SEEC FORM 20

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

RECEIVED FOR FILING OCT 2 5 2021 TOWN CLERK'S OFFICE EAST HAVEN, CONN.

Page 1 of 17

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	COVE	R PAGE		
1. NAME OF COMMITTEE	· · · · · · · · · · · · · · · · · · ·			
Castaca	For M	2/01		
2. TREASURER NAME			•	
First Richard	\mathcal{A}	Detalma		Suffix
3. TREASURER ADDRESS			-	-
Street Address 10 Sanvier	v Ave City	East Haven	State C)	Zip Code 06512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	y if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11 /2-/21	Mayor			(f applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)		· · · · · ·	<u> </u>
Joseph Joseph	\mathcal{A}	Last Castasa		Suffix
8. TYPE OF REPORT (Check One Box)	<u> </u>			
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Cont	ribution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendmen	t to
☐ July 10 filing	th day preceding election	☐ Deficit	Type of Rep	
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November		•	
9. PERIOD COVERED				
	Beginning Date	Ending Date		
_	10-1-21	thru 10-24 -8	<u>2/</u>	
10. CERTIFICATION				
I hereby certify and state, under p Disclosure Statement for the pe TREASURER OR DEPUTY TREASURE	riod covered is true, accurate	all of the information set forth on the and complete. Richaed A. Dela	is Itemized Car	npaign Finance 10-25-25/ DATE (mm/dd/yyyy)
		,		<u> </u>
A person who is	found to have knowingly and w faces a civil pe	villfully violated any provisions of the malty or imprisonment or both.	e campaign fina	nce statutes

RECRIVED FOR FILTING OCT 2 5 2021 TOWN CLEAVES DEFICE RAST BAVER, CONM

TOWN CLERK

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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	
ATTE OF CONTINUE TO THE COMPLETE NAME OF THE PRINT REPOSITORY		
·	COLUMN A	COLUMN B
	This Period	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	•	17949.37
12. Balance on hand at the beginning of Reporting Period	17949.37	
13. Contributions Received from Individuals (Sections A and B)	5880.42	2253/,05
14. Receipts from Other Committees (Sections C1 and C2)	0.00	3600. CO
15. Other Monetary Receipts (Sections D through K)	· C.oc	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)	<i>O.</i>	4/25.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	5880.42	30256.05
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	23 769.79	237 19.79
19. Expenses Paid by Committee (Section P)	13 433. 87	19920.13
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	10395.92	10335-92
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	C.60
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
23. In-Kind Contributions Received (Section M)	13/.99	131.99
24. Refundable Deposit to Telephone Company (Section N)	0.0	0.00
25. Loan Balance	0.00	·/\
25a. + Loans Received (Section D)	0.00	C.00
25b. + Interest and Penalties on Loan	0-00	0.00
25c Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	000
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	-
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	. 0.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cactera For Naga	The state of the s
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s / /
B. Itemized Contributions from Indiv	
Gald Waller	, MI
233 Mansfield Scar Polynty03 City Exst Hav	state Zip Code OB 512
Principal Occupation Part of Employer Principal Occupation	7,009
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contra valued at more than \$5,000?	et with said municipality
g yes, nst 210mm	re 🗆 Legislative 🔍 25 C
Method of Contribution:	Aggregate Contributions
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Is contributor a lobbyist, spouse, If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contravalued at more than \$5,000?	ect with said municipality
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective solution. If yes, indicate which branch or branches of government the contract is with:	ve ☐ Legislative No 50 —
Method of Contribution: Date Received	Aggregate Contributions
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Residential Street Address 76 Bussess Sto. City Est.) Have	State Zip Code OB12
Principal Occupation On Id Care Name of Employer Self	L
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is associated with have a contributor or business he/she is a second or business he	act with said municipality
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 so If yes, indicate which branch or branches of government the contract is with: Executive.	ve Legislative 20. 2/
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 10-1-2-1	Aggregate Contributions
SUBTOTAL Section B — Th	his Page 320.21
TOTAL of additional Section I	B Pages 5500.21
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section	

C FORM 20 January 2015	I. MONETARY RE	CEII In (programs		
a committee (n) - Comple	lete Name as Registered with Filing Repository)		TYPE OF REPORT	
ME OF COMMITTEE (Provide Compt	Til Model		10-26-1-1	MY
atala	7 Feb 174/20	ed this Period ONLY	- 70 - 4	
A. Total Contributions from	om Small Contributors-Receive	SUBTOTAL SECTION A		/
(See instructions for definition of	Small Contributory			
	B. Itemized Co	ntributions from Indiv	iduals	MI
i Name		First		\mathcal{H}
(allicon		James	State	Zip Code
sidential Street Address		City	(m	06422
(/ 239	main street	Name of Employer		
ncipal Occupation	2 . 1/	1/ Ode	bose.	
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dependent child of a lobbyist?	Looked at more than \$5,000?	a state contractor or prospective s		,
s this contribution associated with an	If yes, indicate which br	anch or branches	ne 🗆 Legislative No	750
vent reported in Section L1? Tyes, list Event #	of government the contr	Date Received	Aggregate Contributions	/ 3
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Le 1500	✓ Yes If contribution is in excess of \$4	00 to a candidate for a chief exec	utive officer of a municipality,	Amount of Contribution
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л <u>асренами чине</u>	valued at more than \$5,000?	of a state contractor or prospective		
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	7/84-10-0 6000 14	Name of Employer		
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n . I their mouse	Yes If contribution is in excess of	\$400 to a candidate for a chief ex	ecutive officer of a municipality,	Amount of Contribut
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Li Cash Personal Check Lice			This Page	CAO
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<u></u>	TO	TAL of additional Section	on B Pages	660.21
	CONTRIBUTIONS	FROM INDIVIDUALS (Sec	tions $A + B$) $5 C$	21.42
T	OTAL OF ALL CONTRIBUTIONS I	Line 13, Column A of Summar	y Page Totals)	000

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TWIN OF BURDONS		
Californ Tol May	TYPE OF REPORT		
A Total Contributions from Small Contributory Decision 1997	10-26-Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$		
B. Itemized Contributions from Individ	luals		
Last Name First	MI		
Residential Street Address City	State Zip Code		
Principal Occupation Stc Est Have	en es 06512		
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 does contributor or business he/she is associated with have a contract we valued at more than \$5,000?	officer of a municipality, Amount of Contribution with said municipality		
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s contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief/executive of does contributor or business he/she is associated with have a contract with valued at more than \$5,000? Yes No	fficer of a municipality, Amount of Contribution th said municipality		
s this contribution associated with an event reported in Section L1? If yes, list Event # 1009 C. If yes, indicate which branch or branches	ontractor?		
Method of Contributions	gregate Contributions 5-C		
SUBTOTAL Section B — This Pa			
TOTAL of additional Section B Pag			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + (Enter total on Line 13, Column A of Summary Page Tot	(B) 5890.42		

	THINE OF BEDORE
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Calfoly Fol Mayor	10-26-41/m
A. Total Contributions from Small Contributors-Received this Period ONLY	\$
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	3
B. Itemized Contributions from Indivi	iduals
Last Name First	. '
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Residential Street Address City	State Zip Code
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Principal Occupation Name of Employer	,
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Variable at More than 50,000	
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If yes, list Event # OOU O of government the contract is with: Executiv	Legislative
Method of Contribution: Date Received	Aggregate Contributions
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35 KOO DIMITY: VOI CAST THE	(1) (00310
Principal Occupation Name of Employer	1/02/11/
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SUBTOTAL Section B — Th	ns rage /7 U
TOTAL of additional Section I	7 - 1 7 -
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Pa	(S A + B) ge Totals) 5820.42

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
actoca Fol Matel	10-26-Filing
A. Total Contributions from Small Contributors-Received this Period ONLY	
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
<u> </u>	
B. Itemized Contributions from Individ	duals
Last Name First	, MI
Dell mode No Endy	
Residential Street Address 57 Calledine Stor East Ha	State Zip Code
Principal Occupation Name of Employer	/
Retired 201,00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, Amount of Contribution with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state	e contractor?
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Fescald Fogn	-
Residential Street Address	State Zip Code
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Principal Occupation Name of Employer	120
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive	officer of a municipality Amount of Co. 4. 11. (1)
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, Amount of Contribution with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state	e contractor?
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<u>Ve/4019</u> 5/eve	
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585 MGD341CH GGOVE FOR FORT HAVE	8 065 12
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TIMULIAN DUCCI	Clectuc 19V
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SUBTOTAL Section B — This	Page SSU
TOTAL of additional Section B P	<u> </u>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Lastora Fol Malal	10-26 - Filin
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	<u> </u>
	V
B. Itemized Contributions from Indivi	
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Principal Occupation Entertain ment Promoter Self-en	molyd
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 does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1009 C If yes, list Event # 1009 C	te contractor?
Method of Contribution: □ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Cash □ Credit/Debit Card □ Payroll Deduction □ Money Order	Aggregate Contributions
Last Name First	MI
Corriveau, Madeli	ne R
Residential Street Address Plan Stat Ave City East Have	State Zip Code O6512
Principal Occupation Name of Employer Port, Ge	d
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
	tte contractor? Yes No Legislative South
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Method of Contribution: Date Received Cash	Aggregate Contributions
SUBTOTAL Section B — This	Page 170
TOTAL of additional Section B	27-22/
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections	A+B)
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
(difotos fol Major	10-26-Filia
A. Total Contributions from Small Contributors, Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s
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B. Itemized Contributions from Indivi	duals
Last Name Zengla First Stephen	つ` MI ブ
Residential Street Address 666 Thompson Sto City East House	State Zip Code CT Obs. T
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Principal Occupation Name of Employer Substitute Output Danase	6'5 P179
Is contributor a lobbyist, spousd or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
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SUBTOTAL Section B — This	Page 250
TOTAL of additional Section B 1	Pages 3490.21
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Coffee to played	10-26-Fi/1x
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s //
B. Itemized Contributions from Indivi	duals
Last Name Lesco First Ashley	MI
Residential Street Address 23 Tailled Ave City Esst H	aven State Zip Code C 06312
Principal Occupation Name of Employer Name of Employer	s Law Tiem
Is contributor a lobbyist, spouse, or dependent child of a lobbyist. The valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10090 If yes, list Event # 10090 If yes, indicate which branch or branches of government the contract is with:	e contractor?
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Residential Street Address 4 - Howard Auc Branfold	State Zip Code C) 06405
Principal Occupation Name of Employer NAME of Employer	BOE
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1009 C	te contractor?
Method of Contribution: Date Received Credit/Debit Card Payroll Deduction Money Order Date Received 16 -01 - 24	Aggregate Contributions
Last Name Scotia Gita	MI
Residential Street Address 152 Elm 516. City East Have	State Zip Code C) O6312
Principal Occupation ACAZ Name of Employer WH.	HO527/6/2
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 does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10090 Is contributor a principal of a state contractor or prospective state in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive	e contractor? ☐Yes ☑No ☐ Legislative
Method of Contribution: Date Received Crash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 10-0-21	Aggregate Contributions 20
SUBTOTAL Section B — This	Page /90.—
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A	(A+B) 58 20/ 42

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Calter g Fol Mayol	10-20-Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
B. Itemized Contributions from Individual	duals
Last Name First	/ _t
Residential Street Address City	Med State Zip Code
17 Paugatuck Ave (15)	Haven a 06512
Principal Occupation Name of Employer Name of Employer 11/15/15	ct Columbus
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? On If yes, indicate which branch or branches	₩ No O
Method of Contribution: Date Received	Aggregate Contributions
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Residential Street Address City East Have	state Zip Code Ob 2/2
Principal Occupation Name of Employer //	n Raviers
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1009 C	
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Last Name /I Carl 9 First Chable	S MI
Residential Street Address 13 Guant Street	ven C State Zip Code 6512
Principal Occupation Name of Employer Town	ef E.H.
Is contributor a lobbyist, spouse Yes or dependent child of a lobbyist? Yes does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10090 Is contributor a principal of a state contractor or prospective sta If yes, indicate which branch or branches of government the contract is with: Executive	☐ Legislative
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	Aggregate Contributions 40. —
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TOTAL of additional Section B	00.
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
(56/69 For Mayd	10-26-Filing
A. Total Contributions from Small Contributors-Received this Period ONL (See instructions for definition of Small Contributor) SUBTOTAL SECTION	
B. Itemized Contributions from In	dividuals
Last Name Poss i Shed	564 - M
Residential Street Address 2595 Rider Fed City De 1th	Haven State Zip Code 76473
Principal Occupation Name of Employer Town	of Est Haven
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution is in excess of \$400 to a candidate for a chief except does contributor or business he/she is associated with have a convalued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1009 C If yes, list Event # 1009 C	ve state contractor?
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received	Aggregate Contributions
Last Name BCooks First Williams	an MI
Residential Street Address City E554	Haven State Zip Code O65 D
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief ex does contributor or business he/she is associated with have a co valued at more than \$5,000?	intract with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event #	ive state contractor?
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Residential Street Address 24 J.// SW D. City E954 Ho	State Zip Code Of 06512
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief ex does contributor or business he/she is associated with have a covalued at more than \$5,000?	ecutive officer of a municipality, entract with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event #	cutive Legislative No
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SUBTOTAL Section B —	This Page 160 —
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section of Control on Line 13, Column A of Summary	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Castosa For Mayol	10-26-71/19
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
B. Itemized Contributions from Individual	duals
Last Name Bowden	C: MI
Residential Street Address Residential Street Address Residential Street Address Residential Street Address	Haven (T 06512
Principal Occupation Name of Employer	Tone
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700000	e contractor? \(\sum X\) Xes \(\sum No \) \(\sum \) Legislative \(\sum \) \(\sum \) \(\sum \)
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 10-9-21	Aggregate Contributions 40.42
Penant Ton First Ann	MI
	ven (1 C) State Zip Code (C) O65/2
Principal Occupation Secce fact Name of Employer	Hoath Center
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? Yes does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # IGC 9C Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive	te contractor?
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	Aggregate Contributions
Last Name First	I JUI
Mostin Eggi	1 A
Residential Street Address 15 Cake above Fd City East Hav	State Zip Code CI 06512
Principal Occupation Name of Employer	(10, N=15,14)
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 does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1009 Is contributor a principal of a state contractor or prospective state in the contract is with: Executive	te contractor?
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A Company Page	A+B) $CCCC$, L / D

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Revited January 2015	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositors)	TYPE OF REPORT
Castron For Major	10-26 Films
A. Total Contributions from Small Contributors-Received this (See instructions for definition of Small Contributor) SUBTOT	Period ONLY SAL SECTION A
B. Itemized Contributi	
Last Name Pirst	Palli
Residential Street Address 51 - M955achvselfs Ave City	East Haves TOGETZ
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 candid does contributor or business he/she is associately alued at more than \$5,000?	date for a chief executive officer of a municipality, ted with have a contract with said municipality Yes
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contributor aprincipal of a state contr	Executive Legislative No
Method of Contribution:	Date Received Aggregate Contributions
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Last Name Wobenson; th	A-hn 5
Residential Street Address 93 Cosey Boach Ave City	Est Haven CT C6512
Principal Occupation Ref Kell	Name of Employer 27/16/
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 valued at more than \$5,000?	idate for a chief executive officer of a municipality, ated with have a contract with said municipality Yes No .
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10090 No	ranches No No
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	10-9-21 40
Last Name First	Jacqueline E
Residential Street Address 12 2/1 dal 5/61	1 Est Aman State Zip Code 12
Principal Occupation & Alam.	Name of Employer And University
Ves. If contribution is in excess of \$400 to a cano	didate for a chief executive officer of a municipality, iated with have a contract with said municipality Yes No
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TOTAL OF ALL CONTRIBUTIONS FROM IND	IVIDUALS (Sections A + B) umn A of Summary Page Totals) S6 20.42

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AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
	<i>V</i>
B. Itemized Contributions from Ind	
Ist Name Longlal First Longlal	ervic "E
esidential Street Address Kim Daily Cicck City North	Haven State Zip Code 3
rincipal Occupation : Name of Employer	mort Hell
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief execution of a lobbyist? Yes does contributor or business he/she is associated with have a contributed at more than \$5,000?	ract with said municipality No
If yes, list Event# 1001	state contractor? Yes No Legislative Aggregate Contributions
Method of Contribution: Cash	20
First	MI
Dec backer Amy	State Zip Code
Residential Street Addless 57 Foote Holl East Ho	aca 5 065/2
Opthanalogy Tech Eye	Cutive officer of a municipality, Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief exe does contributor or business he/she is associated with have a corvalued at more than \$5,000?	ract with said municipality No .
Is this contribution associated with an event reported in Section, L1? If yes, list Event # 10090	ve state contractor?
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Last Name Depheller First 45/	hy MI
Residential Street Address 15 Cak Gove: Pd East H	Javen. State Zip Code Of 12
Principal Occupation Radrolosic Tech Name of Employer	144
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief ex	ecutive officer of a municipality, Amount of Contribution on tract with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # Office Method of Contribution: Yes	ve state contractor?
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sec (Enter total on Line 13, Column A of Summar)	tions A + B) Page Totals) 58 20.42

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Castosa For Maya	10-26-Film
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s
B. Itemized Contributions from Indiv	viduals
Last Name Ginnetti Pirst Mighael	MI
Residential Street Address 36 Dadge Ae City Esso) His	State Zip Code Of O65/7
Principal Occupation Name of Employer	A. Tucking
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contributor or business he/she is a second or	ect with said municipality
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Michalson First Replece	C9 MI _
Residential Street Address 131 Flench Ave City East y	Haver State Zip Code CT 065-12
Principal Occupation Name of Employer WH	BOE
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Is this contribution associated with an event reported in Section L1? If yes, list Event # 10090 Is contributor a principal of a state contractor or prospective sof government the contract is with:	tate contractor?
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Last Name First Jac 4	MI -
Residential Street Address For Des August City East Ho	State Zip Code OT 06512
Principal Occupation Reflect Rame of Employer	cd.
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
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NAME OF COMMITTEE (Provide Compriete Name as Registered with Filing Repository)	TYPE OF REPORT
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(G679 TOI 1/1901	10-00-Filips
A. Total Contributions from Small Contributors Received this Period ONLY	
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ //
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B. Itemized Contributions from Indivi	iduals
Last Name First	, MI
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Residential Street Address	
Residential Street Address City	State Zip Code
147 SoloGov Ave Past H	(avor) 0 06517
Principal Occupation Name of Employer	-16
	SC Kald
Tile Lightel jour	6/ WUITE 01 5
Is contributor a lobbyist, spouse, / 🔲 Yes If contribution is in excess of \$400 to a candidate for a chief executive	
or dependent child of a lobbyist?	t with said municipality
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Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state.	
event reported in Section L1?	□ Legislative No
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Residential Street Address City	State Zip Code
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1) · (1 1 1 1 1 1 1 1 1	9 06517-
Principal Occupation Name of Employer	
Soft conveyed 3, size	of Owner
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 does contributor or business he/she is associated with have a contract	e officer of a municipality, Amount of Contribution
valued at more than \$5,000?	t with said municipality
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Is this contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches	ite contractor? Yes
1,00/1/	Legislative No
Method of Contribution: Date Received	
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Last Name First	MI
Kemans Diane	
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Residential Street Address City	State Zip Code
9 EIRO PIACE (BT HA	ven 1 065/2
Principal Occupation Name of Employer	
	1- C-
5enr 1965 legat - /7	7 / 61 /
Is contributor a lobbyist, spouse,	ve officer of a municipality, Amount of Contribution
or dependent child of a lobbyist?	t with said municipality
valued at more than \$5,000?	
Is this contribution associated with an Section Is contributor a principal of a state contractor or prospective state.	te contractor?
event reported in Section L1? No If yes, indicate which branch or branches	_ 500
If yes, list Event # of government the contract is with: Executive	☐ Legislative
Method of Contribution: Date Received	Aggregate Contributions
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A	A+B)
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1 Dec/ 2 1/ 01-//	TYPE OF REPORT
(66400 40 11/9/06	10-16-11/1/2
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	
<u> </u>	_
B. Itemized Contributions from Indivi	duals
Last Name First C	MI
Ca/le Challes	5"
Residential Street Address City City	State Zip Code
25 Col um DUS Mue East Have	van 0 065/1
Principal Occupation Name of Employer	06.311
	cf CastHaven
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract	e officer of a municipality, Amount of Contribution
valued at more than \$5,000? □Yes □No	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches	contractor?
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Method of Contribution: Date Received	Aggregate Contributions
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Last Name First	MI
Pollo III Salvatale	· -
Residential Street Address City F + 11	State Zip Code
Principal Occupation Name of Handleyer	0 065/
Secusiful Mame of Employer	1276
	0 1000
or dependent child of a lobbyist? does contributor or business he/she is associated with have a contract t	officer of a municipality, Amount of Contribution with said municipality
valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state if yes, indicate which branch or branches	
If yes, list Event # of government the contract is with:	☐ Legislative No
	Aggregate Contributions
700	500
17434 - //	MI
Residential Street Address City City	7
6 Vastuse Lace Brandon	State Zip Code
Principal Occupation Name of Employer	(2) 06903
Fundal Dreofer " Invan	or Funcial Home
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive	officer of a municipality American
does contributor or business he/she is associated with have a contract v	officer of a municipality, vith said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state.	contractor? FIX.
event reported in Section L1? No If yes, indicate which branch or branches	XNo O
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TOTAL of additional Section B Pa	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page To	+B) 5820.42

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
(564069 For Maya	10-26-Filing
A. Total Contributions from Small Contributors-Received this Peri (See instructions for definition of Small Contributor) SUBTOTAL S	
	· · · · · · · · · · · · · · · · · · ·
B. Itemized Contributions	from Individuals
Last Name Camata	M964 == MI
Residential Street Address 75 Frank 346 City East	t Haven State Zip Code OBSD
Principal Occupation Ref. Ref.	FT, ad.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for does contributor or business he/she is associated with valued at more than \$5,000?	r a chief executive officer of a municipality, th have a contract with said municipality Yes SNO
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor of If yes, indicate which branch or branches of government the contract is with:	□Executive □ Legislative □ No
Method of Contribution: ☐ Cash ☐ Personal Check	ceived Aggregate Contributions 10-9-21 70-21
Last Name Pand First	Raymond.
Residential Street Address 105 Schenfo Ave City	37 Haven State Zip Code 12
Principal Occupation Rel. 6ed	Det, a
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for does contributor or business he/she is associated with valued at more than \$5,000?	r a chief executive officer of a municipality, have a contract with said municipality Yes No
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Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ Date Rei	ceived Aggregate Contributions C-9-24 1000
Last Name First	Robert -
Residential Street Address 28 Shebweed Do City	26th Haven ET 21p Code OG 173
Principal Occupation Can Sulffan Name of	Retiled
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for does contributor or business he/she is associated with valued at more than \$5,000?	or a chief executive officer of a municipality, the have a contract with said municipality of Young No.
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SUBTOTAL Section	ion B — This Page 370-21
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	
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A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
B. Itemized Contributions from Indiv	iduals
Last Name First /	MI
Residential Street Address Control Lance	
12 Capty Hills Rd Hamden	State Zip Code 065 14
Principal Occupation Rame of Employer	se d
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executi	ve officer of a municipality, Amount of Contribution
or dependent child of a lobbyist? does contributor or business he/she is associated with have a contract valued at more than \$5,000?	et with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective statement of government the contract is with:	ate contractor?
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Last Name Schumitz First Bab	мі
Residential Street Address 173 Bobb man Pd City Est Have.	State Zip Code
Principal Occupation Name of Employer	10 1000
MA Dage & Koci	fore intermedal
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Solve If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	t with said municipality
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Last Name Siein Elza t	both MI:
Residential Street Address Mansfield Grave Pol City East Have	State Zip Code CI CI65/2
Principal Occupation Name of Employer Source 1	the Child Inci
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Valued at more than \$5,000? Yes No	No l
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 10 -23-21	Aggregate Contributions
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page	A+B) 5820-42

NAME OF COMMITTEE (Provide Complete Name as	s Registered with Filing Repository)		TYPE OF REPORT	
· Castan	for Mafol		10-26-	Filip
A. Total Contributions from Sma (See instructions for definition of Small Con		d this Period ONLY UBTOTAL SECTION A	\$	
				
	B. Itemized Con	tributions from Indiyi	duals	
Last Name 1-66/4 el		First Br	÷.	MI
Residential Street Address 190 Then	25cm 52F	East Have	en.	State Zip Code
Principal Occupation		Name of Employer		0) 00512
or dependent child of a lobbyist?	contribution is in excess of \$400 to be contributor or business he/she is alued at more than \$5,000?	a candidate for a chief executive associated with have a contract	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a st	ate contractor or prospective stat	e contractor? Yes	100
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Card	☐ Payroll Deduction ☐ Money (Date Received Order / C-22-3	Aggregate Contributions	,
Last Name Micanda		First KCB		MI
Residential Street Address 185 Foxol		Egst Have		itate Zip Code
Principal Occupation Zetirrd		Name of Employer	ced-	7 [00:0
or dependent child of a lobbyist?	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?	a candidate for a chief executive associated with have a contract Yes No	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a st If yes, indicate which brand of government the contract	ate contractor or prospective state	√ □-Mo	100-
Method of Contribution: Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money C	Date Received	Aggregate Contributions	100
Last Name Follo	· · · · · · · · · · · · · · · · · · ·	First Sc/Val	al	M
Residential Street Address 14 Lemy	·· OT	East Ha	ver (tate Zip Code 7 065/2
Principal Occupation Seas. 14		Name of Employer	BOE	
or dependent child of a lobbyist?	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?	a candidate for a chief executive associated with have a contract Yes	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a sta If yes, indicate which brane of government the contract	h or branches	contractor?	500
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money C	Date Received	Aggregate Contributions	
	SUBTO	OTAL Section B — This	Page 70	70-
		of additional Section B P	- I	7
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 13)	INDIVIDUALS (Sections A Column A of Summary Page 1	(+B) 58	20.42

NAME OF COMMI	ITTEE (Provide Complete No	ame as Registered	with Filing Reposi	tory)		<u> </u>	TYPE OF REPORT		
<u> </u>									
_		C1. (Contributio	ns from O	ther Com	mittees			•
Name of Committee					Name of Trea	asurer			
,									
Address				Is this contr	ibution associa	ated with a	n □ Yes □ No	Amount of	Contribution
				event report	ted in Section I	L1? list Event	#		
City		State	Zip Code	Date Rece			gate Contributions	\dashv	
11							,		
								1	'
Name of Committee		•			Name of Trea	asurer			
Address			•	Is this contr	ibution associa	ated with a	n □ Yes □ No	Amount of	Contribution
				event report	ted in Section I	L1? , list Event	#	ļ	
City		State	Zip Code	Date Rece			gate Contributions	-	
•			2.7 5505			1-38-7	3		'
Name of Committee					Name of Trea	asurer		_	-
				<u> </u>					
Address				Is this contr	ibution associa	ated with a	n □ Yes □ No	Amount of	Contribution
				event report	ted in Section I		#		
City	<u> </u>	State	Zip Code	Date Rece			gate Contributions	_	
			Zip Code			118610	gate Controllions		
	C2. Rei	mbursemer	its or Surpl	ns Distrib	itions from	m other	Committees		
Name of Committee	Ca. Real	ALD UL BOILLOI	ito vi buipi		Name of Trea		Committees		
					Traine of The	430101		•	
									-
Address				City			·	State	Zip Code
	Expenditure #	T				_			
Date Received	(if applicable)	Payment Type						Amount	of Receipt
•		Reimbursen	nent for shared e	expense 🗆 S	Surplus Distrib	ution			
Description						-		\dashv	
			•						
Name of Committee					Name of Trea	acurer		<u> </u>	
					1.00.001710	43 0101			
			;						
Address				City	•		·	State	Zip Code
			_						
Data Baratan I	Expenditure #	T 5 .=							
Date Received	(if applicable)	Payment Type						Amount	of Receipt
		☐ Reimburs	sement for share	d expense	Surplus Distr	ibution			
Description		<u> </u>					<u> </u>	-	
•									
									
l			SUBTO	TAL Section	on C — Thi	is Page			
-							 	-	-
1		_	TOTAL	of additions	al Section C	C Pages			
	TOTAL OF A	LL COMMT	TEE CONT	RIBUTION	S AND REG	CEIPTS	 		
	(Sections C	1 + C2) (Enter	total on Line 14	4, Column A o	Summary Pa	ge Totals)			
	<u> </u>		•			<u>-</u>			
ĺ						-			

NAME OF COMMITTEE Provide Complete				ZZZ ZD (GCC			REPORT	
	D.	Loans	Recei	ved this Period				
Name of Lender				Source of Loan: Bank Car	ndidate 🔲	Individua	l ∐∙Other Committee	Date of Receipt
Street Address		City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	· · ·	-			•	•	•	Amount Received
Street Address		City				State	Zip Code	
Name of Lender		<u> </u>		Source of Loan:	-l ıdidate □	Individua	Other	Date of Receipt
Street Address		City		•		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	•				•	-		Amount Received
Street Address		City				State	Zip Code	
Name of Lender				Source of Loan:	adidate [Individua	Other Committee	Date of Receipt
Street Address		City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)								Amount Received
Street Address		City	<u>-</u>	-		State	Zip Code	
				TOTAL SECT	ION D			
E. Receipts from I	Entities other tha	n Indiv	iduals	or Other Com	mittees	(Referen	dum Committe	es ONLY)
Name of Entity					-			,
Street Address				_	Date R	eceived		Amount Received
City			State	Zip Code	Aggreg	gate Contrib	utions	
Name of Entity			_	-			-	
Street Address					Date Re	eceived		Amount Received
City			State	Zip Code	Aggreg	gate Contrib	utions	
Name of Entity	· · · · · · · · · · · · · · · · · · ·		1		<u>, l </u>			
Street Address					Date R	eceived		Amount Received
City			State	Zip Code	Aggreg	gate Contrib	outions	
	1		<u> </u>	TOTAL SECT	TION E		<u> </u>	<u> </u>

NAME OF COMMITTEE	(Provide Complete Name as Registe	red with Filing Reposi	tory)		TY	PE OF REPORT
`		<u> </u>				
F.	Amount Transferred	from Affiliate	d Business	Treasury (B	usiness E	
Date of Receipt	Is this transaction associ	ated with an	☐ Yes If yes, list Event #☐ No			Amount
Date of Receipt		Is this transaction associated with an event reported in Section L1? Yes If yes, list Event #				Amount
ate of Receipt	Is this transaction associ		Yes If yes, No	list Event #		Amount
ate of Receipt	Is this transaction associ		l Yes If yes, l No	list Event #		Amount
			•	FOTAL SECT	ION F	
G. Amount Ti	ransferred from Affilia	ted Labor Un	ion or Oth	er Organizat	ion Tre	asury (Organization Committees ONLY)
Date of Receipt		Date of Receipt			Date	of Receipt
	Amount		Amount			Amount
	amount					
			T	OTAL SECTION	ON G	
	H. Personal Funds of	the Candidat	e Received	this Period	(Candida	te Committees ONLY)
Date of Receipt	Method of payment:		-	· · -		Amount
	☐ Cash	☐ Perso	onal Check	☐ Credit/I	Debit Card	
Date of Receipt	Method of payment:	<u> </u>				Amount
	☐ Cash	☐ Perso	onal Check	☐ Credit/I	Debit Card	
Date of Receipt	Method of payment:					Amount
	☐ Cash		onal Check	☐ Credit/I	Debit Card	
Date of Receipt	Method of payment:	·	-	· · · · · ·		Amount
	☐ Cash	☐ Pers	onal Check	☐ Credit/I	Debit Card	
i				TOTAL SE	CTION	<u> </u>
	-	·		TOTAL SE	CTION	

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.

Revised January 2015 1. INIONE	TARY RECEII	PTS (Sections A	A—I	Ω		Page 7 of 17
NAME OF COMMITTEE (Provide Complete Name as Registered with it	Filing Repository)		TYPI	OF R	EPORT	
	rom Deposits in Au	thorized Accoun				_ -
Name of Institution			Date	Receive	1	Amount
Street Address	City		State		ip Code	-
Name of Institution			Date 1	Receive	i	Amount
	,		٠,			
Street Address	City		State	2	ip Code	
	<u> </u>			一		<u></u>
		TOTAL SECTIO	N J			
K. Miscellaneous Mo	onetary Receipts n	ot Considered Co	ntril	outio	ns	
Name				Date of	Transaction	Amount Received
Street Address	City		Stat	<u>e</u>	Zip Code	
Description						
Name		-	_	Date of	Transaction	A
						Amount Received
Street Address	City	-	Stat	е	Zip Code	
Description		·			<u> </u>	
Name			ŀ	Date of	Transaction	Amount Received
Street Address	City		Stat	e	Zip Code	
Description						
Name	 -			Date of	Transaction	Amount Received
						Amount Acceived
Street Address	City		Sta	te	Zip Code	
Description	<u> </u>				<u> </u>	
<u>.</u>						
-	TO 1	ÇAL SECTION K				<u> </u>
SUMMARY OF OTHER	R MONETARY RE	ECEIPTS (Section	ns D	thro	ugh K)	-
Total Loans Received this Period (Section D)					Ĭ	
Total Receipts from Entities other than Individuals or Of	ther Committees (Section	on E)	+	-		
Total Amount Transferred from Affiliated Business Trez	sury (Section F)		+			- :
Total Amount Transferred from Affiliated Labor Union	or Other Organization	Treasury (Section G) +			·
Total Amount of Personal Funds of the Candidate Receive	ved this Period (Section	n H)	+			
Total Amount of Interest from Deposits in Authorized A	ecounts (Section J)		+			
Total Miscellaneous Monetary Receipts not Considered	Contributions (Section	K)	+			
(Add Sections D throug		Other Monetary				
(waa accrious v intong	LAND LEMET WHE OR LENE I	s, Counti A of Summal	y ruge	1 otals,	1	

II. EVENT ACTIVITY (Sections L1—L5)

Kevised Jacobay 2015	VIII (Sections 121			<u> </u>			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Ti Evani	Information						
	лиотщанов		₁				
Event # Date of Event Letter O 0 9 View of Description	a Tundan	50/	Was this a fur Yes	ndraising event?			
Location: Street Address	City		State	Zip Code			
Location: Street Address Stop 6 Shop Plaza Herringuay A	city East three)	OT	06512			
Subpart 1: (All Committees) Was this event hosted at a personal residence?							
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 L and complete required ☐ No		ot Considered (Contributions			
Was this fundraiser a tag sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Rec	oints here					
with purchases from an individual of up to \$100?	No	·	\$				
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.			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	eipts here.)	e	_			
gathering held within the state with this fundraiser?	ru√.		. .				
	□ ,‰						
· · · · · · · · · · · · · · · · · · ·							
Event # Description Date of Event Letter			Was this a fur	draising event?			
1000 Po			☐ Yes	□ No			
Location: Street Address	City		State	Zip Code			
Subpart 1: (All Committees)	-l			·			
Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section L: Associated with a Hou purchases made by hos ☐ No	ise Party and complet	e required infor				
Did this fundraiser include goods or services donated by a business entity	☐ Yes (If yes, go to Section I	A In Kind Danations	not Considered				
of up to \$200 or items donated by an individual of up to \$100?	and complete required No		not Considered	Controlled			
Was this fundraiser a tag sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Rec	eipts here.)		·			
with purchases from an individual of up to \$100?		-	\$				
	□ No		-				
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			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	eipts here.)	\$				
gathering held within the state with this fundraiser?	□No		Ψ				
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr		This Page	0.00	/ .			
	ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —		0.00				
	TOTAL of additional Section	n L1 Pages	0				
	IPTS FROM SMALL PU		0.00				

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 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 Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City 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 Zip Code State 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 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)

-								
NAME OF COMMITTE	E (Provide Complete Name as Regis	stered with Filing Repository	y		TYPE OF REPOR	ŁΤ		
			_					
	L4. In-	Kind Donations	Not Conside	red Contribu	tions			
Name of Donor								_
Street Address			City	<u>-</u>			State	Zip Code
Paratica Circa Bos	Description of Describe				-		L	
Donation Given By: Business Entity	Description of Donation					Fair l	Market Val	ue of Donation
☐ Individual		1		_		_		
☐ Sole Proprietorship	Date Received	Event#		Aggregate Value fo	r this Event			
□ Sole Proprietorsing	<u> </u>							
Name of Donor								
Street Address			City				State	Zip Code
- Da 000 1 10 110 10 10 10 10 10 10 10 10 10			City				State	Zip Cone
		<u> </u>		<u> </u>				
Donation Given By:	Description of Donation					Fair l	Market Val	ue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #	•	Aggregate Value for	r this Event	1		
☐ Sole Proprietorship								
Name of Donor				1				<u> </u>
Street Address	-		City	<u> </u>			State	Zip Code
								2.0000
Donation Given By:	Description of Donation				<u> </u>	Toin!	Mauleat Val	ue of Donation
☐ Business Entity						Fair	Market vai	ue of Donation
☐ Individual	Date Received	Event#		Aggregate Value fo	a thin Essays	4		
☐ Sole Proprietorship	Date Received	Bycht #		Aggregate value to	tuis Event			
	<u> </u>			<u> </u>				
Name of Donor								
Street Address		<u> </u>	City				l c	T2: 0 1
			City				State	Zip Code
Donation Given By:	Description of Donation	•				Foir !	Market Vel	l ue of Donation
☐ Business Entity						Fan I	Market Val	ne of Donadon
☐ Individual	Date Received	- Event#		Aggregate value for	thic Event	-		
☐ Sole Proprietorship	Date Received	Event #		Aggicgate value for	diis Event			
	<u> </u>					<u> </u>		
		SUBT	OTAL Section	L4—This Page				
		ТОТА	L of additional	Section L4 Page	es		•	
тот	FAL OF ALL IN-KIND DO (Ent	NATIONS NOT CO						
	· ·				<u>· </u>			
		اً ا						
		1						

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
L5. Iı	L5. In-Kind Donations Not Considered Contributions Associated with a House Party								
Name of Host				committee?	☐ Yes ☐ No	0	e candidate or		
Street Address	· · · · · · · · · · · · · · · · · · ·	ı	City	If yes, co	mplete Itemiza	tion in Add	Zip Code		
Silect Addless			City	z		Julie	Zip Code		
Description of Donation					Fair Mar	ket Value o	of Donation		
Event #	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events—this ho	st/candidate	-				
Name of Host				committee?	supporting mo Yes No mplete Itemiza	0	e candidate or		
Street Address			City		,	State	Zip Code		
Description of Donation					Fair Mar	l ket Value o	of Donation		
Event #	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events—this ho	st/candidate					
Name of Host	,	'		committee?	supporting mo	ס	e candidate or		
Street Address			City	·		State	Zip Code		
Description of Donation		•			Fair Mar	ket Value o	of Donation		
Event#	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events—this ho	st/candidate					
Name of Host				committee?	supporting mo	D	e candidate or		
Street Address			City		-	State	Zip Code		
Description of Donation	·	<u>.</u>			Fair Mar	ket Value o	of Donation		
Event #	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events—this ho	st/candidate					
	S	SUB	TOTAL Section L5 — 7	This Page		•			
	TO	OTA	L of additional Section	L5 Pages					
	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Li								
			·						

Revised January 2015	u. NOMM	ONE TAKE KEC	TELL TO (Secti	OHS IM-	– 0)		1 age 12 01 17
NAME OF COMMITTEE (Provide Complete	Adme as Registered		/-	TYPE	OF REPORT	_/	
Calt	is a tal	. plajov			10-26-1-	iling	
		M. In-Kind Con	tributions		_	ti	
Est Haven De	pma /	E pun Co	mille			0	
Street Address 5/9/6 Shap	A aza	Hemmining	City E45+ +	ver		State	Zip Code
Type of contributor: Dommittee / Individual / Sole Proprietorship Other	Date Received	Aggregate Contributions	Description of In-Kin	d Contributi		r deare	-/ -/
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution i does contributo valued at more	is in excess of \$400 to a candid r or business he/she is associat than \$5,000?	date for a chief executive ted with have a contract Yes	officer/of with/spld n	a municipality.	Fair l	Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ No If	tributor a principal of a state c yes, indicate which branch or government the contract is wit	branches		∑ *∞	13,	1.99
Name							,
Street Address			City			State	Zip Code
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kin	d Contributi	on	_ !	
☐ Individual / Sole Proprietorship ☐ Other	1						
Is contributor a lobbyist, spouse,	If contribution does contribute valued at more	is in excess of \$400 to a candi or or business he/she is associa than \$5,000?	idate for a chief executivated with have a contract	e officer of with said	f a municipality, municipality		Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ No If	tributor a principal of a state copes, indicate which branch or government the contract is with	branches		□No		
Name							
Street Address		.	lois.			1.64-4-	12:- O-1
onece Audios			City			State	Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kin	i Contributi	on		
☐ Individual / Sole Proprietorship ☐ Other							
Is contributor a lobbyist, spouse,		is in excess of \$400 to a candi or or business he/she is associa than \$5,000?					Market Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	□ No If y	ributor a principal of a state cover, indicate which branch or government the contract is with	branches		□ No		
					lative	<u> </u>	
	٠.	SUBIUIAL	Section M — This P	age			
	<u>;</u>	TOTAL of add	itional Section M Pa	ges			
TOTAL OF ALL IN-KIND CON	TRIBUTION	S (Enter-total on Line-23, Colu	mn A of Summary Page	Totals)			
	N. Ref	undable Deposit to T	elephone Compa	ny			
Last Name of Individual		First			MI	Date Deposi	it Made
Residential Street Address		City		State	Zip Code		
							Amount of Deposit
Name of Telephone Company							
Street Address		City		State	Zip Code	-	
	ļ						
TOTAL SI	ECTION Notes	nter total on Line 24. Column	A of Summary Page To	tals)			

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 Repository)	TYPE OF REPORT	<u> </u>
•	Catas Job Ma/11	10-26	-Filips
<u> </u>	P. Expenses Paid by Committee	7	7 (7.07)
Name of Payee	1. Dapenses 1 and by committee	Date of Payment	Method of Payment:
· ^/	1) bl. b.	40 0 01	Check #
Thole	100/15/1/1/2	10-5-21	Debit Card EFT
Street Address	City		State Zip Code
	C. DOX /1010 Madison		01 06443
Purpose of Expenditure (by code)	Description Event	##	Amount
Expenditure #	PUI 1966 1100		
(if applicable)	Type of Expenditure (Itemization in Addentium P Required unless "None of the below" is check	ed)	880.00
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		
	_ ~ " . " . " . " . " . " . " . " . " . "	A OB OC OD	
Name of Payee	— U organization.	Date of Payment	Method of Payment:
Sh	(0) 1 1 1 1 1 1	10.12.01	☐ Check #
2/100	e Putolishing	10-12-21	-□ Debit Card □ EFT
Street Address	City		State Zip Code
]!(7. DOX //1010 Mad 1500		01 06443
Purpose of Expenditure (by code)	Description	#	Amount
""19DV	Full Page Add		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checke		00-081
(if applicable)	None of the below		1880.00
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		0-
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o	AOBOCOD	
Name of Payee		Date of Payment	Method of Payment:
	1 radal	10-24-21	□ Check #
Street Address	City	10-21-01	Debit Card DEFT State Zip Code
10			Diane Zip code
/9	20 MCKinney Ave stal Dallas		1× 15001
Purpose of Expenditure (by code)	Description / Event	#	Amount
BNK	Fees Id Electronic Donations		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ced)	100 171
(if applicable)	None of the below	····· <i>y</i>	10 B. 11
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		·
		OA OB OC OD	
Name of Payee		Date of Payment	Method of Payment:
4	Stanks .		☐ Check #
Street Address	City		State Zin Code
C. P	1 1 2/ m ==================================		State Zip Code
	110 (Th 1/1611) STB ISBANTOO		CT 06405
Purpose of Expenditure	Description Event	#	Amount
(by code)	(1/2 /0/6/		
UTTICE T	1 Chilo 14/01	_	1 000
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check.	ed)	//.08
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		
		OA OB OC OD	
			0 20
· ·	SUBTOTAL Section P — This	/ 88	1.59
	TOTAL of additional Section P 1	Pages 1/553	3.48
	TOTAL OF ALL EXPENSES PAID BY COMMIT		33.67
	(Enter total on Line 19, Column A of Summary Page		ンパひ /

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

Revised Jenuary 2015	14. EXXI ENTERIO (Sections I	-1)	
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	Castisa to Mayor	10-26	-L/1/10
		10 00	7 1/1/12
	P. Expenses Paid by Committee		
Name of Payee	$\lambda = \lambda + \lambda = \lambda$	Date of Payment	Method of Payment:
1.	ame Delat	11-22-21	☐ Check #
		10-00-01	Debit Card DEFT
Street Address	City		State Zip Code
75	Franks D/ Part How	$\dot{\sim}$	1 05 050
	Fronting Id Cast Have	<u> </u>	0) 003/2
Purpose of Expenditure	Description // Even	t#	Amount
(by code)	at the state		
	Meial 5/9/23 to 7/5/15		4 -
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ed)	100 46
(if applicable)	None of the below	,	196.46
1 M -	Coordinated with reimbursement sought (joint expenditure) Independent		
X 1'1150	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization; C	A OR OC OR	
Name of Payee	U Organization; C	DA OBOCOD Date of Payment	Method of Payment:
<u> </u>	. 1	1	Check #
1)	N/A/ Com Dallas	10-8-21	
Street Address	City	70 0 -7	☐ Debit Card ☐ EFT State Zip Code
	1 1 2 11 2 11 2 1 1 1 2 1 1 1 2 1		
l	O Willare WELL ROCK United		et 106413
Purpose of Expenditure	Description / Event	- 	, <u> </u>
(by code)	Description D Lawn	· 17	Amount
(NSLT	Cochet FARS & SVAS HELLE		
Expenditure #	(01/70/701/163) 01 24/0 7/3		1
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ed)	5042.65
	None of the below		
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: O	AOBOCOD	
Name of Payee		Date of Payment	Method of Payment:
$\langle \cdot \rangle$	1/1/2/2011	1	Check #
U,	NA Candaigns	10-21-21	☐ Debit Card ☐ EFT
Street Address	City		State Zip Code
CRR 1	1/1/ , 0 /// #Com \ () ///		B+ 1/1/173
800 -	VIII at W 5/2 - 800 WILLIAM		0691)
Purpose of Expenditure	Description	:#	Amount
(by code)	1 - 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +		
CNSLI	andiacle Mailing		}
Expenditure #	Type of Expenditure (Itemization in Addendum P Required villess "None of the below" is check	ked)	1911 00
(if applicable)	☐ None of the below		6314. 37
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		1.00,74
		OA OB OC OD	
Name of Payee	— Organization.	Date of Payment	Method of Payment:
-	4		☐ Check #
	<i>:</i>		
Street Address	. —— - City	<u> </u>	☐ Debit Card ☐ EFT State Zip Code
			Zip Code
	,		
Purpose of Expenditure	Description Even		
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Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check		1
(if applicable)	•	euj	
	None of the below		
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization of]
	LI Organization:	A OB OC OD	L
	SUBTOTAL Section P — This	s Page / /	Cra NOV
		/ /	553.48
	· · · · · · · · · · · · · · · · · · ·		
	TOTAL of additional Section P	Pages	(/
-		<u> </u>	<u></u>
	TOTAL OF ALL EXPENSES PAID BY COMMIT	ITEE ハイム	135.87
	(Enter total on Line 19, Column A of Summary Page	Totale) I L J I	

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repositor)) (TYPE OF REPORT			
1	O. 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 reimbursement claimed?		
				☐ Yes ☐ No		
Street Address		City		State Zip Code		
Purpose of Expenditure	Providet			- - 		
(by code)	Description		Event#	Amount		
		İ	₹			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
	,			· }		
				☐ Yes ☐ No		
Street Address		City	-	State Zip Code		
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Dunnan of Franciskus	Description	<u> </u>	T>#	- 		
Purpose of Expenditure (by code)	Description		Event#	Amount		
	,					
Name of Payee (Name of V	1 Tendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
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Street Address		City		State Zip Code		
	In					
Purpose of Expenditure (by code)	Description		Event #	Amount		
Name of Payee (Name of V	l 'endor, Person or Entity who candidate paid directly)	<u> </u>	Date of Payment	Is reimbursement claimed?		
	,		Dute of Laymont	{		
				☐ Yes ☐ No		
Street Address		City		State Zip Code		
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D 00 15		<u> </u>				
Purpose of Expenditure (by code)	Description	İ	Event #	Amount		
				1		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
, , ,			2 at a Luyinone			
				☐ Yes ☐ No		
Street Address		City		State Zip Code		
D 870 15	In	<u> </u>				
Purpose of Expenditure (by code)	Description	ļ	Event#	Amount		
	, 					
Name of Payee (Name of V	endor, Person or Entity who candidate paid-directly)		Date of Payment	Is reimbursement claimed?		
	• • •		220 722 4320			
				☐ Yes ☐ No		
Street Address	-	City		State Zip Code		
D	Panadalia					
Purpose of Expenditure (by code)	Description		Event #	Amount		
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i	т	OTAL of additional Section	n Q Pages			
		PENSES PAID BY CA				
	(Enter total on Li	ne 26, Column A of Summary	Page Totals)			

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repositor)	<i>"</i>		111	PE OF	REPUI	<u> </u>		
	D. E	od on Com	mittee Cred	it Cord					
	R. Expenses Incurre			n Caru				_	
Name of Issuing Insti	tution	Type of Cre			.•				- H 04h
		□ Visa	☐ Master Car	מ 🗆 ח	iscove	r ∐A	merica	n Express	s 🔲 Other:
Name of Vendor, Person o	or Entity	<u>'</u>						Date of T	Cransaction
Street Address		City			٠.			State	Zip Code
				Event#		_		 	
Purpose of Expenditure (by code)	Description			Event #				ļ	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum R Require	d unless "Non	e of the below" is	checked)				1	
(if applicable)	☐ None of the below		•						
	Coordinated with reimbursement sought (joint expen	diture)	☐ Independ						
	Coordinated without reimbursement sought (in-kind	contribution)	☐ Organiza	tion: O A	о В	o C	o D		
Name of Vendor, Person	or Entity							Date of 7	Transaction
Street Address		City						State	Zip Code
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Purpose of Expenditure	Description			Event #					Amount
(by code)									
								-	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require	ed unless "Non	e of the below" is	checked)					
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	Coordinated without reimbursement sought (in-kind	contribution)	☐ Organiza	ation: 0 A	o F	9 O C	o D		
Name of Vendor, Person	or Entity	-						Date of	Transaction
Street Address		City	-					State	Zip Code
			•						'
				D				<u> </u>	
Purpose of Expenditure (by code)	Description			Event#					Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require	ed unless "Nor	ne of the below" is	checked)					
(1) аррисаоле)	☐ None of the below								
1	☐ Coordinated with reimbursement sought (joint expe	nditure)	☐ Indeper					l	
	Cooldinated without reinfoursement sought (in-xilid	- Controllion	☐ Organiz	auon: O A	0 1	3 0 0	עט		
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T	OTAL OF ALL EXPENSES INCURRED OF	V:COMMIT	TEE CREDI	T CARI	<u>, </u>		_		
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	i 1								
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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
	· · · · · · · · · · · · · · · · · · ·	<u></u>			·
Į.	S. Expenses Incurred by Comn	nittee but Not Paid I	During this Period	-	
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		ount Incurred timate or Actual)
				,	amaio or morning
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	☐ Indepe	•	<u> </u>	
Name of Creditor		_		Date Incur	red
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Name of Creditor				Date Incur	red
Street Address	,	City		State	Zip Code
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TOTAL OF ALL E	XPENSES INCURRED BY COMMITTEE DURII (Enter total on Li	NG THIS PERIOD BUT ine 28, Column A of Summa			
	Previously reported Expe	enses Unpaid and still O	utstanding		
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	BY COMMITTEE BU. se 28a, Column A of Summa			
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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor	ועכ	. <u>-</u>	TYPE	OF RE	PORT		
				<u> </u>				
	T. Itemization of Reimb	,	and Secondar	ry Paye	ees			
Last Name of Worker/Const	ultant .	First				MI	Date of P Person or	ayment to Vendor, Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	_		r		Section P:		Vorker/Consultant as
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City					State	Zip Code
Purpose of Expenditure (by code)	Description		Eve	ent#				Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Requir \times None of the below \times Coordinated with reimbursement sought (joint expe	nditure)	e of the below" is ch	nt	o B C	C O D		
Last Name of Worker/Cons	ultant	First				МІ	Date of P Person or	ayment to Vendor, Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			r		Section P:		Vorker/Consultant as
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City		•			State	Zip Code
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Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			1		n Section P:		Worker/Consultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City		<u> </u>	_		State	Zip Code
Purpose of Expenditure (by code)	Description	-	Eve	ent#				Amount
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TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS	AND CONSUL	TANT	s	7	<u>. </u>	
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