SEEC FORM 20

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

RECEIVED CAST HAVEH, CT.

Page 1 of 17

2023 JAN 23 A II: 29

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COVER PAGE

1. NAME OF COMMITTEE				
Castosa Fel	Mayor Exi	dosatory Committ	tee	
2. TREASURER NAME	/ /			
Proposed	MI A	Last DePalna		Suffix
3. TREASURER ADDRESS		A CONTRACTOR AND A CONT		
Street Address	City	J.	State	Zip Code
10 Scavien	1 .	East Haven	CT	06512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete on	ly if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy)	Maps			(a applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			
First	MI	Last		Suffix
Joseph	A	Cartora		
8. TYPE OF REPORT (Check One Box)				
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Cont (PACs ONLY)	ribution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendmen	it to
□ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Rep	oort:
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	Termination	Hee	
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November	of Explosortery a	nmillec	
9. PERIOD COVERED				
	Beginning Date	Ending Date		LIVE THE PARTY OF
	8-24-22	thru 1/20/23		obboring my man
10. CERTIFICATION				
I hereby certify and state, under p Disclosure Statement for the pe TREASURER OR DEPUTY TREASURE	riod covered is true, accurate	t all of the information set forth on the and complete. Rechard Delalmer INT NAME OF SIGNER	is Itemized Car	mpaign Finance 1/20/23 DATE (mm/dd/yyyy)
A person who is		willfully violated any provisions of the enalty or imprisonment or both.	e campaign find	ance statutes

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 Filling Repository)	TYPE OF REPORT							
	COLUMN A This Period	COLUMN B Aggregate						
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0						
12. Balance on hand at the beginning of Reporting Period	100,00							
13. Contributions Received from Individuals (Sections A and B)	1770.00	1870.00						
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00						
15. Other Monetary Receipts (Sections D through K)	0.00	0.00						
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00						
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed								
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00						
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1770.00	187000						
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1670.00	1816.00						
19. Expenses Paid by Committee (Section P)	79.20	77.20						
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1792.80	1792.80						
21. In-Kind Donations not Considered Contributions Received (Section L4)	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	0						
25a. + Loans Received (Section D)	0	0						
25b. + Interest and Penalties on Loan	0	C						
25c Payments on Loan	a	0						
25d. Total Outstanding Loan Amount	0	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)	C	0						
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	0						

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Project and with Filing Repository)	TYPE OF REPORT
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Editation Root
Castosa For 116461	
A. Total Contributions from Small Contributors-Received this Period Contributors (Swall Contributor) SUBTOTAL SECT	TION A S
See instructions for definition of Small Contributor) SUBTOTAL SECT	
B. Itemized Contributions from	m Individuals
Last Name / First	nichael T
[VII]	State Zip Code
Residential Street Address 3 - Whale 63 Parat PC City	203-675 944 05 06512
Principal Occupation Name of Emp	Offices of Midnel Shitti LLC
Multi	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	ive a contract with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or proceedings of the section 1.12 Yes, indicate which branch or branches	ospective state contractor?
event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with:	□ Executive □ Legislative
Method of Contribution: Date Receive	
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ Co-	
Last Name Colin to	ucille
Residential Street Address 263 Rive 6 Side Do. City Ham	den State Zip Code CT 06518
Principal Occupation Name of Em	Vetice d
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a conditional does contributor or business he/she is associated with he valued at more than \$5,000?	chief executive officer of a municipality, ave a contract with said municipality es No
If yes, list event #	□ Executive □ Legislative □ 5 CC, CC
Method of Contribution:	
Li Casa	13 202 500.00 MI
Last Name Gen Lead. First 2	Nayne
Residential Street Address 350 Man of rele Gove Rd East	Haven State Zip Code OG312
Principal Occupation Name of En	npłoyer .
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a does contributor or business he/she is associated with he valued at more than \$5,000?	have a contract with said municipality
If yes, list event "	Executive Legislative
Method of Contribution: Date Received to the Contribution of	
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order / 1∂	1-73 50,
SUBTOTAL Section	n B — This Page 650.00
TOTAL of additional	Section B Pages 1870 co
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUAL	S (Sections A + B) Summary Page Totals) 145 76. 66

Projetovad with Filling Regarditory	TYPE OF REPORT
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	
Caltala Fob May De indthis Ported ONLY	
A. Total Contributions from Small Contributors Received this Period ONLY (See Destructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
(New DESTRICTIONS for defination of Small Confedence)	
B. Itemized Contributions from Indiv	MI
List Nitte Arzzi	7
Residential Street Address City Ci	State Zip Code
3 -7 miles front feel (93) #4000	CT 0651
Principal Occupation Name of Employer	1 1 make [5] mille
7777 (17)80	ye officer of a municipality. Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	t with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective sta	ate contractor?
I No I I No I II we indicate which branch of blanches	Legislative 25-C
Method of Contribution:	Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 1-12-33	25C;
Last Name Pirst Social Description	
Residential Street Address 147 Sold ac Ave. City East Hav	en State Zip Code C6512
Principal Occupation Name of Employer	00100
Trackirhter Tow.	n et bullett
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contravalued at more than \$5,000?	ct with said municipality
Is this contribution associated with an event reported in Section L1? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive section Exe	state contractor?
If yes, list Byent # of government the contract is with: Date Received Da	Aggregate Contributions
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	50.
Last Name First	MI
LOT	Zin Code
Residential Street Address 133 Foxon H.// Residential Street Address East	Haven State Cheston
Principal Occupation Name of Employer	PMGUP
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor valued at more than \$5,000?	act with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective	state contractor? Yes
event reported in Section L1? If yes, list Event # No If yes, indicate which branch or branches of government the contract is with: Execution	ve Legislative
Method of Contribution:	Aggregate Contributions
□ Cash □ Personal Check ▼ Credit/Debit Card □ Payroll Deduction □ Money Order 1/12/23	250
SUBTOTAL Section B — T	his Page 55C, 00
TOTAL of additional Section	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Po	ns A + B) nge Totals) 1676.

Paristand with Riling Rengitors)	TYPE OF REPORT
NAME OF COMMITTEE Provide Complete Name as Registered with Filing Repository)	
Cotola tal Mayor	
A. Total Contributions from Small Contributors-Received this Per	riod ONLY \$
See instructions for definition of Small Contributor) SUBTOTAL	SECTION A
B. Itemized Contributions	s from Individuals
List Name (7)	
15 XSIC IMCZ	V5G/1.
Residential Street Address City	State Ap Code
15 Tall Timber KO 1	1) Wale Jan (C) Cogs 1
Principal Occupation , Name	of Employer
17 Coveral Attachet	575) of C).
Is contributor a lobbyist, spouse,	for a chief executive officer of a municipality. Amount of Contribution
or dependent child of a lobbyist?	with have a contract with said municipality Yes No
valued at more than \$5,000? In this contribution associated with an Yes Is contributor a principal of a state contractor.	
If yes, indicate which branch or branch	
If yes, list Event # of government the contract is with:	□ Executive □ Legislative
Method of Contribution:	Received Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order /	-15-65 50
Last Name First	MI
Hosceno	Kenedici
Residential Street Address City	State Zip Code
Sch Edder Dave 16	+ Haven 0 06512
Principal Occupation Name	e of Employer
Principal Occupation	Roome (Insertingshill
Is contributor a lobbyist, spouse,	of or a chief executive officer of a municipality. Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate does contributor or business he/she is associated	with have a contract with said municipality
valued at more than \$5,000?	∐ Yes Щ No
Is this contribution associated with an Yes Is contributor a principal of a state contract	or or prospective state contractor?
event reported in Section L1? No If yes, indicate which branch or branc of government the contract is with:	☐ Executive ☐ Legislative
	Received Aggregate Contributions
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order →	13-23 20.
First	MI
Last Name	1)e/h/2
District Street Address	State Zip Code
Residential Street Address	Reserved OT CAYES
10 13 Ha Dar 1 VIII ge	ne of Employer
Principal Occupation	+ ball 10
H/M1013 TO a TWY 1/5/15/91	100011
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate does contributor or business he/she is associated	ic for a chief executive officer of a municipality. Amount of Contribution Amount of Contribution
or dependent child of a lobbyist? No does contributor or business he/she is associated valued at more than \$5,000?	Yes XNo
Is this contribution associated with an Yes Is contributor a principal of a state contract	tor or prospective state contractor?
event reported in Section L1? No If yes, indicate which branch or branch	ches No Executive Legislative
If yes, list Event # of government the contract is with:	c Received Aggregate Contributions
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	HR-22 100-
LI Cash LI Personal Check Livedit/Debit Card Li Payroll Deddection Livedity Order	100 100
SUBTOTALS	ection B — This Page // Co
	010
TOTAL of addit	ional Section B Pages 6 10,00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVI	DUALS (Sections A + B) A of Summary Page Totals) 147C. C
(Enter total on Line 13, Column	A of Summary Page Totals) /5/C. CC

NAME OF COMPLETEE Provide Complete Num	a na Danie	tarad with Filing Repository)			TYPE OF REPORT			
NAME OF COMMITTEE Frovide Complete Nam	/ us Regis	11/						
1 gH069 TTG		11/0466		D. L. LONEN				
A. Total Contributions from S	mall C	contributors-Received	l this BTOI	Period UNLY TAL SECTION A	\$			
See Destructions for definition of similar								
		B. Itemized Cont		ions from Individ	Inale			
		B. Itemized Cont	First	JUHS HOIL THUITE	/			MI
Yem Dane				Kaymon	00/-		1 ((.1)
Residential Street Address 1.05 Soft	ento	fre c	ity (Egst Have	?)	State	Zip C	ダルス
Principal Occupation	·-·			Name of Employer BL		-		
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does c	ribution is in excess of \$400 to ontributor or business he/she is	a cand	ated with have a contract	e officer of a municipality with said municipality	. Amo	unt of	Contribution
Is this contribution associated with an	Yes Is	t at more than \$5,000? s contributor a principal of a staff yes, indicate which brane	ate cont	ractor or prospective stat	- 100 mag - 100			
event reported in Section L1? If yes, list Event #	No	of government the contract	is with:	☐ Executive	☐ Legislative	_ >-		
Method of Contribution:		Days Daduction Money	l	Date Received 1-13-23	Aggregate Contributions	15	<u> </u>	um"
☐ Cash ☐ Personal Check ☐ Credit/Debit	Card L.	Payroll Deduction Livioley	Firs					MI
Last Name						·	Τ	
Residential Street Address			City			State	Zip C	ode
Principal Occupation				Name of Employer				
Is contributor a lobbyist, spouse,	lf con	ntribution is in excess of \$400 t contributor or business he/she	o a cano	didate for a chief executive interesting in the contraction in the con	ve officer of a municipalit t with said municipality	y, Am	ount o	l' Contribution
or dependent child of a lobbyist?	value	d at more than \$5,0007 Is contributor a principal of a s		LI Yes LI No		s		
	Yes No	Is contributor a principal of a s If yes, indicate which braid of government the contract	nch or t	oranches	: Legislative			
Method of Contribution:				Date Received	Aggregate Contributions			
□ Cash □ Personal Check □ Credit/Debit	Card 🗆	Payroll Deduction Money	Order					T
Last Name			Fir	st				MI
Residential Street Address			City	<u> </u>		State	Zip	Cade
			L					
Principal Occupation				Name of Employer				
Is contributor a lobbyist, spouse,	does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?	to a car	Indidate for a chief executed with have a contraction In Yes In No.	et with said municipality	ity. An	iount (of Contributio
	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	ate contractor? ☐ Ye ☐ N e ☐ Legislative			
Method of Contribution:				Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Deb	t Card	Payroll Deduction Mone	y Order					
A STATE OF THE STA		SUB'	ТОТА	AL Section B — Th	is Page	5 O	Ca	
		TOTA	L of a	dditional Section B		\mathcal{C}	<i>y</i>	-
TOTAL O	FALL	CONTRIBUTIONS FRO	M INE : 13, Co	OIVIDUALS (Sections lumn A of Summary Pag	s A + B) ge Totals)	167	C. C	0

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT					
	Navada sejeta je savoj		~				• 4 4		
		C1. (Contributio	ons f	rom Ot	her Comm			
Name of Committee						149the of Hevan	ici		
Address				ls cv	this contrib ent reporte	d in Section L11	d with an Yes No	Amount o	Contribution
City	MINATORI VI MANAGAMINI I I I I I I I I I I I I I I I I I I	State	Zip Code		Date Receiv		Aggregate Contributions		
Name of Committee						Name of Treasu	rer		
Address		A CONTRACTOR OF THE PROPERTY O				d in Section L1	d with an ☐ Yes ☐ No ? at Event #	Amount o	Contribution
City		State	Zip Code		Date Recei	ved	Aggregate Contributions		
Name of Committee	N				•	Name of Treasu	rer	•	
Address						d in Section LI'	d with an ☐ Yes ☐ No ? st Event#	Amount o	Contribution
City		State	Zip Code		Date Recei	ved	Aggregate Contributions		
	C2. I	Reimbursemen	ts or Surp	lus I	Distribu	tions from	other Committees		
Name of Committee			•			Name of Treasu			
Address					City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type						Amount	of Receipt
	(у прристилсу	☐ Reimbursen	nent for shared	expens	se □Su	ırplus Distributi	on		
Description									
Name of Committee						Name of Treasu	irer		e la cardo a del cardo a cardo
					l a':			State	Zip Code
Address					City			State	Zip Code
Date Received	Expenditure # (If applicable)	Payment Type		و		C Distili		Amoun	of Receipt
Description		L Reinious	ement for share	e expe	elise 🔲	Surplus Distrib			
			SUBTO)TAI	L Section	n C — This	Page		
			TOTAL	of ac	iditional	Section C I	Pages		-
		ALL COMMIT s C1 + C2) (Enter							
	Torracj	- Oaj (Enter	on Line I	.,	11 Uj l	, i ugu			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
	· · · · · ·	D	. A 41.2 - To2 - 1					
A STATE OF THE STA	Loans		ed this Period Source of Loan:				Data of Reggins	
Name of Lender			Bank Candid	iate 🔲 In	dividual	Committee	Date of Receipt	
Street Address	City			Sta	ate	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No	
Name of Cosigner/Guarantor (if applicable)							Amount Received	
Street Address	City			S	late	Zip Code		
Name of Lender			Source of Loan: Bank Candid	late 🔲 In	dividual	☐ Other Committee	Date of Receipt	
Street Address	City			St	ate	Zip Code	Is there a Cosigner or Guarantor of this loan?	
Name of Cosigner/Guarantor (if applicable)							Amount Received	
Street Address	City	•		S	late	Zip Code		
Name of Lender	<u> </u>		Source of Loan:	date 🗆 In	dividual	Other	Date of Receipt	
Street Address	City			St	ale	Zip Code	Is there a Cosigner or Guarantor of this loan?	
Name of Cosigner/Guarantor (if applicable)	•		· ···			'	Amount Received	
Street Address	City			S	tate	Zip Code		
			TOTAL SECTION	DN Đ				
E. Receipts from Entities other tha	n Indivi	iduals (or Other Comm	ittees (1	Referen	dum Committe	es ONLY)	
Name of Entity								
Street Address				Date Rec	eived		Amount Received	
City		State	Zip Code	Aggrega	e Contrib	utions		
Name of Entity				<u></u>				
Street Address			1,000	Date Rec	eived		Amount Received	
City		State	Zip Code	Aggrega	e Contrib	utions		
Name of Entity		<u> </u>						
Street Address			-	Date Rec	eived		Amount Received	
City		State	Zip Code	Aggrega	e Contrib	utions		
			TOTAL SECTION	ON E				

NAME OF COMMITTEE	(Provide Complete Name as Registe	red with Filing Repository)		ТУРЕ	OF REPORT		
R.	Amount Transferred	from Affiliated Bu	siness Treasury (Busi	ness Entit	ty Committees ONLY)		
Date of Receipt	Is this transaction associatevent reported in Section		If yes, list Event #		Amount		
Date of Receipt	Is this transaction associatevent reported in Section		If yes, list Event #		Amount		
Date of Receipt	Is this transaction associatevent reported in Section	—	If yes, list Event #		Amount		
Date of Receipt	Is this transaction association event reported in Section		If yes, list Event #		Amount		
			TOTAL SECTIO	NF			
G. Amount Tr	ansferred from Affiliat	ed Labor Union o	r Other Organization	ı Treası	ury (Organization Committees ONLY)		
Date of Receipt		Date of Receipt		Date of	Receipt		
A	mount	Amount			Amount		
			TOTAL SECTION	G			
	H. Personal Funds of	the Candidate Rec	eived this Period <i>(Ca</i>	ndidate (
Date of Receipt	Method of payment:	☐ Personal Che	eck 🔲 Credit/Debi	Card	Amount		
Date of Receipt	Method of payment:	☐ Personal Che	eck 🔲 Credit/Debi	: Card	Amount		
Date of Receipt	Method of payment:	☐ Personal Che	eck 🔲 Credit/Debi	: Card	Amount		
Date of Receipt	Method of payment:	☐ Personal Che	eck 🔲 Credit/Debi	Card	Amount		
			TOTAL SECT	ON H			
			s Contributions				
ame	Per Public Act 11-48, ount. If a committee immediately remit the	receives an anony contribution to th	mous contribution, t	he cam	paign treasurer shall		

IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
J. Interest fr	om Deposits in Authorized Accoun	ıts					
Name of Institution		Date R	teceived			Amount	
Street Address	City	State	Zi	p Code		Angelen - Lande Green - Lande	
Name of Institution		Date P	teccived			Amount	
Street Address	City	State	Zi	p Code		Action	
	TOTAL SECTIO	N J			1		
K. Miscellaneous Mo	netary Receipts not Considered Co	ontrib	utio	18			
Name	- inter-		Date of	Fransaction		Amount Received	
Street Address	City	Stat	c	Zip Code			
Description							
Name			Date of	Transaction		Amount Received	
Street Address	City	Stat	e	Zip Code			
Description	J			1			
Name			Date of	Transaction		Amount Received	
Street Address	City	Stat	e	Zip Code			
Description	<u> </u>			1			
Name			Date of	Transaction		Amount Received	
Street Address	City	Star	ie	Zip Code			
Description							
	TOTAL SECTION K	17		v			
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D	thro	igh K)			
Total Loans Received this Period (Section D)							
Total Receipts from Entities other than Individuals or Ot	her Committees (Section E)	+					
Total Amount Transferred from Affiliated Business Trea	sury (Section F)	+					
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +							
Total Amount of Personal Funds of the Candidate Receiv	ed this Period (Section H)	+	-				
Total Amount of Interest from Deposits in Authorized Ac		+					
Total Miscellaneous Monetary Receipts not Considered C		+					
(Add Sections D through	Total of Other Monetar K) (Enter total on Line 15, Column A of Summa				<i>-</i>		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Amplica Control of Compagnition Control	Information		4				
Event # Description Date of Event Letter			1	ndraising event?			
			☐ Yes	□ No			
Location: Street Address	City		State	Zip Code			
Subpart 1: (All Committees)							
Was this event hosted at a personal residence?		5 In-Kind Donations nuse Party and completents) for food, beverage a	e required infor				
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?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)						
Type of the second seco	☐ No☐ Yes (If yes, enter Total Rec	vojnto h ovo)					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ No	espis nece.)	\$				
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	☐ Yes (If yes, go to Section L	Committees) 3 Purchases of Advert plete required informa		Program Book			
Subpart 3: (Town Committees ONLY)							
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Rec	ceipts here.)	\$				
	□ No						
Event # Description			Was this a fin	ndraising event?			
Date of Event Letter			☐ Yes	□ No			
Location: Street Address	City		State	Zip Code			
Subpart 1: (All Committees)							
Was this event hosted at a personal residence?		5 In-Kind Donations nuse Party and complet st(s) for food, beverage	e required infor				
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?	☐ Yes (If yes, go to Section I and complete required ☐ No		not Considered	Contributions			
Was this fundraiser a tag sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Re-	coints here					
with purchases from an individual of up to \$100?		———	\$				
C. L	No	Committees					
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	☐ Yes (If yes, go to Section L	3 Purchases of Advert		Program Book			
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Rec	ceipts here.)	\$				
gathering held within the state with this fundraiser?	□ No						
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page					
	ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —						
	TOTAL of additional Sectio	n L1 Pages					
	IPTS FROM SMALL PU Line 16a, Column A of Summar						

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) L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: ☐ Business Entity □ Other ☐ Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchases Purchase Made By: ☐ Business Entity □ Other ☐ Individual/Sole Proprietorship Street Address City Zip Code State Date Received Aggregate Purchases for All Events Event# Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By ☐ Business Entity Other ☐ Individual/Sole Proprietorship Street Address City Zip Code Date Received Aggregate Purchases for All Events Event # **Amount of Program Ad Purchase** Amount of Sign Purchase Name of Purchaser Purchase Made By: ☐ Business Entity Other ☐ Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: ☐ Business Entity Other ☐ Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages 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)

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
	\mathbf{L}_4	. In-Kind Donations	Not Consid	lered Contribu	tions			
Name of Donor								
Street Address			City	11 DEL. 1920			State	Zip Code
Donation Given By:	Description of Donation		L			Fair 8	darket Val	ue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value fo	or this Evem			
☐ Sole Proprietorship								
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation				•	Fair l	vlarket Val	ue of Donation
☐ Business Entity						_		
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value fe	r this Event			
Li Sole Proprietorship								
Name of Donor								
			10				To .	Zip Code
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair i	Market Val	ue of Donation
☐ Business Entity ☐ Individual						_		
Sole Proprietorship	Date Received	Event #		Aggregate Value fo	or this Event			
Bote 1 Topitetoisinp								
Name of Donor								
			10:				State	Zip Code
Street Address			City				State	Zip Cade
							<u> </u>	
Donation Given By: Business Entity	Description of Donation					Fair	vlarket Val	ue of Donation
☐ Individual	Date Received	Event #		Aggregate value fo	r this Event	-		
☐ Sole Proprietorship	Bat Received	Evela "		i i gg og siv tuine is				
		OID5	OTAL South	on L4 — This Pag		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
			OTAL Secur	л 14— 1115 гад	.			
		тота	L of addition	al Section L4 Pag	es			
TOT	AL OF ALL IN-KIN	D DONATIONS NOT CO (Enter total on Line 21, C						
				· · · · · · · · · · · · · · · · · · ·				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Prov	TYPE OF REPORT			
L5. Iı	-Kind Donations Not Considered	Contributions Associa	ted with a F	Youse Party
Name of Host			committee?	supporting more than one candidate or Yes No mplete Itemization in Addendum L5
Street Address		City	1	State Zip Code
Description of Donation		A Land Comment of the	W-W-W-	Fair Market Value of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate	
Name of Host			committee?	supporting more than one candidate or □ Yes □ No omplete Hemization in Addendum L5
Street Address		City	1	State Zip Code
Description of Donation				Fair Market Value of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate	
Name of Host			committee?	supporting more than one candidate or ☐ Yes ☐ No complete Itemization in Addendum L5
Street Address		City		State Zip Code
Description of Donation				Fair Market Value of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h		
Name of Host			committee?	supporting more than one candidate or Yes No omplete Itemization in Addendum L5
Street Address		City		State Zip Code
Description of Donation				Fair Market Value of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events <i>—this h</i>	ost/candidate	
	SU	BTOTAL Section L5 —	This Page	
		'AL of additional Section		
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT O HOUSE PARTY (Enter total on Line	CONSIDERED CONTRI 22, Column A of Summary		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT				
	.i.s		M Y. Yz	ad Cont		-4*o				·····
Name			M. In-Kir	ia Cont	ribu	itions				
Street Address					City			,	State	Zip Code
Type of contributor:	Date Receive	d	Aggregate Contri	ibutions	D	escription of In-Kind	Contribution	n	_L	
☐ Individual / Sole Proprietorship ☐ Other										
Is contributor a lobbyist, spouse,	does contr	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?							Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	<i>If yes</i> , i	tor a principal o indicate which l rnment the conti	branch or t	brancl	or or prospective sta hes Executive		□No		
Name	<u>*</u> .								W. 14 1	,
Street Address					City	William III A THE TOTAL TH			State	Zip Code
Type of contributor: Committee	Date Receive	d	Aggregate Contri	ibutions	D	escription of In-Kind (Contribution	1		_1
☐ Individual / Sole Proprietorship ☐ Other										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?										
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes Is	<i>If yes</i> , i	or a principal of ndicate which b nment the contr	ranch or b	ranci	or or prospective states Executive		□No		
Name										
				Ta-	~*.					1500
Street Address					City				State	Zip Code
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Received	i.	Aggregate Contri	butions	De	escription of In-Kind (Contributio	1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cont		business he/she		ed wit	r a chief executive o h have a contract w Yes ☐ No				Market Value s Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	☐ Yes Is	If yes, it	or a principal of ndicate which b nment the contr	ranch or b	ranch	or or prospective states Executive		☐ No		
			SUBT	TOTAL S	ectio	n M — This Pag	ge			
			TOTAI	L of addit	ional	Section M Page	S			
TOTAL OF ALL IN-KIND CON	TRIBUTI	ONS (E	nter total on Line	e 23, Colum	ın A o	f Summary Page To	tals)			
	N. 1	Refund	able Depos	sit to Te	leph	ione Compan	у			
Last Name of Individual			F	irst				Mi	Date Depos	t Made
Residential Street Address			City			F	State	Zip Code		Amount of Deposit
Name of Telephone Company	,							<u></u>		
Charl A.M.			[Zata:				Ctut-	Tin Code	_	
Street Address			City				State	Zip Code		
TOTAL SE	CTION N	(Enter to	otal on Line 24,	Column A	l of Si	ammary Page Tota	ls)		•	

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor		/ TYPE OF REPORT					
	Uniteda tel	May CEXILOPA	K.					
P. Expenses Paid by Committee								
Name of Payee	0 1		Date of Payment	Method of Payment:				
	HOPOOL		1/12/23	☐ Check # EFT				
Street Address	1111000	City	17.0100	State Zip Code				
10	20 Maxim Are	D5//95	•	1X 15701				
Purpose of Expenditure (by code)	Fee's Fel Election	ic Depost	Event #	Amount				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below" is c	hecked)	5200				
(if applicable)	'Mone of the below	,		1).				
	Coordinated with reimbursement sought (joint expendit							
Name of Payee	Cooldinated without reimbursement sought (in wind est	U Organizati	On: O A O B O C O D Date of Payment	Method of Payment:				
•	Val Kal		n/21/20	☐ Check #				
	ccy laire	1 ct	10/01/05	Debit Card EFT State Zip Code				
Street Address	O Box 93885	City Clevela	nd .	OH 44101-5885				
Purpose of Expenditure	Description		Event #	Amount				
(by code) BNK	BON TEC							
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required i	unless "None of the below" is c	hecked)	24.0e				
	✓ None of the below ☐ Coordinated with reimbursement sought (joint expendit	ure) 🔲 Independe	ent	1,00				
	Coordinated with reimbursement sought (in-kind cor	,	on: o A o B o C o D					
Name of Payee			Date of Payment	Method of Payment.				
			er in the second	☐ Check # ☐ Debit Card ☐ EFT				
Street Address		City		☐ Dehit Card ☐ EFT State Zip Code				
			Event #					
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)					
(д аррисаоле)	☐ None of the below		\$ <u>4</u>					
	☐ Coordinated with reimbursement sought (joint expend ☐ Coordinated without reimbursement sought (in-kind or		tion: OAOBOCOD					
Name of Payee		- OISMIN	Date of Payment	Method of Payment:				
-				Check #				
St Address		City		☐ Debit Card ☐ EFT State Zip Code				
Street Address		~,						
Purpose of Expenditure (by code)	Description		Event #	Amount				
(by code)		-						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below" is o	rhecked)					
(if applicable)	☐ None of the below							
	☐ Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co		ent ion: o A o B o C o D					
		SUBTOTAL Section P —	This Page					
		OTAL of additional Sectio	n P Pages					
	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)							

KINDER JANUARY 2013		· · · · · · · · · · · · · · · · · · ·					
NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository	TYPE OF REPORT	TYPE OF REPORT				
	Q. Campaign Exp	enses Paid by Candi	date				
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	Date of Payment	Is reunbursement clain				
					Yes 🔲 No		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	•	Event #		Amount		
(by code)							
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Date of Payment Is reimbursen			
				☐ Yes ☐			
Street Address		City	L	State	Zip Code		
Purpose of Expenditure	Description		Event#		Amount		
(by code)							
Name of Payee (Name of I	 endor, Person or Entity who candidate paid directly		Date of Payment	Is reimt	oursement claimed!		
				☐ Yes ☐ No			
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)							
Name of Payce (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment					oursement claimed?		
					Yes 📋 No		
Street Address		City	!	State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)							
None of Person (Manager of V	 'endor, Person or Entity who candidate paid directly)		Date of Payment	fs reimbursement claimed?			
Name of Payee (Name of V	endor, Ferson or Emily who candidate paid unecry)		Date of Laymon				
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount			
Name of Payee (Name of V	Vendor, Person or Entity who candidate paid directly)		Date of Payment	ls reimb	oursement claimed?		
					Yes 🖟 No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)		:					
SUBTOTAL Section Q — This Page							
	T	OTAL of additional Section	on Q Pages				
	TOTAL OF ALL EX						
	(Enter total on Lin	ne 26, Column A of Summar	v Page Totals)				

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPOR	TYPE OF REPORT					
	R. Expenses Incurred	on Committee Cre	edit Card	· · · · · · · · · · · · · · · · · · ·				
Name of Issuing Insti	tution	Type of Credit Card:	,					
		☐ Visa ☐ Master C	Card 🔲 Discover 🔲 An	nerican Express	Other:			
Name of Vendor, Person	or Entity			Date of T	ransaction			
Street Address		City		State	Zip Code			
Purpose of Expenditure (by code)	Description		Event #		Amount			
Expenditure # (if applicable)								
Name of Vendor, Person of	r Entity			Date of T	ransaction			
Street Address		City		State	Zip Code			
Purpose of Expenditure (by code)	Description		Event #		Amount			
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D								
Name of Vendor, Person of	r Entity			Date of T	ransaction			
Street Address		City	West of the second seco	State	Zip Code			
Purpose of Expenditure (by code)	Description		Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required u	nless "None of the below"	l is checked)					
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ○ A ○ B ○ C ○ D							
	SUE	BTOTAL Section R —	This Page					
	TOTA	AL of additional Section	R Pages					
ТО	TAL OF ALL EXPENSES INCURRED ON C (Enter total on Line 2	OMMITTEE CRED 27, Column A of Summary	B *					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) T			TYPE OF REPORT	TYPE OF REPORT				
	S. Expenses Incurred by Comp	nittee hut Net Beid	During this Ported					
Name of Creditor	S. Expenses Incurred by Comr	mittee but Not Faid	During this Feriod	Date Incur	ed			
Street Address		City		State	Zip Code			
Purpose of Expenditure (by code)	Description	cription Event #						
Expenditure # (ff applicable)								
Name of Creditor				Date Incur	ed			
Street Address		City		State	Zip Code			
Purpose of Expenditure (by code)	Description	Amount Incurred (Extimate or Actual)						
Expenditure # (if applicable)	=							
Name of Creditor	Date Incurr	Date Incurred						
Street Address		City		State	Zip Code			
Purpose of Expenditure (by code)	Description	L	Event#	1	ount Incurred imate or Actual)			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	☐ Indepe)				
		SUBTOTAL Section	S-This Page					
		OTAL of additional Sec	tion S Pages					
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	NG THIS PERIOD BUT ine 28, Column A of Summa						
	Previously reported Exp	enses Unpaid and still O	utstanding					
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	BY COMMITTEE BU'ne 28a, Column A of Summa						

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT						
	T. Itemization of Reim	ou	rsements and Seco	ndary I	Pay	/ees			· · · · · ·	
Last Name of Worker/Cons		T	irst				MI	Date of I Person or	ayment to Entity	Vendor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u>i</u>				reported in	 o Reimburse o Section P: ck #			
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant		City		1			State	Zip Code	
Purpose of Expenditure (by code)	Description			Event#					Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requine None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kine)	ndi	iture) 🔲 Inder	pendent		ов с	ос о в			
Last Name of Worker/Cons	ukant	Fi	irst				МІ	Date of I Person of	ayment to Entity	Vendor.
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					reported in	o Reimburse n Section P: ck #			
Street Address of Vendor, I	erson or Entity Paid by Committee Worker/Consultant		City					State	Zip Cude	
Purpose of Expenditure (by code)	Description			Event #					Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below ☐ Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kine)	endi	iture) 🔲 Inde	pendent		ов с	o C o D			
Last Name of Worker/Cons	ultant	F	irst				МІ	Date of I Person o	Payment to Entity	Vendor.
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u>, </u>					o Reimburse n Section P: ck #_		Worker/Co	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #					Amount	
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum T Requiner None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-king)	endi	iture) 🔲 Inde	pendent		ов с	OC OD			
			SUBTOTAL Section T	— This	Pag	ge .				
		Т	OTAL of additional Se	ction T F	ag(es				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	w	ORKERS AND CON	ISULTA	ΝΊ	rs				