SEEC FORM 20

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

Revised January 2015

EAST HAVEN, CT.

Page 1 of 17

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COVER PAGE

1. NAME OF COMMITTEE				
Cartola	Fel May	106		
2. TREASURER NAME			1	
Richard	MI A	Last De Palma		Suffix
3. TREASURER ADDRESS				
Street Address	City	- 1 1	State	Zip Code
10 5eg Vien	n the	East Haven	· OT	0512
	5. OFFICE SOUGHT (Complete only	y if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11/2/2/	Mayo	£		(if applicable)
7. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Committee)			
First Jose 24	MI A	Cacfa a		Suffix
8. TYPE OF REPORT (Check One Box)		<u> </u>		
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contr	ribution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendment	t to
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Rep	ort:
October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November			
9. PERIOD COVERED				
	Beginning Date	Ending Date		
	7-01-21	thru 9-3C-2/	′	
	-	2 s		
10. CERTIFICATION	W.	. 1		
I hereby certify and state, under per Disclosure Statement for the per TREASURER OR DEPUTY TREASURE	riod covered is true, accurate	all of the information set forth on the and complete. Richard A Defention of the set forth on the and complete.	is Itemized Can	npaign Finance 10-10 - 21 DATE (mm/dd/yyyy)
	,			
A person who is		villfully violated any provisions of the	e campaign fina	nce statutes

- 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	
<u> </u>	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	<i>i</i> .	500.00
12. Balance on hand at the beginning of Reporting Period	500.00	
13. Contributions Received from Individuals (Sections A and B)	16,210.63	16,710.63
14. Receipts from Other Committees (Sections C1 and C2)	3,600.00	16,710.63 3,600.00
15. Other Monetary Receipts (Sections D through K)	0.00	0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0,00	8.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		-
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	4,125.00	4,125.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	4,125.00 23,935.63	4,125.00 24,435.63
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	24,435.63	24, 435.63
19. Expenses Paid by Committee (Section P)	6,4.86.26	6,486.26
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)		17,949.37
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
23. In-Kind Contributions Received (Section M)	0.00	0.00
24. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.000	0.00
25c Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
00 P	0.00	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Colo Sel Wal-	Cot 10 Film	
A. Total Contributions from Small Contributors-Received this Period ONLY	Cc1 10 11/1m	
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s	
	V	
		
B. Itemized Contributions from Indivi	duais	
Tarducci John	,	
Residential Street Address 25 Batt Lane City Cast H	Haven State Zip Code Of 12	
Principal Occupation Pec/Hal Name of Employer William	Paveis	
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? Yes Is contributor a principal of a state contractor or prospective statement reported in Section L1? If yes, indicate which branch or branches	te contractor?	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received	Aggregate Contributions	
Last Name First	MI	
Calk AgnéT		
Residential Street Address 25 Columbus Auc City East Have	State Zip Code O6512	
Principal Occupation Name of Employer Part 1	red	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	ve officer of a municipality, t with said municipality	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive	ate contractor?	
Method of Contribution: □ Cash `□ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Payroll Deduction □ Date Received	Aggregate Contributions	
Last Name Giocophi First Assert	MI	
Residential Street Address 12 Whales Paint City (657)	Haver State Zip Code 05512	
Principal Occupation Reticed Name of Employer Perlicipal Occupation	cod	
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 250	
Method of Contribution: □ Date Received □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 9-23-24	Aggregate Contributions 2FC —	
SUBTOTAL Section B — This Page // // /		
TOTAL of additional Section B Pages 15 110-63		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) [6]		

Reflections of the Control of the Co	SA—IK)		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Catola Fob Mayor	at 10 Filia		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$		
	,		
B. Itemized Contributions from Indi	viduals		
Last Name Poster KG1574	NI MI		
Residential Street Address 93 Austin Ave City East Ho	siver State Zip Code O6512		
Principal Occupation Refiled Name of Employer Refiled	sed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor	act with said municipality		
If yes, tist Dront "	ve 🗆 Legislative		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 23-31	Aggregate Contributions		
Last Name Pegcone First Donna	MI		
Residential Street Address 43 HOOD Pole In City E451 How	State Zip Code (1) 06512		
Principal Occupation Name of Employer Self.	2		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Source is a chief executive officer of a municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Source is a municipality of the contribution of t			
	ive 🗆 Legislative No 250		
Method of Contribution: Date Received	Aggregate Contributions		
☐ Cash `☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 921-21	250		
Last Name Cignelli Petel			
Residential Street Address 310 Sheet beach Pl City East 1	Haves State Zip Code 06512		
Principal Occupation Ped, red	ticed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated	ract with said municipality		
	state contractor?		
Method of Contribution: □ Date Received Aggregate Contributions □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 25 - 24 □ 160 - 24			
SUBTOTAL Section B — T	his Page 450, 00		
TOTAL of additional Section	B Pages 1460-63		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

	TOTAL OF BENODE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Catala Fob flagol	Col 10 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s		
B. Itemized Contributions from Individual	duals		
Last Name Cannota First May	* MI		
Residential Street Address 75 FC GOK SHC. City East Have	en State Zip Code OG3 12		
Principal Occupation Ret Fed Ret Fed Name of Employer	d		
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?	e officer of a municipality, with said municipality Amount of Contribution		
In project	e contractor?		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 1 Cash Personal Check Personal Check Payroll Deduction Money Order	25-		
Last Name Perces	MI		
Residential Street Address 131 Kench Ave City East Have	State Zip Code OBS 12		
Principal Occupation Name of Employer Den H	laver Public Schools		
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			
	☐ Legislative No SO		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ S-16-21 □ 5C □			
Last Name Son, the First Frose	, MI _		
Residential Street Address 8 Maple Vale Rd City E957 Ha	state Zip Code O65/2		
Principal Occupation Name of Employer AE 6	Claning Asserts		
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 50		
Method of Contribution: □ Cash □ Personal Check □ Personal Check □ Payroll Deduction □ Money Order 9-13-24	Aggregate Contributions		
SUBTOTAL Section B — This	s Page 125. —		
TOTAL of additional Section B	Pages /4535-63		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Costo69 Feb Mayor	al 10 Filia
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s
B. Itemized Contributions from Individual	duals
Last Name PCAE First Labor	MI
Residential Street Address 65 Buggess St. City 655 H	Faven State Zip Code 12
Principal Occupation Accordant 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? If yes, list Event # Is contributor a principal of a state contractor or prospective state of government the contract is with: Yes Is contributor a principal of a state contract or prospective state of government the contract is with:	e contractor?
Method of Contribution: □ Cash □ Personal Check □ Card □ Payroll Deduction □ Money Order □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Aggregate Contributions
Last Name Leonardi First Peter	Ml
Residential Street Address 2 South Bridget City City	State Zip Code O65 12-
Principal Occupation Ref 1640 Name of Employer Ref 1640	ed.
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?	
2) 900, 100 2 7010 1	Legislative No
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received	Aggregate Contributions 200—
East Name Boy der Pirst Dolle	. MI
Residential Street Address 76 Bussels street City Cast	Haver of Obs 17
Principal Occupation Child Case - Name of Employer Self-	
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
Method of Contribution: Date Received	Legislative 2C. 21 Aggregate Contributions
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 9_1-21	20.21
SUBTOTAL Section B — This	s Page 270. 21
TOTAL of additional Section B	Pages 14265-42
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page	

NAME OF COAD OFFICE OF ALL OF THE NAME OF THE PROJECT OF THE PROJE	TYPE OF REPORT	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	1+1011	
(atto69 Feb Blayol	(6) 10 Film	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$	
B. Itemized Contributions from Indiv	iduals	
Last Name Pellegein o First Mass/	Am MI	
Residential Street Address 10 Stonewall Land City End Hav	State Zip Code Zip Code Zip Code	
Principal Occupation Name of Employer Cate u	of Commity allege	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executi does contributor or business he/she is associated with have a contract valued at more than \$5,000?	et with said municipality	
1) yes, his Livelit #	Legislative 50.	
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order & JOHA	Aggregate Contributions	
Last Name Pirst Raymon	MI -	
Residential Street Address 105 Sollen to Ave City Goot Ho	aven State Zip Code Obs 12	
Principal Occupation Ref, vel	roed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	et with said municipality	
	e Legislative No	
Method of Contribution: Date Received	Aggregate Contributions	
□ Cash `□ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 8-29-24	560 - MI	
Smith First George		
Residential Street Address 8 Mapleyale Pol City East H	aver State Zip Code 06512	
Principal Occupation Name of Employer A G L	leann Asents	
Is contributor, a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contra valued at more than \$5,000?	ct with said municipality	
(D. D.	tate contractor?	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 8-35-27 56-		
SUBTOTAL Section B — Th	is Page 600 —	
TOTAL of additional Section B Pages 13665. 42		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) [

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Partica Tel Martel	Ot 10 1/11	
The state of the state of the state of the Province ONLY	001 10 AIII	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s //	
(300 1131 1131 1131 1131 1131 1131 1131		
	· · · · · · · · · · · · · · · · · · ·	
B. Itemized Contributions from Indivi	duals,	
Last Name First	MI	
Ben iverag Mich		
Residential Street Address City Com	State Zip Code	
30/1 Th. (41) 1740	(1) (65/6	
Principal Occupation Name of Employer	of fast Haven	
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? ☐ Yes No		
Is this contribution associated with an event reported in Section L1? Yes No If yes, indicate which branch or branches	VD/No l	
If yes, list Event # of government the contract is with:	□ Legislative 20-21	
Method of Contribution:	Aggregate Contributions	
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 8-35-31	20-21	
Last Name First 2 ac a 1	T	
Froscend Benefic		
Residential Street Address 81 Eddler Dove City Egst Have	State Zip Code (6) 06512	
	(4) 00012	
Principal Occupation Name of Employer	(Investigations	
7010		
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	ve officer of a municipality, Amount of Contribution t with said municipality	
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 statement reported in Section L1? Is contributor a principal of a state contractor or prospective statement reported in Section L1?	ate contractor? Yes	
If yes, list Event # of government the contract is with: Executive	Legislative 5	
Method of Contribution:	Aggregate Contributions	
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Last Name First	MI —	
Residential Street Address City		
	ven State Zip Code 06512	
Principal Occupation Name of Employer	(1) (00)	
Redical - Det.	· f.	
Is contributor a lobbyist, spouse,	ve officer of a municipality, Amount of Contribution	
or dependent child of a lobbyist? Solo does contributor or business he/she is associated with have a contract		
valued at more than \$5,000?	to contractor?	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective statement of the section L1? Yes Is contributor a principal of a state contractor or prospective statement of the section L1?	DNo	
If yes, list Event # of government the contract is with: Executive	Legislative 2	
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□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 8-34-24 25		
SUBTOTAL Section B — This	s Page 95. 21.	
TOTAL of additional Section B Pages 13577-21		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		
(Enter total on Line 13, Column A of Summary Page Totals) / 6 2/6 0 5		

	21 -K)
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Catala Fol Marlal	0-1-10-Inly
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
DODIO THE SECTION A	<u> </u>
B. Itemized Contributions from Indivi	
Last Name First	1.
Residential Street Address City	State Zip Code
Principal Occupation	er of 06512
File Fryhle . Name of Employer	of he lead
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract.	e officer of a municipality, with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state	
If yes, list Event #	□ Legislative
Cash Demonst Charle 100 110 110 110	Aggregate Contributions
Last Name First Last Name	
Residential Street Address Inv	
82 Vior Tessage City Eggs H	State Zip Code // C/65/12
Principal Occupation Name of Employer	1- 11-
(s contributor a lobbyist, spouse, or dependent child of a lobbyist? Some dependent child of a lobbyist?	6691 944115
valued at more than \$5,000?	officer of a municipality, Amount of Contribution with said municipality
s this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches	contractor?
Method of Contribution: Of government the contract is with: Executive [Legislative 20, 2/
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 6-24-24	Segregate Contributions
ast Name Luzzi M. 6	a / MI
esidential Street Address City	State Zip Code
rincipal Occupation Name of Employer	10 0 06512
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rependent child of a lobbyist? Let No dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive of does contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contribution is in excess of \$400 to a candidate for a chief executive of the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with the contributor or business he/she is a contributor or business he/sh	officer of a municipality
this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state of	
If yes, list Event # of government the contract is with:	NW0 100 -
deligod of Contribution.	ggregate Contributions
SUBTOTAL Section B — This Pa	170 01
TOTAL of additional Section B Pag	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A +	(B)
(Enter total on Line 13, Column A of Summary Page Tot	(als) 16210.63

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT	—	
Casto69 Fel Majol Cot 10 Film.		
A. Total Contributions from Small Contributors-Received this Period ONLY		
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A		
B. Itemized Contributions from Individuals Last Name First Mu		
Footana Stephen:	-	
Residential Street Address City State Zip Code		
23 (4nce) 1) acc 1) oth Haven of 0413		
Principal Occupation Name of Employer		
Denty Vicetta Economie Development lity of N. Havan		
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 officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality. Amount of Contrib	ution	
valued at more than \$5,000?		
Is this contribution associated with an Yes Sevent reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes Is contributor a principal of a state contractor or prospective state contractor? If yes Is contributor a principal of a state contractor or prospective state contractor? If yes Is contributor a principal of a state contractor or prospective state contractor? If yes Is contributor a principal of a state contractor or prospective state contractor? If yes Is contributor a principal of a state contractor or prospective state contractor?		
If yes, list Event # of government the contract is with: _ Executive _ Legislative _ 250-		
Method of Contribution: Date Received Aggregate Contributions		
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 835 21 250		
Last Name First MI		
0/1/3/man Limpe6/4	<u></u>	
Residential Street Address State Zip Code City East Haven CI City C		
Principal Occupation Name of Employer	12	
Dilectal Foundation of Fail Contraction		
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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? Yes No	THOIL	
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?	1	
event reported in Section L1? No If yes, indicate which branch or branches	ارہ	
If yes, list Event # Of government the contract is with: Executive Legislative / Contributions Date Received Aggregate Contributions Date Received Executive Contributions Date Received Executive Executive		
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 9-16-21 10c -		
Last Name First MI		
Residential Street Address City State Zip Code		
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? Yes of second seco	ution	
valued at more than \$5,000?		
Is this contribution associated with an Yes event reported in Section L1?. Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches		
If yes, list Event # of government the contract is with: Executive Legislative		
Method of Contribution: Date Received Aggregate Contributions		
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order		
SUBTOTAL Section B — This Page 3500	'	
SUBTOTAL Section B — This Page 350.00 TOTAL of additional Section B Pages 13050.00 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 16210-63		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Castoba Feb Mayor	Oct 10Filing		
A. Total Contributions from Small Contributors-Received this Period ONL (See instructions for definition of Small Contributor) SUBTOTAL SECTION			
B. Itemized Contributions from In-	dividuals		
Last Name Pirst Lord	MI		
Residential Street Address P.C. Box 2346 City BCan Low	State Cip Code CT 0640C		
Principal Occupation Name of Employer	nord Missine		
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Last (vame	MI		
Residential Street Address City	State Zip Code		
Principal Occupation Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a state contractor or prospective of government the contract is with: Yes Is contributor a principal of a state contractor or prospective of government the contract is with:	ve state contractor?		
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SUBTOTAL Section B — This Page TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 162/0.63			

	TYPE OF REPORT
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A. Total Contributions from Small Contributors-Received this Period ONL' (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	X S
B. Itemized Contributions from Inc	inviduals
Boldun Karl	State Zip Code
residential Street Address 700 Booth Hill Rd Trum Dayl	61 Obs1
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Valued at more than 35,000:	No Said municipality
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Method of Contribution:	Aggregate Contributions
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Pan Dana First Ray n	State Zip Code
Residential Street Address 105 Sociente Ae Got Ha	ver ct 06512
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If yes, list Event# Date Received	ecutive Legislative 230
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Last Name Pirst	sene -
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If yes, list Event #	ecutive
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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	00) 10 7.11
A. Total Contributions from Small Contributors-Received this Period ONL I (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
B. Itemized Contributions from Indi	viduals
Last Name San Isno Post	
Residential Street Address City	State Zip Code
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Principal Occupation Name of Employer	- 1
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	MI
Last Name Porte	
Residential Street Address City	State Zip Code
1622 STUCPCIART Chesh,	re CT 06410
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 contributor or business he/she is a second or busines	utive officer of a municipality, Amount of Contribution ract with said municipality
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Last Name First	MI
Capass STADI	heare -
Residential Street Address City	State Zip Code
20 AUNTON Yout Rd BEANFORD	0) 069 03
Principal Occupation - Name of Employer	1 11 1 1/21
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Page 3 of 17

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	s
B. Itemized Contributions from Individual	duals
Last Name C615C 40/C First C460/E	MI
Residential Street Address SY Field Stone CT City Tight Have	State Zip Code 06473
Principal Occupation Housewife 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, list Event # A0722 Is contributor a principal of a state contractor or prospective stat If yes, indicate which branch or branches of government the contract is with:	e contractor?
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Dono Fore First North	Cer M
Residential Street Address N+Chols Ig6m R/ City 16vm D//	State Zip Code C) Ohd!
Principal Occupation A Holpey Civ//a	+ Denofic Est
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	e officer of a municipality, with said municipality
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Residential Street Address 1620 Street Address City Cheshive	State Zip Code CT 6849C
Principal Occupation Solls Season 1999 1999 1999 1999 1999 1999 1999 19	c Servity
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	TYPE OF REPORT
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	\$
B. Itemized Contributions from Individual	duals
Last Name Carle First Charles	* MI
Residential Street Address 25 Columbs Aud City East) Have	State Zip Code OUS/2
Principal Occupation Name of Employer Town	of East Haved
Is contributor a lobby/st, 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?	t with said municipality
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Last Name Hay A M	MI
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Principal Occupation Sec. Name of Employer Town	ef Est Havar
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Last Name Bassett Pirst Michael	
Residential Street Address 312 Thropson he Cast Ho	aus Ej Code Zip Code 2 06512
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 execut does contributor or business he/she is associated with have a contravalued at more than \$5,000?	act with said municipatity
If yes, list Event #	state contractor?
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Page)	18 A + B) 16 2/0 . 63

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	\$			
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B. Itemized Contributions from Indivi				
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19/193/93/9	State Zip Code			
Residential Street Address 222 16 66	00 05/3			
Principal Occupation Name of Employer	(C) 001-			
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or dependent child of a lobbyist? An does contributor or business he/she is associated with have a contract	et with said municipality			
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DAMOSE Took				
Residential Street Address City	State Zip Code			
232 St Ocho Sto. Now Ha	co ct 06511			
Principal Occupation Name of Employer	- 4 . 2/			
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Residential Street Address City	State Zip Code			
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Principal Occupation Name of Employer				
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	1200 001			
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AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	AT IA Tilia
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A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
B. Itemized Contributions from Individual	duals
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Leelal Hames	State Zip Code
esidential Street Address 34 Cantry Club wards Cisch City Wall t	DUY 01 06708
rincipal Occupation Name of Employer Toun	f Egst Haver
s contributor a lobbyist, spouse, ar dependent child of a lobbyist? Yes Sontribution 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?	re officer of a municipality, it with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state.	□ Legislative 25
Method of Contribution:	Aggregate Contributions
□ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 1-33-2)	250 — MI
Last Name Anastasio Andy	
Residential Street Address 12 Plansart DC' Paith Have	ion State Zip Code Of 73
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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 execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	t with said municipality
If yes list Event # 770 77	tate contractor?
Method of Contribution:	Aggregate Community
(Fire	MI
Last Name Das yes vo Das to	State Zip Code
Residential Street Address 169 30. Th End Pel City Esst H	lavon of 06512
Principal Occupation Name of Employer	l, se d
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Method of Contribution:	Aggregate Contributions
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Page 19)	ns A + B) nge Totals) 1671C. 63

	TYPE OF REPORT
Castala Feb Mayor	Cel 6 tilin
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s
B. Itemized Contributions from Individ	ivale
Last Name First	* MI
Kygn William	
Residential Street Address 60 Nordon Book R. Oity Dolth Han	on State Zip Code CH73
Principal Occupation Afficial Services Principal Occupation Name of Employer Type 4	Pyan 110
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No 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 1.1? If yes, list Event # 46722 Is contributor a principal of a state contractor or prospective state of government the contract is with:	contractor?
Method of Contribution: □ Cash □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 7/92/21	Aggregate Contributions
Last Name First	/ MI
Benivegna michelle	l m
Residential Street Address 22 South Stc. City East Ho	aver State Zip Code Ch 5-12
Principal Occupation AR Discolor	feart Harn
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?	
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Kyan I hvid	A
Residential Street Address 3 Deel P.n. Rd City Wood bC.	State Zip Code C) 065 25
Principal Occupation Affacory Rume of Employer	Rue UC
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ryized January 2015	I. MONE TAKT KEC	THE TO OCCUOUS E		
NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)		TYPE OF REPORT	
Castosa	Fol Playel		at 15 F	1/12
A. Total Contributions from Sr (See instructions for definition of Small (mall Contributors-Received Contributor) SU	this Period ONLY BTOTAL SECTION A	\$	0
	B. Itemized Cont	ributions from Indivi	duals	MI
Last Name Cifa(1/)		First	÷	3
Residential Street Address 62 Lavel	#1/1 Re/ Cit	Bank	Si	ate Zip Code CI BYOS
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive associated with have a contract	ve officer of a municipality, t with said municipality	Amount of Contribution
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Method of Contribution:		Date Received	Aggregate Contributions	
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Last Name		First Calaly	o	
Residential Street Address Here He	Arl	Beanford	S	State Zip Code CT 06405
Principal Occupation 1 Cachel		0.17	Haven BO	E
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	s associated with have a contract Yes No	ct with said municipanty	Amount of Contribution
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□Cash Personal Check □Credit/Debit	Card Payroll Deduction Money	Order 7.36-21	1000	MI
Last Name Glandti - Th	choleti.	Kobir	<u>) </u>	State Zip Code
Residential Street Address 7/9 E De	hasin Ave	Cheshice	,	CT 06410
Principal Occupation		Name of Employer	ven Assec.	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cattoon Fd Mayor	ablober 14 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s
	V
B. Itemized Contributions from Individual	duals
Last Name Testa Debig	MI
Residential Street Address 240 South Man Sto. City Walling Fo	State Zip Code CT 06492
Principal Occupation Name of Employer LO	c. Plen
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? Yes \square No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state of government the contract is with:	e contractor? Yes 8 / OCC. —
Method of Contribution: Date Received	Aggregate Contributions
□ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 8 20 21	1000.00
East Name First Hack	$\mathbb{Z}_{\mathbb{Z}}$
Residential Street Address Residential Street Residential	state Zip Code OT 06312
Principal Occupation Name of Employer ReTice V Teacher	
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 No	e officer of a municipality, with said municipality Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective sta If yes, indicate which branch or branches of government the contract is with: Executive Ex	te contractor? Yes No Legislative
Method of Contribution: Date Received	Aggregate Contributions
□ Cash` Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 8-98-31	50
Con em be Pirst Dicholas	MI
Residential Street Address 263 Riverside Do . City Hamden	State Zip Code CI OBIB
Principal Occupation Name of Employer	University_
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
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective star fyes, 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	Aggregate Contributions 500 —
SUBTOTAL Section B — This	115 - 2 - 4
TOTAL of additional Section B	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections a (Enter total on Line 13, Column A of Summary Page	

					.				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
C1. Contributions from Other Committees									
Name of Committee	<u> </u>	<u>C1. C</u>	ontribution	is from O	Name of Treasu				
_	, ,				114410		,		
Connec	ticut Labo	orers fo	11.4.cal	League					
Address	- / - 1 1	01		Is this contri	bution associate ed in Section L1	d with an ?	□ Yes M No		Contribution
913	Ledyard	57.			<i>If yes</i> , lis	st Event#		1,50	೦.೪
City		State	Zip Code	Date Rece		1	Contributions	•	
Hart	ord	CT	06/14	8/0	2/2021	1 1	800.		
Name of Committee		I	<u> </u>	1	Name of Treasu	ırer			
Iron	n - PAC -48	24							_
Address /5	Bernhard	Rd	•	Is this contri event reporte	bution associate ed in Section L1	d with an ? st Event#	• •		Contribution
City	<u> </u>	State	Zip Code	Date Rece	ived	-	Contributions	500	·-
North	. Haven	CT	0647	3 9/	3/2021	3	500.		
Name of Committee	<u>.</u>			<u> </u>	Name of Treasu	ırer			
IBE	W Local 9	O PAC	4						
Address				Is this contri	l bution associate	d with an	— Yes NvXno	Amount of	Contribution
2 Nom	th Plains In	dustrial	Rd	event report	ed in Section L1	?	•		ın b
City		State	Zip Code	Date Rece	îved	st Event #	Contributions	1,5	න. ී
waning.	ford	CT	06492	2 8/1	0/2021	1,5	700.°°	•	
	C2. Rei	mbursemen	ts or Surpli	us Distrib	utions from	other C	Committees		
Name of Committee		-			Name of Treast	urer			
Address				City	I		<u> </u>	State	Zip Code
	•								
Date Received	Expenditure #	Payment Type						Amount	of Receipt
.	(if applicable)	Reimbursem	ent for shared ex	xpense 🗆 S	urplus Distribut	ion			-
Description			<u> </u>					-	
			•						
Name of Committee					Name of Treas	urer		1	
Address				_ City	\			State	Zip Code
			 _						
Data Paraired	Expenditure#	Payment Type					<u>-</u>	1	of Dessi-t
Amount of Rec						of Receipt			
Description			omone tor shared	- CAPCIBO -	- Barpias Distric			-	
Description									
			SUBTO	TAL Section	on C — This	Page	3,500.	୦୦	
			TOTAL	of additions	al Section C	Pages	3,500.		
	TOTAL OF A	LL COMMIT 1 + C2) (Enter					•		
	(,	<i>y</i> =g*				

NAME OF COM	MITTEE (Provide Complet	e Name as Registered w	ith Filing Reposite	ory)		TYPE OF REPORT	
		C1. C	ontribution	ns from Ot	her Comm	ittees	
Name of Committee Insu	lators Int				Name of Treasu		
Address 960	lators Int I m.L King m	YWK		event reporte	d in Section L1 If yes, lis	st Event #	Amount of Contribution
Lanha	m	mD State	20706	Date Recei		Aggregate Contributions	7.,-
Name of Committee					Name of Treasu	ver	
Address					d in Section L1	d with an	Amount of Contribution
City		State	Zip Code	Date Recei		Aggregate Contributions	
Name of Committee		,	•	<u> </u>	Name of Treasu	trer	
Address					d in Section L1	d with an Yes No?	Amount of Contribution
City		State	Zip Code	Date Recei		Aggregate Contributions	_
•	C2. R	eimbursement	ts or Surpli	us Distribu	tions from	other Committees	
Name of Committee					Name of Treasu	rer	
Address				City			State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimbursem	ent for shared ex	kpense □St	ırplus Distributi	on	Amount of Receipt
Description	,					· · · · · · · · · · · · · · · · · · ·	
Name of Committee		··.			Name of Treasu	rer	
Address		·		City	-		State Zip Code
Date Received	Expenditure # (If applicable)	Payment Type	ment for shared	expense \square	Surplus Distrib	ution	Amount of Receipt
Description		·					
		-			n C — This		0
		ALL COMMIT	TEE CONTE	RIBUTIONS		EIPTS 3 / OO	06
	(Sections	C1 + C2) (Enter t	otal on Line 14,	, Column A of	Summary Page	Totals) 1/0	

Revised January 2015	I. MONE.	LAKY KE	CEIP 19 (Sec	ctions A—K	<u> </u>	
NAME OF COMMITTEE (Provide	Complete Name as Registered with F	TYPE (OF REPORT			
,						_
	D	. Loans Rece	ived this Period	il .	-	
Name of Lender Source of Loan: □ Bank □ Candidate □ Individual □ Other						Date of Receipt
Street Address		City		State	Committee Zip Code	Is there a Cosigner or
		,			D.p code	Guarantor of this loan?
Name of Cosigner/Guarantor (if applicab	ole)		<u>.</u>		· · · · · · · · · · · · · · · · · · ·	Amount Received
				ર		
Street Address	-	City		State	Zip Code	
Name of Lender		,	Source of Loan:	ındidate 🗌 Individ		Date of Receipt
Street Address		City		State	Committee Zip Code	Is there a Cosigner or
						Guarantor of this loan?
Name of Cosigner/Guarantor (if applicab	ole)			<u> </u>	<u>. </u>	Amount Received
Street Address		City		State	Zip Code	
Name of Lender	· .		Source of Loan:			Date of Receipt
			□ Bank □ Ca	ındidate 🗌 Individ	ual Other Committee	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicate	hle)		<u> </u>			☐ Yes ☐ No
or ourgant community by approxim	,					Amount Received
Street Address	 ·	City		State	Zip Code	
		'			2.17 0000	
			-			
			TOTAL SECT	TION D		
						
E. Receipts	from Entities other tha	n Individual	s or Other Con	nmittees <i>(Refer</i>	endum Committe	es ONLY)
Name of Entity						<u>-</u>
Street Address			·	Date Received	 -	Amount Received
		•				
City		State	Zip Code	Aggregate Cont	ributions	
Name of Entity	- · · · · · · · · · · · · · · · · · · ·	 		!		
	' <u>.</u>	<u> </u>	-			
Street Address		.	·	Date Received		Amount Received
	•					
City		State	Zip Code	Aggregate Cont	ributions	
Name of Entity		<u> </u>				
Street Address				Date Received		Amount Received
li di	•	•				
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Aggregate Cont	ributions	
	+			55 5 1	ı	
	· · · · · · · · · · · · · · · · · · ·					
	1		TOTAL SEC	TION E		

								<u>/</u>
NAME OF COMMITTEE (Pr	ovide Complete Name as Regist	ered with Filing R	lepository)				TYPE	OF REPORT
F. A1	mount Transferred	from Affil	isted Bu	rsiness T	reasury	Rusina	ce Enti	ity Committees ONI V
						(Ditaine:	33 131111	
Date of Receipt	Is this transaction associated with an Yes If yes, list Event # event reported in Section L1? No			1	Amount			
Date of Receipt	Is this transaction associevent reported in Section		□ Yes □ No	If yes, list	Event#		*	Amount
Date of Receipt	Is this transaction associ		☐ Yes ☐ No	If yes, list	Event#		**************************************	Amount
Date of Receipt	Is this transaction associ		☐ Yes ☐ No	If yes, list	Event#			Amount
				то	TAL SEC	CTION	F	
								
G. Amount Trans	ferred from Affilia	ted Labor	Union o	r Other	Organiz	ation I	reasi	ury (Organization Committees ONLY)
Date of Receipt		Date of Receipt					Date of	Receipt
Amou	Amount				Amount			
			,A.	тот	AL SECT	ION G		
							-	
H.	Personal Funds of	the Candid	date Rec	eived th	is Period	l (Cand	idate C	Committees ONLY)
Date of Receipt	Method of payment:							Amount
•	☐ Cash	□ F	Personal Che	eck	☐ Credit	t/Debit Ca	ırd	
Date of Receipt	Method of payment:	, 						Amount
	☐ Cash	□ P	Personal Che	eck	☐ Credit	t∕Debit Ca	ırd	
Date of Receipt	Method of payment:							Amount
	☐ Cash	F	Personal Che	eck	☐ Credit	t/Debit Ca	ırd	
Date of Receipt	Method of payment:		_	-				Amount
	☐ Cash	□ P	Personal Che	eck	☐ Credit	t/Debit Ca	ırd	
				Т	'OTAL SI	ECTIO	ΝН	
		I. An	onymou	s Contr	ibutions			<u> </u>
	- 111						_	
Per	r Public Act 11-48, ut - If a committee	Anonymo	ous Cont	ribution	is may n	o longe	er be	deposited in <i>any</i>

amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

Revised January 2015 I. IVIO	NETAKY RECEIP.	Lo (Sections A-	—К)	<u>l</u>	rage / of 1/
NAME OF COMMITTEE (Provide Complete Name as Registere	d with Filing Repository)		TYPE (OF REPORT	
-					<u> </u>
J. Inter	est from Deposits in Autl	iorized Accounts	S		•
Name of Institution		1	Date Re	ceived	Amount
Street Address	City	Sta	.te	Zip Code	
Name of Institution	-	1	Date Rec	ceived	Amount
			ŧ		
Street Address	City	Sta	te	Zip Code	
	<u>T</u>	OTAL SECTION	J		
K. Miscellaneou	s Monetary Receipts not	Considered Con	tribu	tions	<u> </u>
Name				te of Transaction	Amount Received
Street Address	Tax.			15: 0 1	
Street Address	City		State	Žip Code	
Description					
Name			Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description				L	
Name			15-	te of Transaction	
Name			ا	ie of Transaction	Amount Received
Street Address	City		State	Zip Code	-
Description				_	
Description					
Name			Da	te of Transaction	Amount Received
				·	
Street Address	City		State	Zip Code	
Description			<u>.</u>		
<u> </u>					
	TOTA	L SECTION K			
SUMMARY OF OT	HER MONETARY REC	EIPTS (Sections	D th	rough K)	
Total Loans Received this Period (Section D)		 :			
Total Receipts from Entities other than Individuals	or Other Committees (Section 1	E)	+		
Total Amount Transferred from Affiliated Business	Treasury (Section F)		+		
Total Amount Transferred from Affiliated Labor U	nion or Other Organization Tr	easury (Section G)	+		
Total Amount of Personal Funds of the Candidate R	teceived this Period (Section H)	+		
Total Amount of Interest from Deposits in Authoriz	ed Accounts (Section J)		+		
Total Miscellaneous Monetary Receipts not Consider	ered Contributions (Section K)		+		
(Add Sections D thi	Total of O	ther Monetary R	eceij	ots	
		y Summury F	uge 101	1	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
L1. Even	t Information			
Event # Date of Event O72-1 A Description Portofino's Dini			Was this a fur	ndraising event
Location: Street Address 937 State St.	New Hoven		State	Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 I Associated with a House purchases made by host(s	Party and complete	required infor	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	☐ Yes (<i>If yes</i> , go to Section L4) and complete required in:		ot Considered (Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Receip	ots here.)	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Communities of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Exploratory C Yes (If yes, go to Section L3 I or on a Sign and comple	Purchases of Advertis		Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Recei	pts here.)	\$	
Event # Date of Event Letter 072/ B Open House f Location: Street Address	izza Event		☐ Yes	ndraising event
Stopt Shop Plaza Hemmingway AUR.	East Hower	ı	State	065/2
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 I Associated with a House purchases made by host(s	Party and complete	required infor	mation for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section I.4 and complete required in		ot Considered	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Recei	pts here.) ——→	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Community Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory C Yes (If yes, go to Section L3 I or on a Sign and comple	Purchases of Adverti		Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receip	ots here.)	\$	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts for	om Sale of Donated Items — T	his Page O.	00	
	ion L1—Subpart 3 <i>(Town Committe</i> cipts from Food Purchases — T		20	
	TOTAL of additional Section 1	L1 Pages 0		
TOTAL OF ALL RECE	CIPTS FROM SMALL PURG	CHASES	၁ <i>O</i>	

II. LVLNI ACIIVII Y (Sections L1—L5)

6- -[-- -

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) L3. Purchases of Advertising in a Program Book or on a Sign Purchase Made By Name of Purchaser Business Entity ☐ Other ☐ Individual/Sole Proprietorship Zip Code Amount of Program Ad Purchase Amount of Sign Purchase Aggregate Purchases for All Events Purchase Made By: Business Entity ☐ Other ☐ Individual/Sole Proprietorship Zip Code Amount of Sign Purchase Amount of Program Ad Purchase Purchase Made By: ☐ Other ☐ Business Entity ☐ Individual/Sole Proprietorship Zip Code Street Address Amount of Sign Purchase Amount of Program Ad Purchase Aggregate Purchases for All Events Event # Date Received Purchase Made By: Name of Purchaser ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Zîp Code City Street Address Amount of Program Ad Purchase Amount of Sign Purchase Aggregate Purchases for All Events Event# Date Received Purchase Made By: Name of Purchaser ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Zip Code City Street Address Amount of Sign Purchase Aggregate Purchases for All Events Amount of Program Ad Purchase Event# Date Received SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN

(Enter total on Line 16c, Column A of Summary Page Totals)

 n.v r.ix 1	ACIIV	LLY	(Sections	L1—L5)

Per Public Act 11-48, effective individual purchases from a com-	e January 1, 2012 co mittee tag sale, aucti	mmittees are no longer r on, or a sale of donated i	tems. Section L2. removed
 _		TYPE OF R	
NAME OF COMMITTEE (Brovide Complete Name as Registered	with Filing Repository)		ot VFiliar
- let all and	11/44/	ogram Book or on a Sign	
L3. Purchases	of Advertising in a r	ogram book or our warg	1
Name of Purchaser	1		Business Entity Other '
Quality Associ	1sts Inc	<u> </u>	☐ Individual/Sole Proprietorship State Zip Code
Street Address	k 21 City	ast Haven	0 06512
231 SILVER 59110	Aggregate Purchases for All Event	s Amount of Program Ad 1	Purchase Amount of Sign Purchase
Date Received	250	250-	
7-19-21 40 100	7-3		Purchase Made By:
Name of Purchaser	/.	kine	Business Entity Other
And Ang 51 951.	16 UCA	11/2-	☐ Individual/Sole Proprietorship State Zip Code
, , 	City	1/2 1/2 100	01 0612
Street Address & middle town		New Haven	Purchase Amount of Sign Purchase
Date Received Event#	Aggregate i menasas ier i = i	Amount of Program Ad	Purchase. Amount of Sign 2 at 5
7-19-21 A072Z	250	250-	
Name of Purchaser			Purchase Made By: Business Entity Other
\sim		•	☐ Individual/Sole Proprietorship .
Digman 11/ac	City		State Zip Code
Street Address	he	East Haven	05 06512
030 00 7.	Aggregate Purchases for All Ev		d Purchase Amount of Sign Purchase
Date Received Event#	250	250.	_
7-19-21	750		Purchase Made By:
Name of Purchaser	1 111	1	Business Entity Other
Coistine Cia	corda VVC	/	☐ Individual/Sole Proprietorship State Zip Code
Street Address	City	o. Cid	CT 06405
150 W Mais Ste	<i>S</i> : _	Beanfold	
Date Received Event#	Aggrégate Purchases for All E	vents Amount of Program A	Amount of Sign 1 memos
7-124 A0722	250	250-	
Name of Purchaser			Purchase Made By: Business Entity Other
n	' / - / · ·	7 Plumbia 12	☐ Individual/Sole Proprietorship
(x'vs/i/ 11/ec/)	G(1)(21 0 (06)	1 110111212	State Zip Code
Street Address		37 laws	CT 06512
J) 51/VAL J4.	Aggregate Purchases for All	·/_//	Ad Purchase Amount of Sign Purchase
Date Received Event# A3722	250	250	
	<u> </u>	rtising in Program Book — Th	is Page 1250. CC
,		of Advertising on a Sign — Th	is Page O. O. O.
, BODI STAR S		TOTAL of additional Section L	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TOTAL OF ALL PURCHASE	ES OF ADVERTISING IN	A PROGRAM BOOK or ON A 16c, Column A of Summary Page	A SIGN 1/125 00

•	450	•	v	•
---	-----	---	---	---

II. EVENIACIIVIIY (Sections L1—L5) Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

	· / · / / · · · · ·		` _			,		
	(6406a 7	06 11/6	401		00	107	4/12	
	L3. Purchases	of Advertisin	g in a Progran	n Book or o	n a Sign			
Name of Purchaser			_	-		Purchase	Made By:	-
	(1/1 1/2	1 110	2			Busi	iness Entity	☐ Other '
101	Tokét Was	7 000		¥		☐ Indi	vidual/Sole P	roprietorship
Street Address			City	//	~		State	Zip Code
	_		1/00/2	Told 1	at .	1	0)	06472
Date Received	Event#	Aggregate Purchases for	or All Events	Amount of Pro	gram Ad Purcha	ise A	mount of Sig	n Purchase
7 1/22	A0122	250		250.			` ' ب	•
7-21-21	11010	200		250.				
Name of Purchaser	_	1		•			Made By:	
201	Ca Grel A	1secials				`	iness Entity	☐ Other
777	CO WY4/ 17		<i>i</i>	-			vidual/Sole P.	
Street Address		A	City)				State	Zip Code
9155	whitse	He	Hardl	?)			0)	
Date Received	Event#	Aggregate Purchases for	or All Events	Amount of Pro	gram Ad Purcha	ise. A	mount of Sig	gn Purchase
7-21 - 21	40722	250		250	<i>σ.</i> α		سب.	
Name of Purchaser						Purchase	Made By:	
0/	1.01	110				₽₽Bus	iness Entity	☐ Other
10010	K Secusit	1 100				□Indi	vidual/Sole P	roprietorship
Street Address	•	· 1	City	/ 1			State	Zip Code
110	Washing TW	Au	noth	h Haver	י		T	06473
Date Received	Event#	Aggregate Purchases f	or All Events	Amount of Pro	gram Ad Purch:	ase A	mount of Si	gn Purchase
7160	A0723	250		0	;			
19174	110 100			250		15. 1	37.1.5	
Name of Purchaser.		_				_	: Made By: iness Entity	☐ Other
Ira-	Mars Cla	ENIN EL X	0306111	n 506,	1/6	~ '	ividual/Sole P	
Street Address	MIFOR) VICE	A CL F	City) Jes,	po	L 11101	State	Zip Code
00	2 00-1	O	~ 1	h Days	_			(11/2)
Y. V.	DOX 190		1/16/	1) 4/408.	?		0	11917
Date Received	Event#	Aggregate Purchases f	or All Events	Amount of Pro	gram Ad Purch	ase A	Amount of Si	gn Purchase
7-22-21	H0722	250		25	0-			
Name of Purchaser	1-1	<u> </u>		<u> </u>		Purchase	: Made By:	
		:-	<u>~</u>	•		Bus	iness Entity	☐ Other
16-10	n El Kilar					~	ividual/Sole F	roprietorship
Street Address	,		City	,)	<u> </u>		State	Zip Code
900	Chapel "	5) c	Non	Haven			CT	06510
Date Received	Event#	Aggregate Purchases f	for All Events	Amount of Pro	gram Ad Purch	ase A	Amount of Si	gn Purchase
7-15-21	H0722	250		23	0-			
7.00	SUBTOTAL Section L3 T	otal Purchases of	Advertising in P	rogram Book –	— This Page	1	250	00
	SUBTOTAL Secti	ion L3 Total Purch	ases of Advertis	ing on a Sign -	— This Page	Ð.	- 0	
<u> </u>				dditional Secti		11	25	9 0
mom*	T OF ALL BUILDING OF C	NE ADVERDMENT				* (1	0 - ·	<u> </u>
] TUTA	L OF ALL PURCHASES C		G IN A PROGRA Line 16c, Column .			4,10	45.°	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: Business Entity CISCUOLO ☐ Other ☐ Individual/Sole Proprietorship Zip Code Amount of Program Ad Purchase Purchase Made By: Business Entity ☐ Other ☐ Individual/Sole Proprietorship Amount of Sign Purchase 250.00 Purchase Made By: ₩Business Entity ☐ Other ☐ Individual/Sole Proprietorship 566 Then 7501 Ave Egst Haver

Aggregate Purchases for All Events

Amount of Program Ad Purchase

1-21 A3732 Aggregate Purchases for All Events

125.00 Zip Code Purchase Made By: Business Entity ☐ Individual/Sole Proprietorship Amount of Program Ad Purchase Amount of Sign Purchase Purchase Made By: Business Entity ☐ Other ☐ Individual/Sole Proprietorship Amount of Program Ad Purchase SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN

(Enter total on Line 16c, Column A of Summary Page Totals)

				·				
	E (Provide Complete Name of	as Registered with Filing Repo	ository)		TYPE OF REPO	ORT_		
,								
	\mathbf{L}_{2}	. In-Kind Donatio	ons Not Cons	idered Contribu	tions			
Name of Donor					<u>.</u>			
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation				¥	1	<u> </u>	<u> </u>
☐ Business Entity						Fair	Market Val	ue of Donation
☐ Individual	Date Received	Event #		Aggregate Value for	this Event			
☐ Sole Proprietorship	Daily Maddings	Diene ii		Aggregate value to	ums byent			
Name of Donor					<u> </u>			
,								
Street Address			City			<u> </u>	State	Zip Code
			City				State	Zip Code
<u> </u>	In 10 4- 1							<u> </u>
Donation Given By: Business Entity	Description of Donation					Fair I	Market Val	ue of Donation
☐ Individual								
Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
			_					
Name of Donor								-
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation	<u> </u>				Fair I	Market Val	ue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value for	this Event	_		
Sole Proprietorship								
Name of Donor	·	<u> </u>			<u> </u>		-	
`								
Street Address			City		 -		State	Zip Code
Donation Given By:	Description of Donation	•				Toin h		ue of Donation
☐ Business Entity		* ·				Fair	narket val	ue of Donation
☐ Individual	Date Received	Event #		Aggregate value for	this Event			
☐ Sole Proprietorship								
	<u> </u>							
			UBTOTAL Sect	tion L4— This Page				
		то	OTAL of additio	nal Section L4 Page	5			
гот	TAL OF ALL IN-KINI	DONATIONS NOT (Enter total on Line 2	CONSIDERED	CONTRIBUTION	S			
<u> </u>					<u></u>			
		Ì	•					
		l						

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Reposi	sitory)			TYPE OF RE	PORT	
•							
L5. I	n-Kind Donations Not Consider	ed C	Contributions Associa	ted with a I	House Par	ty	<u> </u>
Name of Host				Is this event : committee?	supporting m	ore than o	ne candidate or dendum L5
Street Address			City		<u> </u>	State	Zip Code
				že			
Description of Donation					Fair Mai	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this ho	ost/candidate	ĺ		
Name of Host				committee?	supporting m Yes N mplete Itemize	o o	ne candidate or
Street Address			City	1		State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this ho	st/candidate			
Name of Host				committee?	supporting me Yes N mplete Itemiza	0	ne candidate or
Street Address			City			State	Zip Code
Description of Donation		. <u> </u>			Fair Mar	ket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this ho.	st/candidate			
Name of Host	<u>. </u>		-	Is this event s	upporting mo	ore than or	ne candidate or
				committee?	□Yes □ No	0	•
Street Address	· · · · · · · · · · · · · · · · · · ·	\neg	City	If yes, co	mplete Itemiza	State	Zip Code
						State	Zip Code
Description of Donation				_	Fair Mar	ket Value (of Donation
Event #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this hos	st/candidate			
		SUBT	COTAL Section L5 — T	This Page			
			L of additional Section 1				
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Li	ΓCO ine 22	NSIDERED CONTRIE Column A of Summary P	BUTIONS Page Totals)	-		
	,						

tevised January 2015	J. 11()	IATATOT	INT THI	KI KE()Ľ	TL TO (26000)	ns ivi–	– U)			Fage 12 01 17
NAME OF COMMITTEE (Provide Complete	Name·as Reg	sistered with	Filing Reposi	itory)			TYPE	OF RE	PORT		
							<u> </u>			_	
Name			M. In-	Kind Con	itri	butions		_		_	
3 (made)											
Street Address		-			Cit					State	Zip Code
		_						_			
Type of contributor: Committee	Date Receiv	red	Aggregate (Contributions		Description of In-Kind	Contributi	on			
☐ Individual / Sole Proprietorship ☐ Other	If and the	:. :		400 44 4 4 1	J-4-	6	ž c			_	
Is contributor a lobbyist, spouse,	No does contributor or business he/she is associated with have a contract with said municipality Fair Mark						r Market Value his Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	indicate wh	pal of a state c tich branch or contract is wit	bra	actor or prospective stanches Executive			∐Yes ∐No		
Name											
Street Address					Čity	,				State	Zip Code
						•				Suit	Lip ocac
Type of contributor:	Date Receiv	red	Aggregate C	Contributions	_	Description of In-Kind	Contributio	on			
☐ Individual / Sole Proprietorship ☐ Other											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor	bution is in ntributor or at more thar	business he	6400 to a cand e/she is associa	idate ited	e for a chief executive with have a contract w Yes No	officer of ith said r	î a mun nunicij	icipality, pality	l.	ir Market Value his Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	indicate wh	oal of a state co ich branch or contract is with	bra	actor or prospective stanches Executive			□Yes □ No		
Name	•										<u> </u>
Street Address					lò:					<u> </u>	1 <i>a</i> : a
Succi Address	•				City	,				State	Zip Code
Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Receiv	red	Aggregate C	Contributions		Description of In-Kind (Contributio	on			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does cor	bution is in atributor or at more thar	business he	3400 to a candi she is associa	idate	of for a chief executive of with have a contract w	officer of ith said r	a mun nunicir	icipality, pality		r Market Value his Contribution
Is this contribution associated with an	<u>' </u>	_		al of a state co	ontra	Yes No actor or prospective sta	te contra	ctor?	□Yes		
event reported listed in Section L1? If yes, list Event #	□ No	If yes, i	indicate whi	ich branch or contract is with	bra				□ No		
			S	UBTOTAL	Sec	tion M — This Pag	ge				
· · · · · · · · · · · · · · · · · · ·			TO	TAL of add	itio	nal Section M Page	s				
TOTAL OF ALL IN-KIND CON	TRIBUT	IONS Æ	 Inter-total on	Line 23, Colu	mn.	A of Summary Page To	tals)				
	N.	Refund	lable De	posit to T	ele	phone Compan	у				
Last Name of Individual			-	First			-		MI	Date Dep	osit Made
Residential Street Address		•	Ic	City			State	Zin (Code		
		_					5 _5				Amount of Deposit
Name of Telephone Company											
Street Address		<u>;</u>	C	Sity			State	Zip	Code		
TOTAL SE	CTION	N (Enter t	total on Lin	e 24, Column	Αo	f Summary Page Tota	Ls)				

, ectiv	e January 1, 2012 committees are no longer required to itemize receipt of or IV. EXPENDIT	FURES (Sections P $-$		Page 13 of 17
F COMMIT	TBE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	·
		·	<u> </u>	
1	P. Expenses	Paid by Committee		
Name of Payes	hore Publishing		Pate of Payment 9/16/2021	Method of Payment: Check # Debit Card
Street Address	x. 1000	madison	***	State Zip Code CT 06443
Purpose of Expenditure (by code)	Full Page AD.	Eve	ent#	Amount 880.
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind continued)	ure) : 🔲 Independent	OAOBOCOD	
Name of Payee She	ore Publishing		Date of Payment 9/23/2021	Method of Payment: Check # Debit Card
Street Address	Box 1010	madison		CT 06443
Purpose of Expenditure (by code)	Full Page Ad.		ent#	880.
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continuation)	ure) Independent	OAOBOCOD	
Name of Payee	rtofinos Rest.		Date of Payment	LI Debit Card LI EFT
Street Address 937	State St.	Vew Have	1	State Zip Code CT OGS//
Purpose of Expenditur (by code)		Ev	90721	Amount 00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expend	liture) 🔲 Independe		
Name of Payee	Key Bank		10 Date of Payment 27/31/2021	Debit Card BEF
Street Address Po Bo	Key Bank ************************************	Cleveland		State Zip Code OH 44/01
Purpose of Expenditu (by code)	Bankfees, Key Ban	K.	vent#	Amount 90
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	diture) 🔲 Independe		
		SUBTOTAL Section P —	1 7 -	
		TOTAL of additional Section	P Pages 4,55	8.26 6.26
	TOTAL OF ALL EX	PENSES PAID BY COMI	MITTEE 6, 48	6.26

, ective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed. Page 13 of 17 IV. EXPENDITURES (Sections P-T) TYPE OF REPORT JF COMMITTEE (Provide Complete Name as Registered with Filing Repository) P. Expenses Paid by Committee Date of Payment Method of Payment: Check # 1938/ Name of Payee DNA Campaigns 9/15/2021 Street Address Cruil ford 06473 800 Uillage Walk #800 Amount Purpose of Expenditure Consultant fees ჟ٥ (by code) 3,000. Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Expenditure # (if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Independent ☐ Coordinated without reimbursement sought (in-kind contribution) Organization: O A OB OC OD Method of Paymen A Check # 19582 Name of Payee dapotorfos Pizza ☐ Debit Card Zip Code Street Address 06513 East Howen Purpose of Expenditure open House, Ha Pizza B0721 (by code) 281.5 F00]) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Expenditure # (if applicable) None of the below ☐ Independent ☐ Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D Method of Payment:
**Check # 19383 Name of Payee Soutino ☐ Debit Card □ EFT Zip Code Street Address East Haven 388 Coe Ave. 06512 RMB for open house Pizzel Amount Purpose of Expenditure 170791 (by code) 143. Zm B Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Expenditure #
(if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) o B o C o D ☐ Organization: o A Method of Payment:
Check # 1938 Name of Payee ☐ Debit Card Street Address Fast Haven OGS12. PO BOX 120446 Amount Description Purpose of Expenditure Drc Ha (by code) OVHD Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Expenditure # (if applicable) None of the below ☐ Independent Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: OA OB OC OD

SUBTOTAL Section P — This Page 4424.93

TOTAL of additional Section P Pages 133.33

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

6, 486.26

ective January 1, 2012 committees are no longer required to itemize receipt of arganization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

· •	•	I A. DVLTIANI	COKES	(Sections	P—1)			Page 13 of 17
JF COMMIT	TEE (Provide Complete Name as Re	gistered with Filing Repository)			TY	PE OF REPORT	·	
Jer ^{ate 2}								
<i>y</i>	,	P. Expenses	Paid by C	ommittee	,		_	
Name of Payee						e of Payment	Method of	Payment:
	Inedot			••	4	1/30/2021	☐ Check	
Street Address	hedot nckinner Ave	 	City				State	Card EFT Zip Code
1920 n	making Mile	7th \$1000	1 -	Nas			i	75201
1-(00 /	,		1			<u></u>	IX	13201
Purpose of Expenditure (by code)	Description	s for elect			Event#			Amount
BUK	+ce:	s for event	ronic D	DUCTION)				
Expenditure #	Type of Expenditure (Itemization is				<u> </u>	<u>• </u>	13	55.5
(if applicable)	None of the below		nede Trone by	130 001077 13			, ,	.
	Coordinated with reimburse			☐ Independ	dent		}	
	☐ Coordinated without reimbu	rsement sought (in-kind conti	ribution)	☐ Organiza		OB OC OD		
Name of Payee .					Date	e of Payment	Method of I	• •
							Debit	
Street Address			City				State	Zip Code
Purpose of Expenditure	Description	. <u> </u>	<u> </u>	<u>.</u>	Event#			<u> </u>
(by code)	1				1			Amount
			. <u>-</u>					
Expenditure # (if applicable)	Type of Expenditure (Itemization in	ı Addendum P Required un	iless "None of	the below" is a	checked)			
	☐ None of the below ☐ Coordinated with reimburser	ment sought figint expenditur	e)	☐ Independ	lent			
	☐ Coordinated without reimbu	• •	•			овосор		
Name of Payee						e of Payment	Method of F	аульепt:
					•		☐ Check	
Street Address			City				☐ Debit (Card DEFT Zip Code
								·
Purpose of Expenditure	Description			_ 	Event#			<u></u>
(by code)	·		-		EACHI W			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization i	n Addendum P Required u	nless "None oj	the below" is	checked)			
	None of the below			—	_			
	☐ Coordinated with reimburse ☐ Coordinated without reimburse	ment sought (in-kind cont irsement sought (in-kind cont	re) ribution)	☐ Independ		- 5 - 6 - 5		
Name of Payee				U Organiza		o B o C o D	Method of P	avment
		· · · ·				·	☐ Check	
Street Address			City				Debit (
		· 2	City				State	Zip Code
· <u>-</u> .	 -							
Purpose of Expenditure by code)	Description			i	Event#			Amount
,•								
Expenditure #	Type of Expenditure (Itemization in	n Addendum P Required un	iless "None of	the below" is a	checked)			
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	☐ Coordinated with reimburses ☐ Coordinated without reimbu			☐ Independ				
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· ,		s	UBTOTAL	Section P —	This Pag	1 120.	33	
		TO	TAL of addi	tional Sectio	п Р Расе	800		
,		<u> </u>						
	10	TAL OF ALL EXPE	NSES PAII : 19. Column A) BY COM	MITTE Page Total	El 6,486	26	

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NAME OF COMMIT	TEE (Provide Complete Name as Register	ed with Filing Repository	<i>)</i>	TYPE OF REPO	TYPE OF REPORT				
									
,	Q.	Campaign Exp	enses Paid by Cand	idate	,				
Name of Payee (Name of V	endor, Person or Entity who candidate paid	directly)		Date of Payment	Is reiml	oursement claimed?			
						Yes □ No			
Street Address			City		State	Zip Code			
Purpose of Expenditure	Description			Event#		Amount			
(by code)				Ť.					
Name of Payee (Name of V	endor, Person or Entity who candidate paid	directly)		Date of Payment	Is reim!	oursement claimed?			
						Yes 🗌 No			
Street Address	<u></u>		City		State	Zip Code			
		•							
Purpose of Expenditure	Description	<u>-</u>		Event #	- -	Amount			
(by code)									
Name of Payee (Name of V	endor, Person or Entity who candidate paid	directly)		Date of Payment	Is reim!	oursement claimed?			
						Yes 🗆 No			
Street Address			City		State	Zip Code			
Purpose of Expenditure	Description			Event #	_	Amount			
(by code)									
Name of Payee (Name of F	endor, Person or Entity who candidate paid	directly)		Date of Payment	Is reimb	ursement claimed?			
			Yes 🔲 No						
Street Address			City		State	Zip Code			
Purpose of Expenditure	Description			Event#					
(by code)	23334102		•	Digitty		Amount			
- <u>-</u>									
Name of Payee (Name of V	endor, Person or Entity who candidate paid	directly)		Date of Payment	Is reimb	ursement claimed?			
•					-	Yes 🗌 No			
Street Address	<u> </u>		City		State	Zip Code			
		,							
Purpose of Expenditure	Description		<u> </u>	Event#		Amount			
(by code)		d.							
Name of Payee (Name of V	t endor, Person or Entity who candidate paid	directly)	- "	Date of Payment	Is reimb	ursement claimed?			
					 	Yes 🗆 No			
Street Address	 		City		State	Zip Code			
Purpose of Expenditure	Description		<u> </u>	Event #		Amount			
(by code)									
		S	SUBTOTAL Section Q -	– This Page					
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_•			TAL of additional Section						
	TOTA		ENSES PAID BY CA e 26, Column A of Summar		•				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYI	TYPE OF REPORT				
• .	R. Expenses Incurred	l on Com	mittee Cre	 dit Card				_	
Name of Issuing Instit		Type of Cred							
		☐ Visa	☐ Master Ca	ard 🔲 D	iscover 🗆 A	America	n Express	Other:	
Name of Vendor, Person o	or Entity						Date of Transaction		
Street Address		City			<u> </u>	_	State	le: e.1.	
		Chy		`	•			Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendium R Required to None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind con	ught (joint expenditure)							
Name of Vendor, Person o	r Entity						Date of T	ransaction	
Street Address		City					State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required to None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind con	ture)	☐ Indeper	ndent	0 B 0 C	о р			
Name of Vendor, Person o	r Entity						Date of T	ransaction	
Street Address		City					State	Zip Code	
Purpose of Expenditure (by code)	Description		·	Event#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required 1	unless "None	of the below" is	s checked)					
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expending ☐ Coordinated without reimbursement sought (in-kind con		☐ Indepen		ов ос	οр			
	su	BTOTAL S	Section R T	his Page					
	тотл	AL of addit	ional Section	R Pages					
TO	TAL OF ALL EXPENSES INCURRED ON C (Enter total on Line								
)					_			

<u> </u>					_			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
	S. Expenses Incurred by Com	mittee but Not Do	uid Duwing th	ia Donio d				
	B. Expenses incurred by Com	- Thirtiee Dut Not Fa	ng During m	is Period				
Name of Creditor					Date Incurr	ed		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	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 expended to Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	☐ In	ow" is checked) dependent ganization: o A	ов ос о р				
Name of Creditor				<u> </u>	Date Incurr	ed		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description	-	Event#			ount Incurred mate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend	☐ Inc	ow" is checked) dependent ganization: o A	ов ос ор				
Name of Creditor					Date Incurre	ed		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #			ount Incurred mate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend	☐ Inc	ow" is checked) dependent ganization: O A	ов ос ор				
		SUBTOTAL Secti	on S-This Page					
-		TOTAL of additional	Section S Pages		-			
TOTAL OF ALL E	EXPENSES INCURRED BY COMMITTEE DUR (Enter total on)	ING THIS PERIOD B Line 28, Column A of Sun	BUT NOT PAID	s)				
	Previously reported Exp	penses Unpaid and stil	l Outstanding		_			
	TOTAL OF ALL EXPENSES INCURREI (Enter total on Li	D BY COMMITTEE 1 ne 28a, Column A of Sun						
			· <u>.</u>					

NAME OF COMMITTE	F (Provide Complete Name as Registered with Filing Reposite	oral	TV	DE OE BE	₽∩RT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TY				PE OF REPORT				
	T. Itemization of Reim	bursements and	Secondary Pa	yees				
Last Name of Worker/Cons		First	MI		Date of Payment to Vendor, Person or Entity			
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			n Section P:	Committee Worker/Consultant as Debit Card EFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) \[\begin{align*} \text{None of the below} & \text{Coordinated with reimbursement sought (joint expenditure)} & \text{Independent} \\ \text{Coordinated without reimbursement sought (in-kind contribution)} & \text{Organization: O A O B O C O D} \end{align*}							
Last Name of Worker/Cons	ultant	First			МІ		Payment to Vendor, or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consult reported in Section P: Check # Debit Card				
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City		-1		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requi	penditure)	me below" is checked, ☐ Independent ☐ Organization: O A		ос о в			
Last Name of Worker/Consultant		First			MI		Payment to Vendor, or Entity	
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant				to Reimburse Committee Worker/Consultant as n Section P: ck # Debit Card EFT			
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code	
Purpose of Expenditure (by code)	Description	. `	Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below ☐ Coordinated with reimbursement sought (joint exp☐ Coordinated without reimbursement sought (in-kire)	penditure)	ie below" is checked. Independent Organization: 0 A		o C o D			
,		SUBTOTAL Se	ection T — This P	age				
		TOTAL of additi	onal Section T Pa	ges				
TOTAL OF ALI	REIMBURSEMENT TO COMMITTEE	WORKERS AN	D CONSULTAN	ITS				