>	Event # <i>022323A</i>	Aggregate Purchases for All Events <i>-</i>	Amount of Program Ad Purchase <i>850.-</i>	Amount of Sign Purchase <i>-</i>
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SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page *900*

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages *7150*

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN *11400.00*
(Enter total on Line 16c, 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) <i>Call 69 Feb Market</i>				TYPE OF REPORT <i>4-10-23 Filing</i>	
L3. Purchases of Advertising in a Program Book or on a Sign					
Name of Purchaser <i>Richard Antonacci / County Treasurer - NC</i>				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address <i>530 South Cherry St.</i>		City <i>Wallingford</i>		State <i>CT</i>	Zip Code <i>06492</i>
Date Received <i>2-14-23</i>	Event # <i>02 23 23A</i>	Aggregate Purchases for All Events -	Amount of Program Ad Purchase <i>250.-</i>	Amount of Sign Purchase -	
Name of Purchaser <i>Miller's Fuel Oil Inc.</i>				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address <i>15 Bran Haven Dr.</i>		City <i>East Haven</i>		State <i>CT</i>	Zip Code <i>06513</i>
Date Received <i>2-18-23</i>	Event # <i>02 23 23A</i>	Aggregate Purchases for All Events -	Amount of Program Ad Purchase <i>250.-</i>	Amount of Sign Purchase -	
Name of Purchaser <i>Kozauszek's 636 at Foxon</i>				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address <i>540 Foxon Rd.</i>		City <i>East Haven</i>		State <i>CT</i>	Zip Code <i>06513</i>
Date Received <i>2-16-23</i>	Event # <i>02 23 23A</i>	Aggregate Purchases for All Events -	Amount of Program Ad Purchase <i>250.-</i>	Amount of Sign Purchase -	
Name of Purchaser <i>Pullman + Conlay LLC</i>				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address <i>850 Main Street</i>		City <i>Bridgeport</i>		State <i>CT</i>	Zip Code <i>06601</i>
Date Received <i>2-16-23</i>	Event # <i>02 23 23A</i>	Aggregate Purchases for All Events -	Amount of Program Ad Purchase <i>250.-</i>	Amount of Sign Purchase -	
Name of Purchaser <i>A. Anastasio & Sons Trucking Co. Inc</i>				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address <i>80 Middletown Ave</i>		City <i>New Haven</i>		State <i>CT</i>	Zip Code <i>06513</i>
Date Received <i>2-21-23</i>	Event # <i>02 23 23A</i>	Aggregate Purchases for All Events -	Amount of Program Ad Purchase <i>250.-</i>	Amount of Sign Purchase -	
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				<i>1250.00</i>	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				-	
TOTAL of additional Section L3 Pages				<i>6250.00</i>	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <small>(Enter total on Line 16c, Column A of Summary Page Totals)</small>				<i>11400.00</i>	

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 (Priority Committee Name as Registered with Filing Repository)				TYPE OF REPORT	
Cst-CA For Mayor				4-10-23 Filing	
L3. Purchases of Advertising in a Program Book or on a Sign					
Name of Purchaser			Purchase Made By:		
Dominic Poete - Pro Tek Security			<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input checked="" type="checkbox"/> Individual/Sole Proprietorship		
Street Address		City	State	Zip Code	
110 Washington Ave		North Haven	CT	06473	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2-15-23	02-23-23A	-	250.-	-	
Name of Purchaser			Purchase Made By:		
Benders / James Davidson			<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address		City	State	Zip Code	
560 Grand Ave		New Haven	CT	06511	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2-15-23	02-23-23A	-	250.-	-	
Name of Purchaser			Purchase Made By:		
Quality Mechanical Corporation			<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address		City	State	Zip Code	
231 Silver Sands Rd		East Haven	CT	06512	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2-20-23	02-23-23A	-	250.-	-	
Name of Purchaser			Purchase Made By:		
Miller Casting			<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address		City	State	Zip Code	
15 Boonhaven Dr		East Haven	CT	06512	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2-20-23	02-23-23A	-	250.-	-	
Name of Purchaser			Purchase Made By:		
All American LLC			<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual Sole Proprietorship		
Street Address		City	State	Zip Code	
6 Cutters Lookout		East Haven	CT	06513	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2-15-23	02-23-23A	-	250.-	-	
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				1250.-	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				-	
TOTAL of additional Section L3 Pages				5000.00	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <small>(Enter total on Line 16c, Column A of Summary Page Totals)</small>				11400.00	

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 Depository) <i>Costa 69 Feb 1st</i>	TYPE OF REPORT <i>410-23 Filing</i>
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L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser <i>JTT LLC, Tobella Tice</i>		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Address <i>187 Saffronhill Pkwy</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>

Received <i>2-17-23</i>	Event # <i>022323A</i>	Aggregate Purchases for All Events <i>-</i>	Amount of Program Ad Purchase <i>250.-</i>	Amount of Sign Purchase <i>-</i>
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Name of Purchaser <i>First Response Service & Drm Inc.</i>		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Address <i>P.O. Box 120072</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>

Received <i>2-15-23</i>	Event # <i>022323A</i>	Aggregate Purchases for All Events <i>-</i>	Amount of Program Ad Purchase <i>250.-</i>	Amount of Sign Purchase <i>-</i>
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Name of Purchaser <i>A. American Floor Contractors</i>		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Address <i>73 Mix Ave</i>	City <i>West Haven</i>	State <i>CT</i>	Zip Code <i>06516</i>

Received <i>2-15-23</i>	Event # <i>022323A</i>	Aggregate Purchases for All Events <i>-</i>	Amount of Program Ad Purchase <i>250.-</i>	Amount of Sign Purchase <i>-</i>
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Name of Purchaser <i>Goodys Hardware Robert Katz</i>		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Address <i>540 main Street</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>

Received <i>1-21-23</i>	Event # <i>022323A</i>	Aggregate Purchases for All Events <i>-</i>	Amount of Program Ad Purchase <i>250.-</i>	Amount of Sign Purchase <i>-</i>
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Name of Purchaser <i>Total Plumbing + Heating Inc</i>		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Address <i>117 Old Foxon Rd</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06513</i>

Received <i>2-15-23</i>	Event # <i>022323A</i>	Aggregate Purchases for All Events <i>-</i>	Amount of Program Ad Purchase <i>250.-</i>	Amount of Sign Purchase <i>-</i>
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SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				<i>1250.-</i>
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SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				<i>-</i>
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TOTAL of additional Section L3 Pages				<i>3750.00</i>
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TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				<i>11400.00</i>
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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
Castro Feb Mayor	4-10-23 Filing

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser	Purchase Made By:
East River Energy	<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other
<input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	State Zip Code
401 Sandview Rd Guilford	CT 06437

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-10-23	022323A	-	250.-	-

Name of Purchaser	Purchase Made By:
A. Lieto Construction Inc	<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other
<input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	State Zip Code
14 Shoreham Rd New Haven	CT 06512

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-13-23	022323 A	-	250.-	-

Name of Purchaser	Purchase Made By:
Total Carpet Control	<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other
<input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	State Zip Code
401 Sandview Rd Guilford	CT 06437

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-10-23	022323 A	-	250.-	-

Name of Purchaser	Purchase Made By:
Total Fence	<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other
<input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	State Zip Code
525 Ella Casser Blvd New Haven	CT 06519

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-15-23	022323 A	-	250.-	-

Name of Purchaser	Purchase Made By:
Affordable Waste Systems Inc Ralph Drago	<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other
<input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	State Zip Code
662 Coe Ave East Haven	CT 06512

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-15-23	022323 A	-	250.-	-

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page 1250.00

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page -

TOTAL of additional Section L3 Pages 2500.00

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals) 11400.00

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
Cart-69 Feb Major	4-10-23 Filing

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser	Purchase Made By:		
Mark Viveiros Don Mat Construction	<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address	City	State	Zip Code
222 Elm Street Sotel	North Haven	CT	06473

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-16-23	#022323A	-	250.00	-

Name of Purchaser	Purchase Made By:		
Neil Squilino	<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address	City	State	Zip Code
280 Foxon Road	East Haven	CT	06512

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-21-23	022323A	-	250.00	-

Name of Purchaser	Purchase Made By:		
Binetti Energy LLC	<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address	City	State	Zip Code
58 Hemingway Ave	East Haven	CT	06512

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-11-23	022323A	-	250.00	-

Name of Purchaser	Purchase Made By:		
Dad Real Estate LLC / Matt Limicelli	<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address	City	State	Zip Code
34 Tyler Street Ext	East Haven	CT	06512

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-10-23	022323A	-	250.-	-

Name of Purchaser	Purchase Made By:		
Sand View Construction	<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual Sole Proprietorship		
Street Address	City	State	Zip Code
401 Sandview Rd	Quilford	CT	06437

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-10-23	022323A	-	250.-	-

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				1250.00
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SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				-
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TOTAL of additional Section L3 Pages				0
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TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				11400.00
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II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
L4. In-Kind Donations Not Considered Contributions					
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 #	Aggregate Value for this 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 #	Aggregate Value for this 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 #	Aggregate Value for this 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 #	Aggregate value for this Event		
SUBTOTAL Section L4 — This Page					
TOTAL of additional Section L4 Pages					
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <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	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party				
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			Fair Market Value 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			Fair Market Value 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			Fair Market Value 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			Fair Market Value 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			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
SUBTOTAL Section L5 — This Page				
TOTAL of additional Section L5 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY			<i>(Enter total on Line 22, Column A of Summary Page Totals)</i>	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>					TYPE OF REPORT				
M. In-Kind Contributions									
Name									
Street Address					City			State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other		Date Received		Aggregate Contributions		Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 type="checkbox"/> No						Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input 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>							
Name									
Street Address					City			State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other		Date Received		Aggregate Contributions		Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 type="checkbox"/> No						Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input 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>							
Name									
Street Address					City			State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other		Date Received		Aggregate Contributions		Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 type="checkbox"/> No						Fair Market Value of this Contribution	
Is this contribution associated with an event reported listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input 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>							
SUBTOTAL Section M — This Page									
TOTAL of additional Section M Pages									
TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>									

N. Refundable Deposit to Telephone Company									
Last Name of Individual					First			MI	Date Deposit Made
Residential Street Address					City			State	Zip Code
Name of Telephone Company									
Street Address					City			State	Zip Code
TOTAL SECTION N <i>(Enter total on Line 24, Column A of Summary Page Totals)</i>									

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
P. Expenses Paid by Committee				
Name of Payee <i>Anedot</i>		Date of Payment <i>3-31-23</i>	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address <i>1920 McKinney Ave</i>		City <i>Dallas</i>	State <i>TX</i>	Zip Code <i>75201</i>
Purpose of Expenditure (by code) <i>Bank Fee's</i>	Description <i>Fees For Electronic Deposit</i>	Event # <i>-</i>	Amount <i>86.90</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"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee <i>Potofinos Restaurant</i>		Date of Payment <i>3-14-23</i>	Method of Payment: <input checked="" type="checkbox"/> Check # <i>02363</i> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <i>937 State Str.</i>		City <i>New Haven</i>	State <i>CT</i>	Zip Code <i>06511</i>
Purpose of Expenditure (by code) <i>FAER</i>	Description <i>Meat & Great Buffet</i>	Event # <i>02323 A</i>	Amount <i>268.40</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"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee <i>Key Bank</i>		Date of Payment <i>3-31-23</i>	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address <i>P.O. Box 93885</i>		City <i>Cleveland</i>	State <i>OH</i>	Zip Code <i>44101-5885</i>
Purpose of Expenditure (by code) <i>Bank Fee</i>	Description <i>Bank Fee</i>	Event #	Amount <i>3.00</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"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <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"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <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				
TOTAL of additional Section P Pages				
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, 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	
Q. Campaign Expenses Paid by Candidate					
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 <i>(by code)</i>	Description		Event #	Amount	
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 <i>(by code)</i>	Description		Event #	Amount	
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 <i>(by code)</i>	Description		Event #	Amount	
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 <i>(by code)</i>	Description		Event #	Amount	
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 <i>(by code)</i>	Description		Event #	Amount	
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 <i>(by code)</i>	Description		Event #	Amount	
SUBTOTAL Section Q — This Page					
TOTAL of additional Section Q Pages					
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <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	
S. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	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 #		Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	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 #		Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	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		
SUBTOTAL Section S-This Page					
TOTAL of additional Section S Pages					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>					
Previously reported Expenses Unpaid and still Outstanding					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, 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	
T. Itemization of Reimbursements and Secondary Payees					
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 #	Amount
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"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 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 #	Amount
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"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 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 #	Amount
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"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 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 #	Amount
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"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
SUBTOTAL Section T — This Page					
TOTAL of additional Section T Pages					
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS					