SEEC FORM 20

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

RECEIVED FOR FILING
JAN 1 3 2020
TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

ey gravino, CCTC

Do Not Mark in This Space For Of CONDINANCLERK

COVER PAGE

1. NAME OF COMMITTEE			1981)							
Carfora 2019										
2. TREASURER NAME						esiler.				
First		М		Last					Suffix	
Richard				Esposi	to					
3. TREASURER ADDRESS						egsiviye)Y	dja veda			
Street Address			City			St	tate	Zip C	ode	
56 Morgan Ave			Eas	t Haver	1		CT	065	512	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Comple	te only i	if Candidate	Committee)			6. DIST	RICT NUMBER	
(mm/dd/yyyy) 11/05/2019	Mayor			(f applice)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)								
First		МІ		Last					Suffix	
Joseph		A		Carfor	a					
8. TYPE OF REPORT (Check One Box)		igazila ega.	AÇALÎ SE							
January 10 filing	ary 10 filing						r Disbursement			
April 10 filing	○30 days following primary			O45	O 45 days following referendum O Ame			Amendment to		
July 10 filing	O7th day preceding election Deficit Type of Report:									
October 10 filing	12th day preco			○ Ter	mination	_				
OPrimary OElection	O45 days follow not held in No		on							
9. PERIOD COVERED	5.5.					-	11,741			
	Beginning Da	te			Ending Date					
	10/29/2019			thru	12/31/2019					
10. CERTIFICATION										
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.										
Keele Get	Richard Esposito 01/6				01/09/	2020				
TREASURER OR DEPUTY TREASURI	ER (SIGNATURE)		PRIN	T NAME	OF SIGNER			DATE	(mm/dd/yyyy)	
A person who is					olated any provisions of ti mprisonment or both.	he campa	iign fina	ınce statı	iles	

Page 1 of 17

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Carfora 2019	TYPE OF REPORT Jan 10 Filing	
Oanota 2010	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		0.00
12. Balance on hand at the beginning of Reporting Period	8675.27	
13. Contributions Received from Individuals (Sections A and B)	4,075.00	41,966.15
14. Receipts from Other Committees (Sections C1 and C2)	1,250.00	1,875.00
15. Other Monetary Receipts (Sections D through K)	0.00	5,000.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. Per Public Act 11-48, effective January I, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	2,325.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	5,325.00	51,166.15
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	14,000.27	51,166.15
19. Expenses Paid by Committee (Section P)	12,491.48	49,657.36
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1,508.79	1,508.79
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	
23. In-Kind Contributions Received (Section M)	0.00	588.88
24. Refundable Deposit to Telephone Company (Section N)	0.00	
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	
25b. + Interest and Penalties on Loan	0.00	
25c Payments on Loan	0.00	
25d. Total Outstanding Loan Amount	0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	
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)		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Carfora 2019		Jan 10 Filing	Jan 10 Filing				
	d this Davied ONLY	odi. 10 , milg					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S	UBTOTAL SECTION A	\$					
	tributions from Indivi	duals					
Last Name Amendola	First Mariam			МІ			
			G 1	7in Codo			
	^{City} East Haven	1	- 1	Zip Code 06512			
Principal Occupation	Name of Employer		<u> </u>				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 t	o a candidate for a chief executiv	e officer of a municipality.	Amou	nt of Contribution			
or dependent child of a lobbyist? On does contributor or business he/she	s associated with have a contract						
valued at more than \$5,000? Is this contribution associated with an Yes Is contributor a principal of a s	Yes No tate contractor or prospective state	te contractor? Yes	25.00)			
event reported in Section L1? No If yes, indicate which bran	ch or branches	_ No					
If yes, list Event # of government the contrac	Date Received	Legislative Aggregate Contributions	-				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money		25.00					
Last Name	First	20.00	<u> </u>	М			
Borrelli	Stephen			1411			
	City		State	Zip Code			
	West Haven		- 1	06516			
Principal Occupation	Name of Employer						
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 Contribution							
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	s associated with have a contract Yes • No	with said municipality	1000	1			
	state contractor or prospective sta	te contractor?	1000				
event reported in Section L1?	nch or branches	_ Mo					
If yes, list Event # of government the contract Method of Contribution:	Date Received	Aggregate Contributions	-				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 11/02/2019	1000					
Last Name	First		<u> </u>	МІ			
Fontana	Stephen						
Residential Street Address	City		State	Zip Code			
23 Angel pl	North Haven		CT	06473			
Principal Occupation	Name of Employer		***************************************				
Director Econ Development	City of New Have	en					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she			Amou	nt of Contribution			
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	Yes No	with said municipatity	100				
Is this contribution associated with an Yes Is contributor a principal of a s	tate contractor or prospective sta						
event reported in Section L1? If yes, list Event # ONO If yes, indicate which bran of government the contract		ONo Chegislative					
Method of Contribution:	Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 10/29/2019	425					
CYTOT	OTAL Section B — This	Page 1,125					
SUB	OTATIOCCION D — THE	Tage 11					
TOTAL	of additional Section B l	Pages 2,950					
TOTAL OF ALL CONTRIBUTIONS FROM	I INDIVIDUALS (Sections	A + B)					
(Enter total on Line	3, Column A of Summary Page	Totals)					

Section B ADDITIONAL PAGE 3a of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Carfora 2019				Jan 1	0 Filing			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)			Period ONLY FAL SECTION A	\$				
B. Itemized C	Contri	ibut	tions from Individ	duals				
Last Name	1	First						MI
Gould		Wa	arren					
Residential Street Address	City		····			State	Zip	Code
233 Mansfield Grove Rd	Ea	ast H	łaven			СТ	06	512
Principal Occupation			Name of Employer					
	of a lobbyist? • No does contributor or business he/she is associated with have a contract with said municipality					, An		f Contribution
event reported in Section L1? No If yes, indicate which b	al of a state contractor or prospective state contractor? Yes ich branch or branches No Contract is with: OExecutive OLegislative							
	ilact is v		©Executive Date Received			-		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mon	ney Ord	50 0						
Last Name		First		<u> </u>		<u> </u>		MI
Graham		Th	omas					
Residential Street Address	ial Street Address City S					State	Zip	Code
8 Congress ave	ngress ave Waterbury C					CT	06	708
Principal Occupation			Name of Employer			<u> </u>		
State Marshall								
	rist, spouse, a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No No No Yes No Yes No No No Yes No No No Yes No No No Yes No No Yes No Ye					f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which to of government the contributor aprincipal of If yes, indicate which to of government the contributor aprincipal of yes.	branch	or br	anches	_	⊙ No			
Method of Contribution:			Date Received		e Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ney Ord	der	11/02/2019	750				
Last Name		First						М
Kronholm		Jo	hn					
Residential Street Address	City					State	1 "	Code
697 Pequot Trail	St	tonn	ington			СТ	06	378
Principal Occupation			Name of Employer					
Insurance Broker			B&B of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	i00 to a she is as	cand ssocia	idate for a chief executive ated with have a contract Yes O No	e officer with said	of a municipality I municipality	, An 25		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, indicate which to of government the contribution of government the contribution associated with an event reported in Section L1?	branch (or br	anches	e contrac	ŌNo			
Method of Contribution:			Date Received		e Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	ney Ord	der	11/02/2019	750				
SU	втот	TAL	Section B — This	Page	600			
тот	'AL of	f ado	ditional Section B I	ages	2,350			
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li			VIDUALS (Sections A onn A of Summary Page					

Section B ADDITIONAL PAGE 3b of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Carfora 2019				Jan 1	0 Filing			<u></u>
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)			riod ONLY SECTION A	\$				

B. Itemized Co	ntril	bution	ıs from Indivi	duals				
Last Name	- 1	First						MI
Kronholm		Mona						
Residential Street Address	City					State	1 .	Code
697 Pequot Trail	Sto	onningt	ton			СТ	06	378
Principal Occupation		Name	e of Employer					
		is associated with have a contract with said municipality				, Amo	ount of Contribution	
event reported in Section L1? No If yes, indicate which bra	nch o	state contractor or prospective state contractor? Yes nch or branches No						
3,755, 135 2,141.	ot is w		©Executive Received		e Contributions	_		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	v Orde		/02/2019	250				
Last Name		First						МІ
Marcus	- 1	Jill						1
Residential Street Address	City					State	Zip	Code
100 Stoney Creek Rd					CT	1 1	3405	
Principal Occupation		Name	e of Employer				<u> </u>	
	rcus Law							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						, Amo		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a ff yes, indicate which broof government the contraction of government the contraction.	anch c	or brancl		_	No			
Method of Contribution:			Received		e Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Orde	er 11	/08/2019	1000	1			
Last Name		First		!				МІ
Sachs		Sarah	ì					
Residential Street Address	City		-			State	1 -	Code
57 Island ave	bra	anford				СТ	00	3045
Principal Occupation			e of Employer					
Benefit Consultant		PB	SS					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						7. Amo		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contra	inch o	or branci		e contrac	⊙ No			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	y Orde	1	Received /30/2019	Aggrega 1000	te Contributions			
SUB	тот	ΓAL Se	ection B — This	Page	2250	•		
тота	L of	additio	onal Section B l	Pages	100			
TOTAL OF ALL CONTRIBUTIONS FROM								

Section B ADDITIONAL PAGE 3c of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Carfora 2019			Jan 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		eriod ONLY L SECTION A	\$			
B. Itemized Co	ntribution	s from Individ	luals			
Last Name	First				МІ	
Stacey	John					
Residential Street Address	City			State	Zip Code	
82 Forbes pl	East Have		N4	СТ	06512	
Principal Occupation	Name	e of Employer				
retired						
or dependent child of a lobbyist? On does contributor or business he/she valued at more than \$5,000?	dependent child of a lobbyist?					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branch	nes _	CLegislative			
Method of Contribution:	Date 1	Received	Aggregate Contributions			
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 11/	/02/2019	230			
Last Name	First			<u> </u>	MI	
	lev			O	7:- 0-1-	
Residential Street Address	City			State	Zíp Code	
Principal Occupation	Name	e of Employer		L	L	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated v			, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, ist Event # Yes Is contributor a principal of a If yes, indicate which brateful of government the contraction.	anch or branch	hes	e contractor? Yes			
If yes, list Event # of government the contra			Aggregate Contributions			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone						
Last Name	First				MI	
LEST IVALIE	Litat				1***	
Residential Street Address	City		A. A	State	Zip Code	
Principal Occupation	Name	ie of Employer		<u> </u>		
		- *				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associated v			y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, indicate which bree of government the contraction of government the contraction.	anch or branch	hes	e contractor? Yes OLegislative			
Method of Contribution:		Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order					
SUB	TOTAL Se	ection B — This	Page 100			
TOTA	L of additio	onal Section B P	Pages 0.00			
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVID	UALS (Sections A	A + B)			
(Enter total on Line	: 13, Column A	4 of Summary Page	Totals)	V		

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as	Registered witi	h Filing Reposito	ry)		TYPE OF REPORT					
Carfora 2019					Jan 10 Filing					
	C1. C0	ntribution	s from Ot	her Commi						
Name of Committee Bricklayers and allied craft workers loc	acl 1			Timothy Pa						
Address			Is this contril	ution associated	with an Oyes ONo	Amount of Contribution				
17 North Plains Industrial rd			event reporte	ed in Section L1? If yes, list Event # 250						
City	State	Zip Code	Date Recei		Aggregate Contributions					
Wallingford	СТ	06492	11/02/2	2019	250					
Name of Committee				Name of Treasur						
East Haven Democratic Town Commit	tee			Richard Es	sposito					
Address	***				with an Yes •No	Amount of Contribution				
po box 120446			event reporte	d in Section L1? <i>If yes</i> , list		1000				
City	State	Zip Code	Date Recei	ved	Aggregate Contributions					
East Haven	СТ	06512	11/11/2	2019	1000					
Name of Committee		<u> </u>		Name of Treasur	er					
Address	Is this contribution associated with an Yes No event reported in Section L1?				Amount of Contribution					
City	State	Zip Code	Date Recei		Aggregate Contributions					
G D: 1				Home Crown	othor Committees					
Name of Committee	irsements	s or Surph	is Distribu	Name of Treasur	other Committees					
Name of Committee										
Address			City	1		State Zip Code				
314					***************************************					
(if applicable)	yment Type		O 0	1 75' (3 4'		Amount of Receipt				
	Reimburseme	nt for shared ex	(pense Us	ırplus Distributio	on					
Description										
Name of Committee				Name of Treasu	rer					
Address			City	***************************************		State Zip Code				
Audites			0.13							
Date Received Expenditure # (if applicable)	syment Type					Amount of Receipt				
	Reimbursen	nent for shared	expense C	Surplus Distribu	ation					
Description										
		SUBTO	TAL Sectio	n C — This	Page 1250					
				l Section C I						
TOTAL OF ALL (Sections C1 + c										
(Sections CI)		0.1 13110 17	, 20	x ngo						

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
	www.				····			
	Loans		d this Perio	d				
Name of Lender			Source of Loan: OBank C	andidate 🔘	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				State	Zip Code		
Name of Lender			Source of Loan: Bank C	andidate 🔘	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: OBank O	Candidate 🔘	I 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				State	Zip Code		
			TOTAL SEC	CTION D				
E. Receipts from Entities other tha	n Indiv	iduals o	or Other Co	mmittees	(Referei	ıdum Committe	es ONLY)	
Name of Entity							,	
Street Address	***			Date F	Received		Amount Received	
City		State	Zip Code	Aggre	gate Contril	outions		
Name of Entity		I		L				
Street Address				Date F	Received		Amount Received	
City		State	Zip Code	Aggre	gate Contri	outions		
Name of Entity							L	
Street Address				Date I	Received		Amount Received	
City		State	Zip Code	Aggro	egate Contri	butions		
			TOTAL SE	CTION E	***************************************		I	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE P	rovide Complete Name as Regist		TYPE OF REPORT					
F. A	mount Transferred	from Affiliated Busi	ness Treasury (Busin	ess Enti	ty Committees ONLY)			
Date of Receipt	Is this transaction associ event reported in Section		f yes, list Event #		Amount			
Date of Receipt	Is this transaction associ event reported in Section	~ ~ ~	f yes, list Event #		Amount			
Date of Receipt	Is this transaction associevent reported in Section		f yes, list Event#		Amount			
Date of Receipt	Is this transaction associ	f yes, list Event #		Amount				
TOTAL SECTION F								
G. Amount Tran	sferred from Affilia	ted Labor Union or (Date of Receipt	Other Organization		ury (Organization Committees ONLY)			
Date of Receipt		Date of	Receipt					
Amo	unt	Aili	ount		Amount			
	TOTAL SECTION G							
				··············				
Tł.	Personal Funds of	the Candidate Recei	ved this Period (Car	ıdidate (Committees ONLY)			
Date of Receipt	Method of payment:		, , , , , , , , , , , , , , , , , , , ,		Amount			
	O Cash	Personal Check	Credit/Debit	Card				
Date of Receipt	Method of payment:				Amount			
	○ Cash	Personal Check	Credit/Debit	Card				
Date of Receipt	Method of payment:			·	Amount			
	O Cash	Personal Check	Credit/Debit	Card				
Date of Receipt	Method of payment: Cash	Personal Checl	c Credit/Debit	Cord	Amount			
	Casn	D Felsonal Check						
			TOTAL SECTI	ON H				
		I. Anonymous	Contributions					
amou	nt. If a committee	e contribution to the	ous contribution, tl	ne cam	paign treasurer shall			

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
	J. Interest from Deposits in Authori	ized Accounts					
Name of Institution	of Interest Home Deposits in Taxable		ate Receiv	red	Amount		
Street Address	City	State	е	Zip Code			
Name of Institution	<u> </u>	D	ate Receiv	/ed	Amount		
Street Address	City	State	ē	Zip Code			
	ТОТ	AL SECTION	J				
K. Mi	scellaneous Monetary Receipts not Co	nsidered Cont	tributi	ons			
Name			Date	of Transaction	Amount Received		
Street Address	City		State	Zip Code			
Description	<u> </u>						
Name			Date	of Transaction	Amount Received		
Street Address	City		State	Zip Code			
Description							
Name			Date	of Transaction	Amount Received		
Street Address	City		State	Zip Code			
Description				· · · · · · · · · · · · · · · · · · ·			
Name			Date	of Transaction	Amount Received		
Street Address	City		State	Zip Code			
Description			<u> </u>				
	TOTALS	SECTION K					
SUMMAI	RY OF OTHER MONETARY RECEI	PTS (Sections	D thr	ough K)			
Total Loans Received this Period (Sec							
Total Receipts from Entities other than	Individuals or Other Committees (Section E)		+				
Total Amount Transferred from Affilia	ated Business Treasury (Section F)		+				
Total Amount Transferred from Affilia	nted Labor Union or Other Organization Treas	sury (Section G)	+				
Total Amount of Personal Funds of the	e Candidate Received this Period (Section H)		+				
Total Amount of Interest from Deposit	s in Authorized Accounts (Section J)		+				
Total Miscellaneous Monetary Receipt	s not Considered Contributions (Section K)		+				
(Add	Total of Oth Sections D through K) (Enter total on Line 15, Colu	er Monetary I unn A of Summary I					

NAME OF COMMITTEE (NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE				EPORT				
Carfora 2019			Jan 10 Filing						
	L1. Event	t Information							
Event # Date of Event Letter	Description Reception non fund raiser after election	at Soarone Cast 3 675		I	ndraising event?				
111/05/20 ⁻ a	Reception non fund faiser after election			OYes	⊙No				
Location: Street Address		City		State	Zip Code				
990 Foxon Rd		East Haven		СТ	06513				
Subpart 1: (All Committee Was this event hosted at a	•	Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No							
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No							
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Rec	enter Total Receipts here.)						
Subpart 2: (Party Comm. Were there purchases of a sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	nittees other than Exploratory OYes (If yes, go to Section Loron a Sign and comp	3 Purchases of Advert		Program Book				
Subpart 3: (Town Comm Did your committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$	erreter				
Event # Date of Event Letter	Description		1.110	Was this a fu	ndraising event?				
Location: Street Address		City		State	Zip Code				
Subpart 1: (All Committee Was this event hosted at a		OYes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No							
Did this fundraiser include of up to \$200 or items do	le goods or services donated by a business entity nated 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 with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Rec	ceipts here.)	\$					
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commandurtising space in a program book or on a fundraiser?	nittees other than Exploratory O Yes (If yes, go to Section L or on a Sign and com O No	.3 Purchases of Adver		Program Book				
Subpart 3: (Town Comm Did your committee sell I gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	ceipts here.)	\$					
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Reccipts fr	om Sale of Donated Items —	This Page 0.00						
		ion L1—Subpart 3 (Town Commi							
		TOTAL of additional Section	n L1 Pages 0.00						
		IPTS FROM SMALL PU In Line 16a, Column A of Summar							

	ublic Act 11-48, effec al purchases from a co							
NAME OF COMMITTEE	(Provide Complete Name as Registe	red with Filing Reposito	ry)		TYPE OF REPOR	RT		
	L3. Purchase	es of Advertisin	ig in a Progr	ram Book or	on a Sign			
Name of Purchaser			- · · · · · · · · · · · · · · · · · · ·			_	e Made By:	<u> </u>
						Ξ	siness Entity	Other
Street Address			City			Uind	lividual/Sole P	Zip Code
offeet Address			City				State	Zip codo
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pi	ogram Ad Purcha	se	Amount of Sig	gn Purchase
Name of Purchaser						_	se Made By:	
						_	siness Entity	Other
0			T c:			○ Inc	lividual/Sole P	Zip Code
Street Address			City				State	гар Соле
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se	Amount of Si	gn Purchase
Name of Purchaser						Purchas	se Made By:	
							siness Entity	Other
		hi	1			O Inc	dividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pi	rogram Ad Purcha	ise	Amount of Si	gn Purchase
Name of Purchaser						Purcha	se Made By:	
						OBu	isiness Entity	Other
				***********		OInc	dividual/Sole F	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of P	rogram Ad Purcha	ıse	Amount of Si	gn Purchase
N CD 1						Durcho	se Made By:	
Name of Purchaser						_	se made by: usiness Entity	Other
						=	dividual/Sole F	•
Street Address			City			L	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of P	rogram Ad Purcha	ise	Amount of Si	gn Purchase
<u></u>	SUBTOTAL Section L3	Fotal Purchases of	Advarticing in	Program Rock	— This Page			
		tion L3 Total Pure						——————————————————————————————————————
	SOPIOILE			f additional Sec				
TOTA	AL OF ALL PURCHASES	OF ADVERTISIN						
				nn A of Summar				

NAME OF COMMITTE	SE (Froviae Compiete Name o	as Registered with Filing Rep	ository)	TYPE OF RE	PORT (State of two)	
	A THE STATE OF LABOR.	4. In-Kind Donati	ons Not Cons	idered Contributions		
Name of Donor						
Street Address			City		State	Zip Code
Donation Given By:	Description of Donation				Fair Marks	t Value of Donatio
Business Entity	2 total plant of 2 chances				Tan Marke	t value of Donatio
O Individual	Date Received	Event #		Aggregate Value for this Event	—	
Sole Proprietorship						
Name of Donor						
Street Address			City		State	Zip Code
Donation Given By: Business Entity	Description of Donation				Fair Marke	t Value of Donatio
○Individual	Date Received	Event #		Aggregate Value for this Event		
Sole Proprietorship						
Name of Donor						
Street Address		- control of the cont	City		State	Zip Code
Donation Given By:	Description of Donation				Fair Mark	et Value of Donatio
Business Entity						
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event		
Name of Donor		······································			•	
Street Address			City		State	Zip Code
Donation Given By: Business Entity	Description of Donation				Fair Mark	et Value of Donatio
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for this Event		
			SUBTOTAL Sec	tion L4—This Page		
		1	OTAL of addition	onal Section L4 Pages		
ТО	TAL OF ALL IN-KIN					
		(Enter total on Line	21, Column A of S	Summary Page Totals)		

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Repositor	ry)		TYPE OF REPORT
L5. I	n-Kind Donations Not Considered	l Contributions Associa	ted with a I	House Party
Name of Host			Is this event s	supporting more than one candidate or Yes No omplete Itemization in Addendum 1.5
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	host/candidate	
Name of Host			committee?	supporting more than one candidate or OYes ONo 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—this	host/candidate	
Name of Host			committee?	supporting more than one candidate or OYes ONo 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—this	host/candidate	
Name of Host			committee?	supporting more than one candidate or OYes ONo 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—this	host/candidate	
	S	UBTOTAL Section L5 —	This Page	
		TAL of additional Section		
TOTAL OI ASSOCIATED WITH A	FALL IN-KIND DONATIONS NOT A HOUSE PARTY (Enter total on Lin	CONSIDERED CONTR ne 22, Column A of Summary		

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filmg Repository) TYPE OF REPORT									
	M. In-Kind Contributions								
Name			114, 44, 44114 001						
				Cir.	 			State	Zip Code
Street Address			:	City				State	Zip Code
Type of contributor: Committee	Date Received		Aggregate Contributions		Description of In-Kind (Contribution		1	<u> </u>
OIndividual / Sole Proprietorship Oother	TC (1) (1)		C#1004 151	1	C 1: C	CC C -			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	does contrib	butor or b		ed v	vith have a contract wi	th said mu	nicipality	Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	S Yes Is	If yes,	tor a principal of a state co indicate which branch or rument the contract is witl	bra		_	ONo		
Name									
Street Address				City	*			State	Zip Code
Type of contributor: Committee	Date Received		Aggregate Contributions	<u> </u>	Description of In-Kind (Contribution			1
OIndividual / Sole Proprietorship Other	If contribu	ution is in	excess of \$400 to a candi	idate	for a chief executive	officer of s	municipality	Fair	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		ibutor or	business he/she is associa	ited					Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	S Yes Is	If yes, i	tor a principal of a state co indicate which branch or rament the contract is with	bra		_	ON ₀		
Name									
Street Address				City	Ţ			State	Zip Code
Type of contributor: Committee Ondividual / Sole Proprietorship Other	Date Received	I	Aggregate Contributions		Description of In-Kind	Centribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		ibutor or	excess of \$400 to a candi business he/she is associa 1 \$5,000?	ated					Market Value s Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	Yes Is	If yes, i	tor a principal of a state co indicate which branch or rnment the contract is with	bra			()No		
If yes, list Event "		01 85101			etion M — This Pag				
					nal Section M Page				
TOTAL OF ALL IN-KIND CON	TRIBUTIO	ONS Œ							
	N. I	Refund	iable Deposit to T	ele	phone Compan	y			
Last Name of Individual			First				MI	Date Depos	it Made
Residential Street Address			City			State	Zip Code		Amount of
	****								Deposit
Name of Telephone Company									
Street Address			City	********	MAN OF THE PROPERTY OF THE PRO	State	Zip Code		
TOTAL SI	ECTION N	(Enter	total on Line 24, Column	A	of Summary Page Tota	ıls)	<u> </u>		

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	IEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Carfora 2019			Jan 10 Filing			
	P. Expenses	Paid by Committee				
Name of Payee	A transport of the state of the	sa at agha a cana a 🗸 a litera a ag a chultachta.	Date of Payment	Method of Payment:		
Shore Publishing	ו		10/29/2019	O Check #		
	3		117,27,2111	O Debit Card OEFT		
Street Address		City		State Zip Code		
PO box 1010		Madison		CT 06443		
Purpose of Expenditure	Description	E	event#	Amount		
(by code) A-News	Advertisment in News Paper			893.78		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	1 (M) CA LL (C) 1		- 000.70		
(if applicable)	ескеа)					
	None of the below Coordinated with reimbursement sought (joint expenditur	e) () Independe	nt			
	Coordinated without reimbursement sought (in-kind contr	ibution) Organizatio	onOA OB OC O D			
Name of Payee			Date of Payment	Method of Payment:		
Facebook			10/30/2019	Check # Debit Card		
Street Address		City		State Zip Code		
		l -	. #			
Purpose of Expenditure (by code)	Description	E	vent #	Amount		
A-WEB	Facebook advertising blast			12.77		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is ch	ecked)	1		
(if applicable)	None of the below	_				
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)		_			
Name of Payee	Coordinated without reimbarsement sought (ai-kind cond	Organizatio	Date of Payment	Method of Payment:		
-	Check #					
Family Dollar			11/01/2019	O Debit Card OEFT		
Street Address		City		State Zip Code		
684 Foxon Rd		East Haven		CT 06513		
Purpose of Expenditure	Description	E	ivent #	Amount		
(by code) FOOD	Snacks for HQ			12.50		
			7 4 51	12.50		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	ntess "None of the below" is c	нескеа)			
	 None of the below Coordinated with reimbursement sought (joint expenditu 	are) (7) Independe	ent			
	Coordinated without reimbursement sought (in-kind con					
Name of Payee			Date of Payment	Method of Payment:		
Verizon Wireles	S		11/04/2019	O Check #		
Street Address		City		O Debit Card O EFT State Zip Code		
				FL		
Purpose of Expenditure (by code)	Description	1	Event #	Amount		
OFFICE	Minutes for phones. 888-294-6804			128.20		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below" is ci	hecked)	1		
(if applicable)	None of the below	,	,			
	Coordinated with reimbursement sought (joint expenditu	<u> </u>				
	Coordinated without reimbursement sought (in-kind cont	ribution) Organizati	onOA OB OC OD			
		SUBTOTAL Section P —	This Page 1,047.25			
	TC	OTAL of additional Section	11,444.23			
	TOTAL OF ALL EXPL Enter total on Lin	ENSES PAID BY COMP e 19, Column A of Summary I				
	1					

Section P. ADDITIONAL PAGE 2p of 17

NAME OF COMMIT	TYPE OF REPORT							
Carfora 2019				Jan 10 Filing	Jan 10 Filing			
	P. Expenses	Paid by Committee						
Name of Payee				Date of Payment	Method of F	-		
Shore Line Publ	ishing			11/04/2019	Check Debit			
Street Address		City	1		State	Zip Code		
PO Box 1010		Madison			СТ	06443		
Purpose of Expenditure (by code) A-News	Description Advertisment in local new paper		Event #	ŧ	Amount 391.22			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D							
Name of Payee				Date of Payment	Method of Payment: Check #			
Capotortos Appi	zza			11/04/2019	O Check Debit			
Street Address		City	•		State	Zip Code		
688 Foxon Rd		East Haven		·	СТ	06512		
Purpose of Expenditure (by code) FOOD	Pizza for meet and greet with high school s	students	Event #	l .	Amount 144.90			
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization A D B C D D								
Name of Payee Date of Payment						Payment:		
Wix.com				11/04/2019	Check #			
Street Address		City Tel Aviv Isreal	•	A 460 MIA 400	State	Zip Code		
Purpose of Expenditure (by code) WEB	Description Website domain fee		Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required under the below (does not involve another candidate or confidence of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind continuous)	ommittee) re) Indepen	ndent	, 				
Name of Payee				Date of Payment	Method of	_		
Key Bank				11/04/2019	Check			
Street Address		City			State	Zip Code		
Main St		East Haven			СТ	06512		
Purpose of Expenditure (by code) BNK	Description Bank Fee for counter checks		Event #	¥	5.00	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B OC D							
		SUBTOTAL Section P —						

Section P. ADDITIONAL PAGE 3p of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository,		Т	YPE OF REPORT	YERRANE		
Carfora 2019			J	lan 10 Filing			
	P. Expenses	Paid by Committee	e				
Name of Payee			D	ate of Payment	Method of	•	
Stop and Shop			1	1/04/2019	Chec		
Street Address		City			O Debit State	Zip Code	
370 Hemmingw	ay ave	east haven			ct	06512	
Purpose of Expenditure	Description		Event #			Amount	
(by code) FOOD	Food and snack to prep for election day				43.49		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind con		10.10				
Name of Payee				ate of Payment	Method of	*	
Big Y			1	1/04/2019	Chec		
Street Address		City			State	Zip Code	
1060 West Main	ı St	Branford			СТ	06405	
Purpose of Expenditure	Description	1	Event #			Amount	
(by code) FOOD	Cookies and supplies for HQ workers				46.08		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	unless "None of the below" is	s checked)		40.00		
(if applicable)	None of the below (does not involve another candidate or concordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind concordinated without reimbursement sought)	ommittee)	ndent	ОвОс Ор			
Name of Payee Date of Payment						Method of Payment:	
DNA Campaign	\$,	11/02/2019	Check # 27403 Debit Card DEFT		
Street Address 800 village walk	; #248	City Guilford			State Ct	Zip Code 06437	
Purpose of Expenditure	Description		Event #	··········	1	Amount	
(by code) CNSLT	invoice 19-215 multi dist mailing & consu	It fees			5,578.41		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	committee)	endent	A OB OC OD			
Name of Payee			E	Date of Payment	1 —	f Payment:	
Enterprise Rent	a car		1	11/04/2019	Chec		
Street Address		City			State	Zip Code	
155 w main st		branford			ct	06405	
Purpose of Expenditure	Description		Event #			Amount	
(by code) MISC	Rental car for election day				461.5	52	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD					-	
		SUBTOTAL Section P	in a second	94,40			
	Asserting to the company and the constant of t	The state of the s	ALLEN STORES				

SEEC FORM 20

Section P. ADDITIONAL PAGE 4p of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Carfora 2019				Jan 10 filing			
	P. Expenses	Paid by Committ	ee				
Name of Payee Gulf Gas station				Date of Payment 11/05/2019	Method of Chec	k #	
Street Address	- Address	City		1	State	Zip Code	
coe ave		east haven			ct	06512	
Purpose of Expenditure	Description	<u> </u>	Event	#		Amount	
(by code) MISC	Gas for rental car to drive on election day	Gas for rental car to drive on election day					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us. None of the below (does not involve another candidate or conclusive coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the control	32.01					
Name of Payee Date of Payment James Esposito DBA Seasons 11/08/2019						f Payment: :k # <u>30840</u> t Card	
Street Address 990 Foxon Rd	City East Haven					Zip Code 06513	
Purpose of Expenditure (by code) FOOD						Amount 3,675.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	ommittee) re) (Indep	oendent _	ed) OA ◯B ◯ C ◯ D			
Name of Payee DNA Campaign	S			Date of Payment 11/24/2019	l	fPayment: ck # <u>30841</u> it Card () EFT	
Street Address 800 Village Wal	k #248	City Guilford			State CT	Zip Code 06437	
Purpose of Expenditure (by code) MISC	Description Consit fees, robo calls, paid canvassers 1	9-230 invoice	Event	#	1,00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind continued).	committee) ure)	ependent				
Name of Payee Key Bank				12/31/2019	Method of Chec		
Street Address		City			State	Zip Code	
Main st		east ahven			ct	06512	
Purpose of Expenditure (by code)	Description bank fees associated with account		Even	t #	5.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD						
		SUBTOTAL Section	P — Thi	s Page 4,712.01			
		to a control of the state of th					

Section P. ADDITIONAL PAGE ^{5p} of ¹⁷

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Carofra 2019			Jan 10 filing			
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payment	Method of Payment:		
Anedot.com			10/30/2019	Ocheck #Obebit Card OEFT		
Street Address		City		State Zip Code		
120 McKinney a	ve	Dallas		TX 75201		
Purpose of Expenditure (by code) BNK	Description Fees associated with online donations		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra					
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card EFT		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	nmittee) e) (Independ				
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card DEFT		
Street Address	- Male	City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	ommittee) are)				
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card OEFT		
Street Address		City	1	State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)	ommittee) re)				
		SUBTOTAL Section P	-This Page 44.60			

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPORT	
	O Campai	gn Expenses Paid l	v Candidate	
NCD(News-off)	endor, Person or Entity who candidate paid directly)	Sil Expenses Laid	Date of Payment	Is reimbursement claimed?
Name of Payee (Name of V	enaor, Ferson or Liany who Chiandance plan infectly)			O Yes O No
Street Address		City	and the second of the second o	State Zip Code
Succe Audicss				
D 00 V	Donatal and a second a second and a second a		Event #	Amount
Purpose of Expenditure (by code)	Description		· · - · ·	
Name of Payee (Name of V	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payre (Name of I	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Manie of Layer (Manie of	, , , , , , , , , , , , , , , , , , ,			O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Pavec (Name of)	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
	· · · · · · · · · · · · · · · · · · ·			O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
Name of Payee (Name of	 Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
		SUBTOTAL	Section Q — This Page	
		TOTAL of addi	tional Section Q Pages	
	TOTAL OF A	LL EXPENSES PA	ID BY CANDIDATE A of Summary Page Totals)	
	(Enter t	viai vn Line 20, Commil 2	1 of Dummary x age 1 oracs)	

IV. EXPENDITURES (Sections P—T)

EE (Provide Complete Name as Registered with Filing Repository,)		TYPE	OF REPORT		
	1 0	· · · · · · · · · · · · · · · · · · ·	lit Count			
The state of the s	I	············	iit Card			
lution	O Visa	_	rd ODisco	over OAmerica	an Express	Other:
r Entity					Date of T	ransaction
and the second s	City	······································			State	Zip Code
Description	1		Event #			Amount
None of the below Coordinated with reimbursement sought (joint expend	liture)	Indeper	ident)B Oc O D		
or Entity					Date of T	Fransaction
	City				State	Zip Code
Description			Event #			Amount
None of the below Coordinated with reimbursement sought (joint expens	diture)	Indepe	ndent)в Ос О г		
or Entity					Date of	Fransaction
	City				State	Zip Code
Description			Event #			Amount
None of the below Coordinated with reimbursement sought (joint expen	diture)	Independent	ndent)в Ос От)	
S	SUBTOTAL	Section R — T	This Page			
то	TAL of addi	tional Section	R Pages			
	R. Expenses Incurred tution Type of Expenditure (Itemization in Addendum R Required Coordinated with reimbursement sought (joint expense) Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated without reimbursem	R. Expenses Incurred on Commutation Type of Cred Visa City Description Type of Expenditure (Itemization in Addendum R Required unless "None Coordinated with reimbursement sought (io-kind contribution) Type of Expenditure (Itemization in Addendum R Required unless "None Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum R Required unless "None Coordinated with reimbursement sought (io-kind contribution) Type of Expenditure (Itemization in Addendum R Required unless "None Coordinated with reimbursement sought (io-kind contribution) Type of Expenditure (Itemization in Addendum R Required unless "None Coordinated with reimbursement sought (io-kind contribution) Type of Expenditure (Itemization in Addendum R Required unless "None Coordinated with reimbursement sought (io-kind contribution) Substitute of the below Coordinated with reimbursement sought (io-kind contribution) Substitute of the Substitute of the Substitute of the Substitute of Type of Expenditure (Itemization in Addendum R Required unless "None Coordinated with reimbursement sought (io-kind contribution) Type of Expenditure (Itemization in Addendum R Required unless "None Coordinated with reimbursement sought (io-kind contribution) Substitute of Coordinated without reimbursement sought (io-kind contribution)	R. Expenses Incurred on Committee Cred Type of Credit Card: Visa Master Ca City City Description Type of Expenditure (Hemization in Addendum R Required unless "None of the below" is Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Hemization in Addendum R Required unless "None of the below" is City City Description Type of Expenditure (Hemization in Addendum R Required unless "None of the below" is City City Description Type of Expenditure (Hemization in Addendum R Required unless "None of the below" is City City City Description Type of Expenditure (Hemization in Addendum R Required unless "None of the below" is Coordinated without reimbursement sought (in-kind contribution) Organic Substitute (Hemization in Addendum R Required unless "None of the below" is City Coordinated with reimbursement sought (in-kind contribution) Organic Substitute (Hemization in Addendum R Required unless "None of the below" is City Cit	R. Expenses Incurred on Committee Credit Card Intion Type of Credit Card: Visa Master Card Discovered to the policy of the po	R. Expenses Incurred on Committee Credit Card Type of Credit Card: Visa Master Card Discover America City Description	R. Expenses Incurred on Committee Credit Card: Type of Credit Card: Visa Master Card Discover American Express

NAME OF COMMIT	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TY			TYPE OF	REPORT		
	S. Expenses Incurred by Co	mmittee bu	t Not Paid Du	ring this I	Period		
Name of Creditor						Date Incur	ed
Street Address		City	Annual and the section of			State	Zip Code
Purpose of Expenditure (by code)	spenditure Description Event #				Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	penditure)	Independent	ent	3 Oc O b		
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		SUBT	OTAL Section S-7	This Page			
		TOTAL of	additional Sectio	n S Pages			
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE D (Enter total	URING THIS on Line 28, Col	PERIOD BUT Numn A of Summary	OT PAID Page Totals)			
	Previously reported	Expenses Unp	aid and still Out	standing			
	TOTAL OF ALL EXPENSES INCURI (Enter total o	RED BY CON on Line 28a, Col	IMITTEE BUT 1 umn A of Summary	NOT PAID Page Totals)			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor)	v)		TYPE OF RE	YPE OF REPORT				
T. Itemization of Reimbursements and Secondary Payees									
Last Name of Worker/Const	ultant	First			МІ	Date of Payment to Vendor, Person or Entity			
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u> </u>			n Section P:	Committee Worker/Consultant as Debit Card EFT			
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City				State Zip Code			
Purpose of Expenditure (by code)	Description	•	Event #			Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	nditure)	The below" is check Independent Organization:	റെ () (O				
Last Name of Worker/Cons	ultant	First			МІ	Date of Payment to Vendor, Person or Entity			
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	1			n Section P:	Committee Worker/Consultant as Debit Card EFT			
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant	City		and the second of the second o		State Zip Code			
Purpose of Expenditure (by code)	Description	and the second s	Event i	#		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe	nditure)	Of the below" is check Independent (Organization:	00	Э О				
Last Name of Worker/Cons	villant	Füst			М	Date of Payment to Vendor, Person or Entity			
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	1			in Section P:	Committee Worker/Consultant as Debit Card EFT			
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City	e e e e e e e e e e e e e e e e e e e	,,,,,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		State Zip Code			
Purpose of Expenditure (by code)	Description	<u> </u>	Event	#		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requin None of the below Coordinated with reimbursement sought (joint expe	enditure)	of the below" is chec Independent Organization:	00	O O				
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		TOTAL of ad	ditional Section T	Pages					
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS A	ND CONSULT	ANTS					
	A STATE OF THE STA								