SEEC FORM 20

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

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Page 1 of 17

2023 JUL 20 A II: 20

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COVER PAGE

	COVI	ER PAGE		
1. NAME OF COMMITTEE		THE WAS ELECTRONIC SERVICE.	new Calles	WEST STATE OF THE
Cattere	; Fol	Mayor		
2. TREASURER NAME		THE WAR STANDARD AND THE		
First Richard	MI A	Last Detalog		Suffix
3. TREASURER ADDRESS				
Street Address 10 Seg Vie	En Ave Cir	East Haven	State	Zip Code 0512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete on	ly if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy)	Mayo	00		(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)	The state of the s		high the same of
Joseph	MI	Last Castora		Suffix
8. TYPE OF REPORT (Check One Box)				
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contri	ibution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	Amendment	to
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Repo	
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination	7-10-	BFiling 1
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November			0
9. PERIOD COVERED				M AU LE L
787	Beginning Date	Ending Date		
	4-1-23	1-200	₹	
n=	11.00	thru	<u>) </u>	
10. CERTIFICATION				
I hereby certify and state, under per Disclosure Statement for the per TREASURER OR DEPUTY TREASURE	iod covered is true, accurate	all of the information set forth on the and complete. Whose Delain government of the signer	is Itemized Cam	paign Finance 7-20-27 DATE (mm/dd/yyyy)
Constitution of Continues of the				THE STATE OF THE S
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.				

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		1792 -80
12. Balance on hand at the beginning of Reporting Period	29939.50	
13. Contributions Received from Individuals (Sections A and B)	3165.00	20270.00
14. Receipts from Other Committees (Sections C1 and C2)	1150.00	1150.00
15. Other Monetary Receipts (Sections D through K)	1500,00	1500.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	11400.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	5815-00	34320,00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	35754.5	36112.8
19. Expenses Paid by Committee (Section P)	1193,48	1551.78
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	34561.02	34,561,02
21. In-Kind Donations not Considered Contributions Received (Section L4)	55.90	55.90
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	C	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Colore Tol Mal	
A. Total Contributions from Small Contribution P. 11 11 P. 1 1 2 2 2 2	7-10-23
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 3/65 00
GODTOTAL SIZE HOWA	1105 00
B. Itemized Contributions from Indivi	duals
Last Name First	MI
Residential Street Address Kelli	36.05
Residential Street Address G TAGE (D.) City C.) 11	State Zip Code
Principal Occupation Principal Occupation	- 0,081
Name of Employer	L 611
Is contributor a lobbyist, spouse,	0 01 011
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract	e officer of a municipality, with said municipality
valued at more than \$5,000? ☐ Yes ► No Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state	e contractor?
event reported in Section 1? No If yes, indicate which branch or branches	No No
Method of Contribution: Date Received	Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Aggregate Contributions
Last Name First	/ MI
Leto	\frac{1}{2}
Residential Street Address City	State Zip Code
191/ Dakence the Cast	Hair of 065 17
Principal Occupation Name of Employer	
7: aptighted Jam	of Griffold.
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?	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?
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive	₽ No
Mathed of Contributions	Aggregate Contributions
□ Cash □ Personal Check ▼ Credit/Debit Card □ Payroll Deduction □ Money Order 6-6-23	1000
Last Name First	MI
Residential Street Address City	State Zip Code
Principal Occupation	
Name of Employer	8)
is contributor a lobbyist, spouse,	officer of a municipality
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract v	officer of a municipality, Amount of Contribution with said municipality
valued at more than \$5,000?	
event reported in Section L1?	□ No
Model of the control	☐ Legislative Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	
	12.0
SUBTOTAL Section B — This I	Page
TOTAL of additional Section B Pa	ages. 315 cm
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A	+B) 21/-
(Enter total on Line 13, Column A of Summary Page To	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository)	TYPE OF REPORT	
Partico Fel Malal	7.10.2	3
A. Total Contributions from Small Contributors-Received this Period ONLY	110.7	<i></i>
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 3165	
D. Haminad Contails of the T. V.		
B. Itemized Contributions from Individual Last Name	iuais	MI A
Residential Street Address	/	TA .
23 Talled Are East the	co - c	tate Zip Code
Principal Occupation Para 1860 1 Rame of Employer Law Ax	es of No	Soloth
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.	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 # B6693 Valued at more than \$5,000?	· No	00
Method of Contribution: Cash	Aggregate Contributions	OCo -
Last Name Pocha First Chilis	Jahl	MI
Residential Street Address Days tock St. City East thance		ate Zip Code
Principal Occupation Office Clerk Name of Employer	to of Colum	r bus
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?	officer of a municipality, vith said municipality	Amount of Contribution
s this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state in Section L1? If yes, list Event # 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	No	TO -
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Aggregate Contributions) 0 "
Tocka First Sohr	7.	P.
Residential Street Address Sost var Trail City East Har	ven e	zip Code Zip Code
Principal Occupation Verlice 0 Name of Employer Verli	Col.	
s contributor a lobbyist, spouse, ar 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, vith said municipality	Amount of Contribution
	contractor? Yes	100
Method of Contribution: 1695 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6-97	Aggregate Contributions	/ -
SUBTOTAL Section B — This P	age / /	7.00
TOTAL of additional Section B Pa	ges 300	150-
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page To	+B) 316	5.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Impur organica
Cartica Tel Male	TYPE OF REPORT
A. Total Contributions from Small Contributors-Received this Period ONLY	7.10.25
(See instructions for definition of Small Contributor). SUBTOTAL SECTION A	\$ 3/65.00
B. Itemized Contributions from Indivi	duals
Last Name First Mac	S L
Residential Street Address 101 Hotah Kirs Rolex City Erst Have	State Zip Code - 67 065 12
Principal Occupation Safety Conditioned Disorted Name of Employer	On HC
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?	e officer of a municipality, with said municipality
	Legislative No 500.
Method of Contribution: ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payrol! Deduction ☐ Money Order ☐ Cash ☐ Payrol! Deduction ☐ Date Received ☐ Hand ☐ Payrol! Deduction ☐ Money Order	Aggregate Contributions 500 o
Last Name SOROI First E/1Zo	aboth MI
Residential Street Address Pennsy Nania Au City East Har	State Zip Code
Principal Occupation Roclegation Discosted Name of Employer	SEH.
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, Amount of Contribution with said municipality
Is this contribution associated with an event reported in Section 112 60103	Æ No
□ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 6-11-3	Aggregate Contributions
Last Name Wotonsmith First John	J :
Residential Street Address 93 Cossy Boschwald East 7	Haven of State Zip Code
Principal Occupation Rame of Employer Principal Occupation	50/
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? Yes of the 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?	officer of a municipality, Amount of Contribution with said municipality
	contractor? Yes Legislative Yes Wo Wo Column Column
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 1-4-3	Aggregate Contributions 196.Cr
SUBTOTAL Section B — This I	Page 640,00
TOTAL of additional Section B Pa	ages 2875—
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page T	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository)	TEXTE OF DETROIT
1 10 C M 1 /	TYPE OF REPORT
A. Total Contributions from Small Contributors-Received this Period ONLY	110-6
(See instructions: for definition of Small Contributor) SUBTOTAL SECTION A	\$ 3165-
	2, 0, 3
B. Itemized Contributions from Indivi	duals [MI
51610 806 JUL 5000	IMI
Residential Street Address 19 Awela DC1 City Cost Ha	State Zip Code
Principal Occupation Name of Employer	ad.
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? Yes No If yes, indicate which branch or branches	e contractor?
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 4.13	Aggregate Contributions
Binante Binante First Macian	and MI
Residential Street Address 105 A Lon Neth Sta City East -	Kran of O6512
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 executive 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 event reported in Section L1? Where the section L1? We have the section L1? We have the security of a state contractor or prospective state the security of government the contract is with: Executive	e contractor?
Mathed - CO - t North	Aggregate Contributions AGGREGATE AGGREGAT
Last Name Volla / First Ja	MI
Residential Street Address 97 Boatford Ave City EGIS Ho	wen State Zip Code
Principal Occupation Name of Employer	
s 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?	officer of a municipality, Amount of Contribution with said municipality
s this contribution associated with an event reported in Section 112 No Is contributor a principal of a state contractor or prospective state If yes, list Event # 123 No Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	contractor? ☐ Yes ➤ No ☐ Legislative
Matalaca and	Aggregate Contributions
SUBTOTAL Section B — This	Page 80.
TOTAL of additional Section B P	20.0
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 1	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Costora Id Mall	7 15 92
A. Total Contributions from Small Contributors-Received this Period	1-10-73
(See instructions for definition of Small Contributor) SUBTOTAL SE	
D Teach LC con c	
Last Name B. Itemized Contributions for	om Individuals
1 late GATAN	Barbara
Residential Street Address City	State Zip Code
5 Nanstiold scare LA ESS	Haves - OT 06512
Principal Occupation Name of En	pployer
(P) isol	KOT16011.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a does contributor or business he/she is associated with h valued at more than \$5,000?	chief executive officer of a municipality, are a contract with said municipality es \square\s
Is this contribution associated with an Yes Is contributor a principal of a state contractor or principal or principal of a state contractor or principal or	rospective state contractor?
	□Executive □ Legislative □ No
Method of Contribution: 62 Date Receiv	red Aggregate Contributions
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	1-29 Do-
Last Name First	Mach.
Residential Street Address City	State Zip Code
Principal Operation 75 Salasna Avo East	of 165 12
Principal Occupation Color Taiming Management Name of Em	Solf:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is associated with he valued at more than \$5,000?	ave a contract with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or pr	rospective state contractor?
When his Breat # 1806 W122 I No If yes, indicate which branch or branches	₩o
Method of Contribution: Date Receive	Executive Legislative Aggregate Contributions
Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 6 - 1	1-23 200
Last Name First	MI
	os ph
12 2 Males 41 855	t three State Zip Code
Principal Occupation Polyced Name of Eng	ployer)
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is associated with ha valued at more than \$5,000?	chief executive officer of a municipality, we a contract with said municipality
Is this contribution associated with an Yes event reported in Section 12649 No Is contributor a principal of a state contractor or professional flyes, list Event # No If yes, indicate which branch or branches of government the contract is with:	V □ No □
Method of Contribution: Of government the contract is with: Date Receive.	Executive Legislative d Aggregate Contributions
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	-4-23 100, -
SUBTOTAL Section	B—This Page 140.00
TOTAL of additional S	ection B Pages 2155
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Enter total on Line 13, Column A of Sun	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	liminar or nimoria
College rame as registered with riting repository)	TYPE OF REPORT
C964009 +16 11/90/01	7-10-73
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 3/65 - 9
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	1 0105.00
	ē.
B. Itemized Contributions from Indivi	dnale
Last Name 7 11 First	MI
De/Invie Wei	ON I
Residential Street Address City	State Zip Code
57 Catholing St. East Ha	er - 0 00x12
Principal Occupation Name of Employer	, /
APKN	tiol.
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
or dependent child of a lobbyist? A No does contributor or business he/she is associated with have a contract valued at more than \$5,000?	with said municipality
Is this contribution associated with an event reported in Section L. No If yes, indicate which branch or branches	
	□ Legislative No 30.
Method of Contribution: UIGE Date Received	Aggregate Contributions
□ Cash □ Cresonal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 6-423	56.
Last Name First	MI
Sidlarski Saca	
Residential Street Address City City 16	State Zip Code
196 10(101) FO 10W The	11 9 06511
Principal Occupation	1-7-1
Javen)	The Kercit.
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 with said municipality
valued at more than \$5,000?	* *
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state event reported in Section L1? No If yes, indicate which branch or branches	e contractor?
If yes, list Event # Doll 1915 of government the contract is with:	T Logiclative '
Method of Contribution: Date Received Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Aggregate Contributions
0-1-03	He o
Likosick' First Jose All	MI
Residential Street Address City	State Zip Code
	ver of off
Principal Occupation Name of Employer	17 10370
Is contributor a lobbyist, spouse,	
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?	with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state	e contractor?
event reported in Section L12	contractor?
Method of Contribution: Date Received	Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6-4-3-3	40-1
Overnoon at 10 Ltd. D. must	1 110
SUBTOTAL Section B — This	rage //0.00
TOTAL of additional Section B P	ages 2015.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A	
(Enter total on Eine 13, Column A of Summary Page 1	(otals) 3 1/70 - CV

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE-OF REPORT
CALICA TIC MONTH	
A. Total Contributions from Small Contributors-Received this Period ONLY	7-10-23
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 365.00
	8
B. Itemized Contributions from Indivi	3
Last Name	duais
Residential Street Address	mnd.
73 Pleasent Aug City East Has	ver - 6/ 065/2
Principal Occupation Retical Name of Employed	1.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Uf 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? Yes No	e officer of a municipality, with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # 196693 If	e contractor?
Method of Contribution: 376 □ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 6-4-73	Aggregate Contributions
Last Name Jacesine First Davis	d '
Residential Street Address Fobat DG East Have	State Zip Code
Principal Occupation Name of Employer	
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, with said municipality
Is this contribution associated with an event reported in Section 1.1? If yes, list Event # 10069977 Is contributor a principal of a state contractor or prospective state in Section 1.1? If yes, indicate which branch or branches of government the contract is with:	No No
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received	Aggregate Contributions 700
Last Name Hubbast First James	MI
So. Michael Street Address 50. Michael Str. City East Ho	State Zip Code OBS D.
Principal Occupation Peli Rel Name of Employer Helical	
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?	officer of a municipality, Amount of Contribution with said municipality
Is this contribution associated with an event reported in Section L1? No Is contributor a principal of a state contractor or prospective state if yes, indicate which branch or branches of government the contract is with:	contractor? Yes No 15,
	Aggregate Contributions
SUBTOTAL Section B — This	Page 85.00
TOTAL of additional Section B P.	6961367L
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Eine 13, Column A of Summary Page I	

NAME OF COMMITTEE Provide Complete Name as Registered with Filling Repository	TYPE OF REPORT		
Confident Fol Marial	7-10-23		
A. Total Contributions from Small Contributors-Received this Period ONLY			
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 3/65.00		
B. Itemized Contributions from Indivi	dwale		
Last Name First 01	MI		
Heaner Alic	19		
Residential Street Address 7 Hobson Str. City Egst He	State Zip Code OB D		
Principal Occupation Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes ONO 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 Amount of Contribution		
Is this contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches	□ No I		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received	Aggregate Contributions 400		
Last Name Impeloto: First Viel	, MI		
Residential Street Address 445 Foxon 2d City Delh Boar	Ar60 State Zip Code		
Principal Occupation Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No 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?	e officer of a municipality, with said municipality		
Is this contribution associated with an Yes event reported in Section L1? No If yes, indicate which branch or branches If yes, institute the contractor of prospective state contractor? Yes If yes, indicate which branch or branches			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 6-4-23	Aggregate Contributions SHO CO		
Last Name Gipnotti' First willian	MI		
Residential Street Address 36 Dodge Ane City Ensyl Have	State Zip Code C 065 D		
Principal Occupation Name of Employer	Hi Toucking.		
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?	officer of a municipality Amount of Contribution with said municipality		
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 10,0000000000000000000000000000000000	contractor?		
Method of Contribution: □ Date Received □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	Aggregate Contributions		
SUBTOTAL Section B — This l	Page: 130,00		
TOTAL of additional Section B P			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Eine 13, Column A of Summary Page T			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository).	Baile Control
TYPE OF REPORT	7
A. Total Contributions from Small Contributors-Received this Period ONLY	3
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$ 3165	- <i>A</i>
2/05.0	
(A) 12 AV. 3 AV.	
B. Itemized Contributions from Individuals	
l rust	MI
Residential Street Address	
State Pilla (Ko. Eggs Havan - g	Zip Code 065/2
Principal Occupation Puschasing Name of Employer Town of Eff.	
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	ount of Contribution
valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? No If yes, list Event # DC6 DC3 Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	10 -
Method of Contribution: Date Received Aggregate Contributions	Va
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	
Last Name Valland First AL	MI
Residential Street Address 43 Edden Da City Esst Haven State	Zip Code
Principal Occupation Retired Name of Employer Times	00517
of dependent child of a lobbyist? A No does contributor or business he/she is associated with have a contract with said municipality.	unt of Contribution
valued at more than \$5,000? Yes No S this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?	
Figure 1. Section L1? If yes, list Event # Doctor 1. Section L1? If yes, list Event # Doctor 1. Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	10 -
Method of Contribution: Date Received Aggregate Contributions	Va -
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 64.23	
Conel Kahleen	MI
Residential Street Address 71 Massan Ave City East Haven a	Zip Code
Principal Occupation Name of Employer EH ROF	005 /2
s contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amou	ınt of Contribution
r dependent child of a lobbyist? No No No No No No No No No N	int of Contribution
s this contribution associated with an vent reported in Section L12 13 No Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 100013 If yes, indicate which branch or branches of government the contract is with: Executive Legislative Quantum Legislative Legislative Quantum Legislative Legislative	2 —
Method of Contribution: Date Received Aggregate Contributions	0
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6-4-3 26-	
SUBTOTAL Section B — This Page / CO.	
TOTAL of additional Section B Pages 1690,	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 3 165.0	\mathcal{C}

NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
CAFIGA FIG Males	7-10-23	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 3165.00	
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B. Itemized Contributions from Indivi	iduals	
Last Name Taconcei First John	MI	
Residential Street Address City	State Zip Code	
25 Bitt Lone East Ha	- of 0651/2	
Principal Occupation So. Vice Residen! Name of Employer Wilking I	avester/Cother Fro-	
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 contractive valued at more than \$5,000?		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 16643 If yes, list Event # 26643 If yes, list Event # 26643	_ No	
Method of Contribution:	Aggregate Contributions	
Last Name Baffer Lisa.	MI	
Residential Street Address Red BIRPRA City Ci	en State Zip Code or O6512.	
Principal Occupation Town Class Name of Employer Town	cf EH.	
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? Yes Vo	ve officer of a municipality, t with said municipality Amount of Contribution	
Is this contribution associated with an event reported in Section L12 No If yes, list Event # 206073 Is contributor a principal of a state contractor or prospective statement of government the contract is with: Executive Execu	ate contractor? Yes No Legislative	
Method of Contribution: /4/ Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 6-4-35	Aggregate Contributions	
Last Name Baffel First Destru	S MI	
Residential Street Address Red Bluff Ph City East	Haven of obsp	
Principal Occupation Name of Employer Description	Low HC	
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?	ve officer of a municipality, . t with said municipality	
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page	A+B) 3/65.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Castrag Fal Matel	7 15-23
A. Total Contributions from Small Contributors-Received this Period ONLY (See: instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 3165.00
B. Itemized Contributions from Indivi	
Ben wegna First Mich	elle
Residential Street Address 22 South Str. City East Haven	O - State Zip Code 7 90512
Principal Occupation Director Name of Employer	of Est Haven
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? Yes of the 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 11? If yes, list Event # No No No Of government the contract is with:	Legislative No
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received -4-73	Aggregate Contributions
Puszyoki First Africa	1. MI
Residential Street Address 106 Besselli RA City East Have	State Zip Code Of 065 12
Principal Occupation Petiticed Name of Employer	cod
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of 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? No If yes, list Event # BOGO423 Is contributor a principal of a state contractor or prospective states of government the contract is with: Executive	te contractor? Yes Legislative Legislative
Method of Contribution: 1921 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 643	Aggregate Contributions
Last Name Bimonte First Gay	MI
Residential Street Address 53 Eden St City Erst H	Javen et 065 12
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 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? Yes Is contributor a principal of a state contractor or prospective state of government the contract is with: If yes, list Event # 10 10 10 10 10 10 10 10 10 10 10 10 10	☐ Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 6-4-23	Aggregate Contributions
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
	7-10-25
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 3165.00
B. Itemized Contributions from Indivi	dnale
Last Name First	MI
Residential Street Address City	State Zip Code
57 Feate Rd East the	aver - 0T 865D
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 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? No If yes, indicate which branch or branches	te contractor? Yes No Legislative
Method of Contribution: Date Received	Aggregate Contributions
Last Name Credit/Debit Card Payroll Deduction Money Order First First	MI
Dei C50 Die De	/45
Residential Street Address SI Wass Are East Hav	state Zip Code CT Obs 12
Principal Occupation Richasimy & Logistra Michigan Share of Employer Share	on 1 a Sons.
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 # If yes, list Even	te contractor? Yes No
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received HOW 19	Aggregate Contributions
Last Name Pirst Lace	7 · MI
Residential Street Address City Ecst Have	State Zip Code CI 965/2
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 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 19 No If yes, list Event # 10 60137 No Is contributor a principal of a state contractor or prospective state of government the contract is with:	No ICA
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
(ASTAG 706 116/1	1-11-25
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 3/65.00
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B. Itemized Contributions from Indivi	duals
Last Name First 7 +	MI
HOP DISTY	
Residential Street Address Lincoln St., City Franklin	- MA 2038
Principal Occupation Name of Employer	-
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive 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? No If yes, indicate which branch or branches	ce contractor? Yes No Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received	Aggregate Contributions
Last Name Kasdan First Ani	ta.
Residential Street Address 199 Golday Blud F-18 City Damalk	State Zip Code
Principal Occupation Name of Employer CH	.Inc.
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 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 # 366433 Is contributor a principal of a state contractor or prospective states of government the contract is with: Executive	te contractor? Yes No Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 4-4-2-3	Aggregate Contributions
Last Name Ckych First Dece	MI :
Residential Street Address Chrosay Ave City East H	taven State Zip Code CO6512.
Principal Occupation According Man Man RC E	Bigelow FAC.
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? Yes No	Amount of Contribution with said municipality
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 156643 Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive	□ Legislative VO. —
Method of Contribution: ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ Date Received ☐ 9-9-33	Aggregate Contributions
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ostaa Id Mald	アレ ろう
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s 3/65.00
	8
B. Itemized Contributions from Individ	duals
Last Name Dokina First Zichal	d MI A
Residential Street Address 10 Seavier Ave City East Ha	Jen - (T) O6317
Principal Occupation Re Ti Cod Name of Employer Police Name of Emp	rd
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?	
	□ Legislative No
Method of Contribution: 346 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 6-4-33	Aggregate Contributions 40
Last Name Lingua Collinary Collinary First Most	MI
Residential Street Address 245 Mr. Aleld g. Rd City East Ho	State Zip Code CT 06512.
Principal Occupation Refined Name of Employer New York Total Name of Employer	cel.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Valued at more than \$5,000? Yes Valued at more than \$5,000?	
	□ Legislative So —
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Make Received Money Order	Aggregate Contributions
Last Name Dack 160 First Len	MI
Residential Street Address 1270 Doth High 5/ #115 City East Ha	ivan CI Obs 12
Principal Occupation Police O Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes of 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?	
202.0	□ Legislative No QO.
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Money Order	Aggregate Contributions Co
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NAME 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	\$ 3165-00
	3103
B. Itemized Contributions from Individ	inals
Last Name First	MI
Residential Street Address City	is facilities
843 Thomason Stc. East the	on - CT 06312
Principal Occupation Name of Employer S5	P
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?	contractor?
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with:	No U/F
Method of Contribution: Date Received	Aggregate Contributions
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Last Name First Tack	MI
Residential Street Address City Ci	State Zip Code
Principal Occupation Name of Employer	1
Fetices fetices	<u></u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Valued at more than \$5,000? Yes Valued at more than \$5,000?	
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state	
event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with:	□ Legislative No 2000 —
Control of the Contro	Aggregate Contributions
□ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	4000-
Last Name First Che	che MI
Residential Street Address City City City	State Zip Code
Principal Occupation Name of Employer	0 011
Judlic Device Dic. Town	of EH.
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 1921 No Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches	contractor? Dyes Who
	Legislative Aggregate Contributions
□ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 6-4-23	290a -
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository),	TRAIL OF DEDONA
Cold 6 Fd. Malcl	TYPE OF REPORT $7 16-23$
A. Total Contributions from Small Contributors-Received this Period ONLY	\$ 3165.00
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	7/63.00
B. Itemized Contributions from Individ	dnole
Last Name	MI
Residential Street Address	
69 GOVSD RA KUSDUK	State Zip Code NA JULE 88
Principal Occupation Resignal Wendel Mass Name of Employer And Resignal Name of Employer	mmentaline Gap
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?	e officer of a municipality, with said municipality Amount of Contribution
Is this contribution associated with an event reported in Section 11? 13 No If yes, indicate which branch or branches	_ DNo /
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 141-73	Aggregate Contributions
Last Name First Dane	V MI
Residential Street Address Residential Street Address Ave City Erst Ho	State Zip Code OF 06512
Principal Occupation Name of Employer 1601	of E. H.
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?	c officer of a municipality, with said municipality
Is this contribution associated with an event reported in Section 1.1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive	No No
Method of Contribution: □ Cash □ Personal Check ▼ Credit/Debit Card □ Payroll Deduction □ Money Order □ G - 4 - 3	Aggregate Contributions
Last Name Sparage First Michael	· V
Residential Street Address Name of Employer Name of Employer	State Zip Code T 065
ENIDER	1685.
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?	officer of a municipality, with said municipality
Is this contribution associated with an event reported in Section L12 No Is contributor a principal of a state contractor or prospective state If yes, list Event # Section L12 No Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	contractor?
	Aggregate Contributions
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NAME 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 \$ 3/63.00	
B. Itemized Contributions from Individuals	
Last Name Than DSCN First Pan L MI	
Residential Street Address 849 Thumson Sh City East Haven State Zip Code OB12)
Principal Occupation Bland Return Space. Supervised Dest VA New Contest	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	tion
Is this contribution associated with an event reported in Section L1? If yes, list Event #	
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 6-2-23	
Last Name Parelli First Lasis - MI	
Residential Street Address 107 Fexes Ped City East Happen, State Zip Code e Color Code	,
Principal Occupation Refixed Name of Employer Refixed	
Is contributor a lobbyist, spouse, or dependent child of 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?	tion
Is this contribution associated with an event reported in Section L1243 Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Date Received Aggregate Contributions	
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 6-3-23 □ 00c -	
Leo Nac di First Peter MI	
Residential Street Address Q - Sath Sto. City East Haven State Zip Code C 065/12	
Principal Occupation Reficed Name of Employer Left All d.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contributor or Dusiness he/she is associated with have a contract with said municipality valued at more than \$5,000?	tion
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 1060123 Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	MARKET STATES
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A. Total Contributions from Small Contributors-Received	21	1-	
	SUBTOTAL SECTION A	\$ 5/1	33.00
B. Itemized Co	ontributions from Indivi	duals	
Last Name	First A	1	MI
1050005		San	H
21 Hickey CT	City Walling	rid 1	State Zip Code J 06492
Principal Occupation	Name of Employer	the state of the s	7 7 7 7
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a candidate for a chief executiv	e 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?	e is associated with have a contract	with said municipality	
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event reported in Section L1? If yes, list Event # No If yes, indicate which bra of government the contra	ct is with:	☐ Legislative No	100.
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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 with have a contract Yes	e officer of a municipality, with said municipality	Amount of Contribution
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If yes, list Event # of government the contra		☐ Legislative No	130.
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Residential Street Address	City	, / s	tate Zip Code
106 Bollett Xdl	6957 1	taven c	1 06512
Principal Occupation Ratiles	Name of Employer	1:cect	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400			Amount of Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is associated with have a contract Yes No	with said municipality	
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event reported in Section L1? If yes, list Event # No If yes, indicate which bra of government the contract		☐ Legislative No	50
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NAME OF COM	MITTEE (Provide Complete	Name as Registered wi	ith Filing Repositor	rv)	6- 125	TYPE OF REPORT	Mark Taran
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	2000年7月1日	C1. C	ontribution	s from Ot	her Comm	ittees	
Name of Committee	a e ther a	Cal Tan	M (lan	PAC	Name of Treasu	LISG Lell	//
Address	1898 56	en feis)		Is this contri	d in Section L1	d with an Yes No?	Amount of Contribution
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Address	Red a	are R	/	Is this contrib	d in Section L1:	d with an Yes No	Amount of Contribution
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Address					d in Section L1?	d with an Yes No	Amount of Contribution
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	C2. Re	imbursements	s or Surplus	s Distribu	tions from	other Committees	
Name of Committee	ži.		_		Name of Treasur	rer	
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Name of Committee					Name of Treasur	rer	
Address				City			State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimburserr	nent for shared e	xpense 🗆	Surplus Distribu	tion	Amount of Receipt
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		Period Sa	THE PARTY OF THE P	Service Contract	Section C P	ages	0
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Name of Lender		Source of Loan:	andidate 🔲 Individu	al 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)	<u> </u>		<u>'</u>		Amount Received	
Street Address	City		State	Zip Code		
Name of Lender						
		Source of Loan: Bank Ca	andidate 🗖 Individu	al Other Committee	Date of Receipt	
Street Address	Cîty		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No	
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Street Address	City		State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan?	
Name of Cosigner/Guarantor (if applicable)					☐ Yes ☐ No	
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Street Address	City		State	Zip Code		
		TOTAL SEC	TION D			
E. Receipts from Enti	ties other than Individu	als or Other Con	nmittees <i>(Refere</i>	ndum Committe	es ONLY)	
Name of Entity						
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outeet Address			Date Received		Amount Received	
lity	State	Zip Code	Aggregate Contri	butions		
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Date of Receipt	Is this transaction associatevent reported in Section		s, list Event#	Amount
Date of Receipt	Is this transaction associate event reported in Section		, list Event #	Amount
Date of Receipt	Is this transaction associate event reported in Section 1		, list Event#	Amount
			TOTAL SECTION F	
G. Amount T	ransferred from Affiliate	ed Labor Union or Oth	er Organization Tro	easury (Organization Committees ONLY)
Date of Receipt $ \mathcal{U} - \mathcal{G}$	20-93	Date of Receipt	Da	te of Receipt
150	20-93 Amount CoCO	Amount		Amount
		T	OTAL SECTION G	1500.00
_				
	H. Personal Funds of the	ne Candidate Received	this Period (Candida	te Committees ONLY)
Date of Receipt	Method of payment:			Amount
	☐ 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
	☐ Cash	☐ Personal Check	☐ Credit/Debit Card	
Date of Receipt	Method of payment:			Amount
	☐ Cash	☐ Personal Check	☐ Credit/Debit Card	
			TOTAL SECTION I	н
	State Late Walls	I. Anonymous Cor	ntributions	学们是华华特里的第三人称
am	Per Public Act 11-48, A count. If a committee re	Anonymous Contribut eccives an anonymous	ions may no longer contribution, the ca	ampaign treasurer shall

for deposit in the General Fund.

Revised January 2015	I. MONETARY RECEIPTS	(Sections A—K	.)	rage / 01 1 /
NAME OF COMMITTEE (Provide Co	omplete Name as Registered with Filing Repository)	TYPE	OF REPORT	SNEED ALL STORY
	J. Interest from Deposits in Authori	ized Accounts		
Name of Institution	o. Interest from Deposits in Authori	The second secon	eceived	Amount
Street Address	City	State	Zip Code	
Name of Institution	•	Date Re	eceived	Amount
Street Address	City	State	Zip Code	
	TOTA	AL SECTION J	-11	
. 1	K. Miscellaneous Monetary Receipts not Con	nsidered Contrib	utions	
Name			Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description	Щ.		J.	
Name		D	Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		D	Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description		<u> </u>		_
Name		D	Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
	TOTAL SI	ECTION K		
SUM	IMARY OF OTHER MONETARY RECEIP	TS (Sections D t	hrough K)	
Total Loans Received this Period	l (Section D)			
Total Receipts from Entities othe	er than Individuals or Other Committees (Section E)	+		
Total Amount Transferred from	Affiliated Business Treasury (Section F)	+		
Total Amount Transferred from	Affiliated Labor Union or Other Organization Treasu	ıry (Section G) +		
Total Amount of Personal Funds	s of the Candidate Received this Period (Section H)	+		
Total Amount of Interest from D	Deposits in Authorized Accounts (Section J)	+		
Total Miscellaneous Monetary R	deceipts not Considered Contributions (Section K)	+		
	Total of Other (Add Sections D through K) (Enter total on Line 15, Colum	r Monetary Rece		

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository) in the	St. 48, 88, 874, 8	TYPE OF REPORT	districts.	
Professional Company	L1. Ever	nt Infor	mation			N=1
Event # Date of Event Letter OGOMB 3	Description Fred days	67	- No caisa	/	Was this a fundra	ising event
Location: Street Address	ad for & Mano (Baycos)	City	E951	Haven	Stale Zip	651
Subpart 1: (All Commit Was this event hosted at	-	□ Yes	(If yes, go to Section L Associated with a Ho purchases made by hos	use Party and comple	te required informati	
	de goods or services donated by a business entity nated by an individual of up to \$100?	Yes	(If yes, go to Section L and complete required		not Considered Cont	ributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	□ Yes ▶ No	(If yes, enter Total Rec	ceipts here.)	\$	
Were there purchases of sign associated with this		mittees ot □ Yes ☑ No	her than Exploratory (If yes, go to Section L or on a Sign and com	3 Purchases of Adver		gram Book
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	□ Yes	(If yes, enter Total Rec	ceipts here.)	\$	
Event # Date of Event Letter	Description	19 4 Sept.			Was this a fundrai	sing event
Location: Street Address	α	City			State Zip	Code
Subpart 1: (All Committee Was this event hosted at	•	□ Yes	(If yes, go to Section L. Associated with a Hor purchases made by hos	ise Party and complet	te required informati	
	de goods or services donated by a business entity nated by an individual of up to \$100?	☐ Yes	(If yes, go to Section L and complete required		not Considered Cont	ributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	☐ Yes☐ No	(If yes, enter Total Rec	reipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Combadvertising space in a program book or on a fundraiser?	mittees oth Yes No	her than Exploratory (If yes, go to Section L or on a Sign and com	3 Purchases of Advert		;ram Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	□ Yes	(If yes, enter Total Rec	eipts here.)	\$	
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fi	rom Sale o	of Donated Items —	This Page		
			ubpart 3 <i>(Town Commi</i> Food Purchases —			
		TOTAL	of additional Section	L1 Pages		
	TOTAL OF ALL RECE		ROM SMALL PUI Column A of Summary			

II. EVENT ACTIVITY (Sections L1—L5)

		om a committee tag s						
NAME OF COMMI	TTEE (Provide Complete Nam	e as Registered with Filing Reposit	ory)	T	YPE OF REPOR	T	- PE -	\$15 TO 1
	L3. Pt	urchases of Advertisi	ng in a Prog	ram Book or on	a Sign			
Name of Purchaser						Purchas	e Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Ind	lividual/Sole I	Proprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Progr	am Ad Purchas	se .	Amount of Si	gn Purchase
Name of Purchaser						Purchas	e Made By:	
Traine of Farenage.							siness Entity	☐ Other
							ividual/Sole F	_
Street Address			City			ш	State	Zip Code
							State	Zip code
	*							
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Progr	am Ad Purchas	e z	Amount of Si	gn Purchase
Name of Purchaser	- A.—					Purchas	e Made By:	
						☐ Bu:	siness Entity	☐ Other
						☐ Ind	ividual/Sole F	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Progr	am Ad Purchas	se .	Amount of Si	gn Purchase
Name of Purchaser						Purchas	e Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Ind	ividual/Sole F	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Progr	am Ad Purchas	e Z	Amount of Si	gn Purchase
Name of Purchaser					- 1		e Made By:	
						☐ Bus	siness Entity	☐ Other
						☐ Ind	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Progr	am Ad Purchas	e A	Amount of Si	gn Purchase
	SUBTOTAL Sect	tion L3 Total Purchases of	Advertising in	Program Book —	This Page			
	SUBTOT	AL Section L3 Total Purc	chases of Adver	tising on a Sign —	This Page			
			TOTAL of	f additional Section	L3 Pages			
T	OTAL OF ALL PURCE	IASES OF ADVERTISIN (Enter total on		RAM BOOK or ON in A of Summary Pa	ALL PROPERTY AND ADDRESS OF THE PARTY AND ADDR			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	EE (Provide Complete Name as Re	egistered with Filing Repository)		TYPE OF REPORT	
Name of Donor	L4. I	n-Kind Donations N	Not Considered Contribu	tions	
Ea	ist Haven	DIC			
Street Address Box	24/8		East Han	N	State Zip Code C) 063 [
Donation Given By:	Description of Donation		10/1	Fa	ir Market Value of Donation
☐ Business Entity ☐ Individual	Squae (90 % +01 7 Event #	Aggregate Value for	All P	_
☐ Sole Proprietorship	6-4-23	B0604	Aggregate Value for	, 90 ·	55,90
Name of Donor					
Street Address			City		State Zip Code
Donation Given By:	Description of Donation			Fai	ir Market Value of Donation
☐ Business Entity ☐ Individual					
☐ Individual ☐ Sole Proprietorship	Date Received	Event #	Aggregate Value for	this Event	
Name of Donor	1			L.	
			To		
Street Address			City		State Zip Code
Donation Given By:	Description of Donation			Fa	ir Market Value of Donation
☐ Business Entity ☐ Individual	*	- I= "	1	11.5	
☐ Sole Proprietorship	Date Received	Event#	Aggregate Value for	this Event	
Name of Donor				, , , , , , , , , , , , , , , , , , ,	
					40
Street Address			City		State Zip Code
Donation Given By: Business Entity	Description of Donation		,	Fai	r Market Value of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #	Aggregate value for	this Event	
		SUBTO	OTAL Section L4 — This Page		
		TOTAL	of additional Section L4 Pages	5	
тот			SIDERED CONTRIBUTIONS umn A of Summary Page Totals		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Re	epository)		TYPE OF REPORT	100
	L5. In-Kind Donations Not Consid	lered Contributions Assoc	iated with a I	House Party	
Name of Host			committee?	supporting more tha Yes No mplete Itemization in	
Street Address	22	City		State	Zîp Code
Description of Donation				Fair Market Va	lue of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi.	s host/candidate		
Name of Host			committee?	supporting more that Yes No mplete Itemization in	
Street Address		City		State	Zip Code
Description of Donation				Fair Market Val	lue of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	s host/candidate		
Name of Host	**		committee?	supporting more that Yes No mplete Itemization in	
Street Address		City	•	State	Zip Code
Description of Donation				Fair Market Val	ue 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 Yes No mplete Itemization in	
Street Address		City		State	Zip Code
Description of Donation	×			Fair Market Val	ue of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate		
		SUBTOTAL Section L5 —	- This Page		
		TOTAL of additional Sectio	n L5 Pages		
	LL OF ALL IN-KIND DONATIONS NO TH A HOUSE PARTY (Enter total on	OT CONSIDERED CONTR Line 22, Column A of Summary			

Revised January 2015					EII IB (Seeile					
NAME OF COMMITTEE (Provide Complete	Name us Re	gistered with	Filing Repository)	distribution		TYPE	OF REPORT	OP (C) Soll		
	, h.s.	The cycle	M. In-Kind	Contr	ibutions			24 [15]		
Name	2 1 21 111		1000			A) E PORTO				
Co. CATI				la						
Street Address				Cit	ity			State	Zīp Code	
Type of contributor: Committee	Date Rece	ived	Aggregate Contribut	tions	Description of In-Kind	Contribution	on			
☐ Individual / Sole Proprietorship ☐ Other					-					
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does con	ibution is in intributor or l at more than	business he/she is a	candidate	e for a chief executive of with have a contract w	officer of a	a municipality, iunicipality	Fair Market Value of this Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	utor a principal of a indicate which bra ernment the contract	anch or br	tractor or prospective stranches Executive		□No			
Name										
Street Address				Cit	ty			State	Zip Code	
Type of contributor:	Date Recei	ved	Aggregate Contribut	tions	Description of In-Kind	Contributio	on		4	
☐ Individual / Sole Proprietorship ☐ Other	Tf cont	"Luden in is		4: dat	. C 1.1 - F	· · · · · · ·	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Is contributor a lobbyist, spouse,	does co		business he/she is		te for a chief executive d with have a contract v Yes No			Fair Market Value of this Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes, i	itor a principal of a sindicate which bran	nch or bra	ractor or prospective st anches Executive		□No			
Name							,			
Street Address				Cit	ty			State	Zip Code	
Type of contributor:	Date Recei	ved	Aggregate Contribut	ions	Description of In-Kind	Contributio	n			
☐ Individual / Sole Proprietorship ☐ Other	70 4		27400							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/she is a		te for a chief executive I with have a contract v Yes No				Market Value s Contribution	
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes, i	tor a principal of a s indicate which brar rnment the contract	nch or bra	ractor or prospective stanches Executive		□No			
			SUBTO	TAL Se	ction M — This Pa	ge				
			TOTAL o	of addition	onal Section M Pag	es				
TOTAL OF ALL IN-KIND CON	TRIBUT	ΓΙΟΝS (E	and the same of the same	C A WY CHANGE	HET I SCHOOL DONN TO CHEST AND	CARROL .				
	N.	Refund	lable Deposit	to Tele	ephone Compan	ıy		数 有点,这	15 July 2	
Last Name of Individual			First		A STATE OF THE STA	v	MI	Date Deposi	it Made	
Residential Street Address			Cīty			State	Zip Code		Amount of Deposit	
Name of Telephone Company								-		
Street Address			City			State	Zip Code	_		
9						Biato	Zip Code			
TOTAL SE	CTION	N (Enter 1	total on Line 24, Co	olumn A o	of Summary Page Tota	als)				

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMITTEE (Provide	Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
			7-10 -	73
	P. Expenses P	aid by Committee		A STATE OF THE STA
Name of Payee BC affac d	Mand Post Company	, # 4	Date of Payment 6-4-3-3	Method of Payment: 364 Check #02364 Debit Card 🗆 EFT
Street Address	2 5ts.	East Hau	DV.	State Zip Code Of C65D
Purpose of Expenditure (by code) Description	Fried Dough Fo	and Raise Bo	* 60423	Amount
None of Coordina	diture (Itemization in Addendum P Required unless the below ated with reimbursement sought (joint expenditure) ated without reimbursement sought (in-kind contribu	☐ Independent ☐ Organization: ○	A ов ос ор	375.00
Name of Payee Street Address	Marie Hedley		Date of Payment 6.11.23	Method of Payment Check # 0 3 6 6
318 -	nompron he	EGS + Havon	,	State Zip Code CI O6517
Purpose of Expenditure (by code) Page 1	29 FUNDECISE SUM	Dis Event #	76042-3	Amount
None of to Coordina	iture (Itemization in Addendum P Require Landes he below ted with reimbursement sought (joint expenditure) ted without reimbursement sought (in-kind contribut	☐ Independent tion) ☐ Organization: O	A OB OC OD	460.20
Name of Payee	se do I		Date of Payment 6 -3-93	Method of Payment: Check # Debit Card EFT
Street Address 1920	Mc Kinney Ave	Das las		State Zip Code [X 7520]
Purpose of Expenditure Description (by code)	Fee's For Ele	clocking to	1	Amount
None of Coordin	diture (Itemization in Addendum P Required unle the below ated with reimbursement sought (joint expenditure) ated without reimbursement sought (in-kind contribu	☐ Independent	d) A ○ B ○ C ○ D	2240
Name of Payee W/	X, Con		Date of Payment 4-27-23	Method of Payment: Check # Debit Card Defit
Street Address Ment	RCK	San Franci	sca ' (State Zip Code GW125
Purpose of Expenditure Description (by code)	Advas 115mg.	Event #	1	Amount
None of	liture (Itemization in Addendum P Required unles	☐ Independent	t) A oboc od	331.81
	SUI	BTOTAL Section P — This	Page //	93.48
	TOTA	AL of additional Section P Pa	ages	0
	TOTAL OF ALL EXPENS (Enter total on Line 19	SES PAID BY COMMIT'D, Column A of Summary Page T		93.48

NAME OF COMMI	TTEE (Provide Complete Name as Registered	d with Filing Repository)	TYPE OF REPORT	arma Elektrice (E
		Campaign Expenses Paid by	Candidate	a shi kata mata u kata i
Name of Payee (Name of	Vendor, Person or Entity who candidate paid	directly)	Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City		State Zip Code
	24			
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?
				☐ Yes ☐ 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 to	directly)	Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
(by code)				
Name of Payce (Name of	Vendor, Person or Entity who candidate paid o	directly)	Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ 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 a	lirectly)	Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City		State Zip Code
				State Zip Code
D	I Description		I #	
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of	Vendor, Person or Entity who candidate paid d	(irectly)	Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City	<u> </u>	State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
		SUBTOTAL Sect	ion Q — This Page	
		TOTAL of additions	al Section Q Pages	
	TOTAL	L OF ALL EXPENSES PAID I		
		(Enter total on Line 26, Column A of	Summary Page Totals)	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	the Nile of	ТҮРЕ О	F REPORT	N The SWITT) the state of the
	R. Expenses Incurre	ed on Commit	tee Cre	dit Card	Mary Mary		และก็ผู้เกี่ยาก
Name of Issuing Inst	itution	Type of Credit Ca	ard:				
		□ Visa □	Master Ca	ard Discov	ver 🗀 America	an Express	Other:
Name of Vendor, Person	or Entity					Date of T	ransaction
Street Address		City				State	Zip Code
				p			
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind or	diture)	☐ Indepen		3 oC o D		
Name of Vendor, Person	or Entity					Date of T	ransaction
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend) Coordinated without reimbursement sought (in-kind co	diture) [☐ Indepen		3 °C ° D		
Name of Vendor, Person of	or Entity					Date of T	ransaction
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement)	diture)	☐ Indepen		3 o C o D		
	SI	UBTOTAL Section	on R — T	his Page			
	тот	TAL of additional	l Section l	R Pages			
то	OTAL OF ALL EXPENSES INCURRED ON (Enter total on Line	COMMITTEE ne 27, Column A of S		Revision and Control of Control			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository,		TYPE OF REPORT	A IVSIII	WALL TO LET
	S. Expenses Incurred by Com.	mittee but Not Paid	During this Period	A Wall	Military St.
Name of Creditor				Date Incur	теd
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement)	☐ Indep	is checked) endent ization: O A O B O C O D	-	
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		ount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	☐ Indepe			
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required and None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind continuous)	☐ Indepe	•		
		SUBTOTAL Section	S-This Page		
	T	OTAL of additional Sec	tion S Pages		
TOTAL OF ALL E	EXPENSES INCURRED BY COMMITTEE DURING (Enter total on Li	NG THIS PERIOD BUT ine 28, Column A of Summa			
	Previously reported Exp	enses Unpaid and still O	utstanding		
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	BY COMMITTEE BUT e 28a, Column A of Summa			

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposit		A Laterage	a Shirth and I	TV	PE OF RE	рорт	Majida Dila	No. of	
THE ST COMMITTE	DE Trovide Complete frame as Registered with Fitting Reposit	ory)	100000000000000000000000000000000000000	(I A THAT I THE EAR	11	FE OF KE	PORT			
	T. Itemization of Reim	bu	rsements a	nd Secon	dary Pa	yees	7.4.325		Sale pa	Y = 7
Last Name of Worker/Cor		_	irst				МІ	Date of Person of	Payment to r Entity	Vendor,
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant	_1_					o Reimburse n Section P:		Worker/Cor	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City			L Che	JK #	State	Zip Code	□ EFT
Purpose of Expenditure (by code)	Description				Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin	endit	ture)	☐ Indepe		о в с	ос о р			
Last Name of Worker/Con	sultant	Fi	rst				MI	Date of I Person o	Payment to Transfer Entity	Vendor,
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant					Payment to reported in	Reimburse Section P: ck #		Worker/Con	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code	
Purpose of Expenditure (by code)	Description		•		Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requi	endit	ure)	☐ Indepe		о в о	СОР			
Last Name of Worker/Con	sultant	Fi	rst				MI	Date of l Person o	Payment to ' r Entity	Vendor,
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	-					Reimburse Section P:			sultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code	
Purpose of Expenditure (by code)	Description				Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditured without reimbursement sought (in-kine).	enditi	ште)	☐ Indepe		о в о	C o D			
		5	SUBTOTAL	Section T –	– This Paş	ge				
		TO	OTAL of add	itional Sect	ion T Pag	es				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WO	ORKERS AI	ND CONS	ULTANI	ΓS				
						•				