SEEC FORM 20

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

RECEIVED EAST HAVEN, CT.

Page 1 of 17

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COVER PAGE

		AT THOSE		
I. NAME OF COMMITTEE				
Cas fo	son For	Majol		
2. TREASURER NAME				
Richard	MI A	Detalma		Suffix
3. TREASURER ADDRESS				STATE OF THE STATE
Street Address 10 Seavie	en de City	East Have	State	2ip Code 06512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	v if Candidate Committee)	STATE LINES	6. DISTRICT NUMBER
(mm/dd/yyyy) 11 - 7 - 23	mayo	8	Bu te di No	(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			
First	MI	Last		Suffix
8. TYPE OF REPORT (Check One Box)		Elektrica (12 delle)		Mod get 1
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Cont	ribution or Disbursement
☐ April 10 filing	□ 30 days following primary	☐ 45 days following referendum	(PACs ONLY) ☐ Amendmen	
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Rep	out.
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				N-37-
ž.	Beginning Date	Ending Date		
V=	7-1-83	thru 9-30-7	3	
10. CERTIFICATION		125		
I hereby certify and state, under per Disclosure Statement for the per TREASURER OR DEPUTY TREASURER	iod covered is true, accurate a	all of the information set forth on this and complete. Richard A De Par Company of the company		ppaign Finance 10-8-23 DATE (mm/dd/yyyy)
A navaon subs to f				

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 Filling Repository)	TYPE OF REPORT,	
Carra Folinail	COLUMN A	COLUMN B
	This Period	Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		1792.80
12. Balance on hand at the beginning of Reporting Period	34561.02	1
13. Contributions Received from Individuals (Sections A and B)	9965.00	3023500
14. Receipts from Other Committees (Sections C1 and C2)	250.00	
15. Other Monetary Receipts (Sections D through K)	0	1400.00 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)	1000.00	12400.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	11215.00	12400.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	45776.02	47327.80
19. Expenses Paid by Committee (Section P)	9097.87	10649.65
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	3678.15	36678.15
21. In-Kind Donations not Considered Contributions Received (Section L4)	185.00	240,90
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	35 A T =
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)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
8a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE Provide Complete	Name as Revistered with Filing Repositors		TYPE OF REPORT	CONTRACTOR STATE OF THE PARTY
Cocci	· II Nh	1-1	OTIC	
10164000 PC 0 1164C1		CE110.8	of tilly.	
A. Total Contributions from (Secunstructions for definition of Smi	Small Contributors-Rece all Contributor)	SUBTOTAL SECTION A	s 9965	- 0
NAME OF THE PERSON OF THE PERS	R Itamirod 6	Contributions from Individ	1 7	na is a Markova Colonia in the colonia
Last Name	B. Remized C	First 7	quals	I) a
1 Concl	,	Call		MI
Residential Street Address	7	City 2		State Zip Code
Principal Occupation	SON AR	Word bu	Y (T 06798
Atternay		Name of Employer	& Conky	lic
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?	00 to a candidate for a chief executive he is associated with have a contract	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an		a state contractor or prospective state	contractor?	
event reported in Section L13 If yes, list Event # 17 12 12 13	No If yes, indicate which br	ranch or branches	☐ No	
Method of Contribution:	of government the contr		☐ Legislative	300
☐ Cash ☐ Personal Check ☐ redit/Debit	Card □ Payroll Deduction □ Mon		Aggregate Contributions	
Last Name Stafston	7	First Toho		IM
Residential Street Address 105 Rotte	1 Par D	City Z(ideas)	T	tate Zip Code
Principal Occupation	140 K 20-	Name of Employe	· / /	1
Is contributor a lobbyist, spouse, Yes	TF 4.7	/VII Man	1 (m/y	<u>/</u>
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	O to a candidate for a chief executive e is associated with have a contract when the second results in the second results are second results.	officer of a municipality, rith said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # DODACA	No If yes, indicate which br		□ No	~~~
Method of Contribution:	of government the contra			500, -
□ Cash □ Personal Check □ Cre dit/Debit (Card Payroll Deduction Money		aggregate Contributions	
Last Name	Traylon Deduction I Mone	y Order 97678	566.	
		rust		MI
Residential Street Address		City	G.	
		Total	Sta	ate Zip Code
Principal Occupation		Name of Employer		
s contributor a lobbyist, spouse,	TC 11			
s contributor a lobbyist, spouse, Yes r dependent child of a lobbyist? No	does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive of is associated with have a contract with Market Description of the No.	officer of a municipality, th said municipality	Amount of Contribution
s this contribution associated with an vent reported in Section L1?	13 contained of a principal of a	state contractor or prospective state c		
If yes, list Event #	No If yes, indicate which bran of government the contract	nch or branches of is with:	☐ No Legislative	
Method of Contribution:		Date Received As	ggregate Contributions	
Cash Personal Check Credit/Debit C	ard Payroll Deduction Money	Order		
	SUBT	OTAL Section B — This Pa	ige 1000	2,
	TOTAL	of additional Section B Pag	ges 991	65.00 500
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1	TINDIVIDUALS (Sections A + 3; Column A of Summary Page Total	B) 994	co

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
(a6+169 Feb \$110/01	00/ 10 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s 9965-0
x ³	
B. Itemized Contributions from Individ	duals
Last Name Katz First Richard	A. MI
Residential Street Address 66 Den Ton Rd City Words	Doinge Of Character State Zip Code
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? 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?	c officer of a municipality, Amount of Contribution with said municipality
Is this contribution associated with an event reported in Section 1973 No No If yes, list Event # Section 1973 No No If yes, list Event # Executive	No No
1) yes, not 2 to 11	Aggregate Contributions
Last Name First	Mi
Brand	e/ L
27 Cella Terrare City Dosth Ha	aven State Zip Code (T Of 473)
Principal Occupation Name of Employer State of Rotate, Attended State of	CT CH. North thun Re by
Is contributor a lobbyist, house, 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? Yes No	
Is this contribution associated with an sevent reported in Section 1173873 Is contributor a principal of a state contractor or prospective state 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 Payroll Deduction Money Order	Aggregate Contributions 500 o
Last Name Schie First An The	in/
Residential Street Address 31 Cofffing Rolf 2d City Bran 450	State Zip Code
Principal Occupation P. Alic Soc. Advista Name of Employer Se	4.
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 we valued at more than \$5,000?	officer of a municipality, vith said municipality Amount of Contribution
Is this contribution associated with an event reported in Section 110 (20) Is contributor a principal of a state contractor or prospective state of the section 110 (20) If yes, indicate which branch or branches	contractor?
	Aggregate Contributions
SUBTOTAL Section B This F	Page 1500.
TOTAL of additional Section B Pa	ages 8965.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page To	

NAME OF COMMITTEE (ProvidesComplete Name as Registered with Filing Repository)	TYPE OF REPORT
Calfaga For Mayol	QT 10-23 81/m
A. Total Contributions from Small Contributors-Received this Period ONLY	6 001
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A.	\$ 9965-0
\$ \(\sigma \) \(
B. Itemized Contributions from Individual Last Name	The Assessment Company of State of the Company of t
Mocke 1)10 h	rg/as MI
12 Cost Glass lase 010 hum	V Zip Code
Principal Occupation Office of Employer Representation Principal Occupation Principal Occupa	
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 Amount of Contribution
Is this contribution associated with an event reported in Section L1? No Is contributor a principal of a state contractor or prospective state in the section L1? No If yes, indicate which branch or branches	contractor?
Method of Contribution: 23 Date Received Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9-28-33	Aggregate Contributions 1000.
Last Name Pos isc First Anthone	/ MI //
Residential Street Address Phaple Street City Mixed	State Zip Code
Principal Occupation Police Adiisto Name of Employer Se	K.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract we valued at more than \$5,000?	officer of a municipality, ith said municipality Amount of Contribution
Is this contribution associated with an event reported in Section 13243 Is contributor a principal of a state contractor or prospective state If yes, list Event # Security	No No
□ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 9-98-73	Aggregate Contributions
Last Name Criscolo 5: First Petel	MI
Residential Street Address 54 Fieldstone of City Dooth in Principal Occupation	Haven of Code Col 23
CT State Massing/	State of al
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 of does contributor or business he/she is associated with have a contract working valued at more than \$5,000?	officer of a municipality, Amount of Contribution ith said municipality
s this contribution associated with an event reported in Section 11968. No Is contributor a principal of a state contractor or prospective state of If yes, list Event # Is contributor a principal of a state contractor or prospective state of If yes, indicate which branch or branches of government the contract is with:	contractor?
Method of Contribution: 6988 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 7-28-23	ggregate Contributions
SUBTOTAL Section B — This P	age 2000 -
TOTAL of additional Section B Pag	ges 7465.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + Enter total on Line 13, Column 4 of Summary Page To	B) 9965

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository).	TYPE OF REPORT
Cactola Fol Mayor	10/10/Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s 9965-11
B. Itemized Contributions from Indivi-	duals
Last Name Sheasin First James	MI
Residential Street Address 81 Tarnton H. 112 Dento	State Zip Code
Principal Occupation Attoing Name of Employer Number of Employer Name of Employer	a CopylyLLC
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
Is this contribution associated with an event reported in Section 1928 Is contributor a principal of a state contractor or prospective state of government the contract is with:	e contractor? Yes No Legislative
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Card ☐ Payroll Deduction ☐ Money Order ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Aggregate Contributions ICCC 5
Dantico First Suzan	2E MI
Residential Street Address H Dichals Farm Rd City Town In	State Zip Code CT CESII
Principal Occupation Aire Manago Name of Employer	a aproxima UP
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?	
Vy	□ Legislative No /CCC —
□Cash Personal Check □Credit/Debit Card □Payroll Deduction □Money Order □-ラズーオ	Aggregate Contributions
Perne Perne Perne Domin	
Residential Street Address 3) High Hill Rd City Walligfile	State Zip Code Of 193
Principal Occupation D. COCARC SORS Name of Employer PMA	2
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 walled at more than \$5,000? Yes I No	
	Legislative Local
Method of Contribution: 39114 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 2973	Aggregate Contributions ICCC -
SUBTOTAL Section B — This I	Page 2500,00
TOTAL of additional Section B Pa	nges 51/65.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page T	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cattera For Mater	QT-10-33 Filiaj.
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s 9965
B. Itemized Contributions from Indiv	
Last Name First Pace VII	C) MI
Residential Street Address City Staffes 0	Spains of Ofoth
Principal Occupation Name of Employer A FG	Cox Carcil #4
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 contractive valued at more than \$5,000?	Amount of Contribution twith said municipality
Is this contribution associated with an event reported in Section L17 833 If yes, list Event # 1001263 Is contributor a principal of a state contractor or prospective state of government the contract is with:	te contractor?
Method of Contribution: Date Received	Aggregate Contributions
Last Name Thempson of Pav/	MI
Residential Street Address 849 Thompson Str. City Principal Occupation Name of Employer	state Zip Code T CG5 12
Speciel Blind Retails specialist Dest	Velters Affants
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 L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	te contractor? Yes No 25
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 8-19-23	Aggregate Contributions
Last Name Mos 95 First Way	m M
Residential Street Address: US Cosey Boarh Pre City East Ha	France State Zip Code C6512
Principal Occupation Name of Employer AAA	AtotTail Pepail
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 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 state If yes, indicate which branch or branches of government the contract is with: Executive Ex	contractor? Yes Yes Contractor? Yes Ye
	Aggregate Contributions
SUBTOTAL.Section B — This I	Page 10250 -
TOTAL of additional Section B Pa	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column 4 of Summury Page To	+B) 9965 -

of _____

NAME OF COMMITTEE (Portice Complete Name as Registered with Filing Repository)	TYPE OF REPORT
(detoca Fel Malal	Cot Film
A. Total Contributions from Small Contributors-Received this Period ONLY	
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s 9965-11
B. Itemized Contributions from Individual	duals
Last Name Pirst Debly	ecca MI
Residential Street Address 13 / FGRnch Ap City East Ha	ven T 065 2
Principal Occupation Name of Employer Name of Employer	Haven RHIE Schook
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 L122 and Is contributor a principal of a state contractor or prospective state of the section L122 and Is contributor a principal of a state contractor or prospective state of the section L122 and Is contributor a principal of a state contractor or prospective state of the section L122 and Is contributor a principal of a state contractor or prospective state of the section L122 and Is contributor apprincipal of a state contractor or prospective state of the section L122 and Is contributor apprincipal of a state contractor or prospective state of the section L122 and Is contributor apprincipal of a state contractor or prospective state of the section L122 and Is contributor apprincipal of a state contractor or prospective state of the section L122 and Is contributor apprincipal of a state contractor or prospective state of the section L122 and Is contributor apprincipal of a state contractor or prospective state of the section L122 and Is contributor apprincipal of a state contractor or prospective state of the section L122 and Is contributor apprincipal of a state contractor or prospective state of the section L122 and Is contributor apprincipal of a state contractor or prospective state of the section L122 and Is contributor apprincipal of a state contractor or prospective state of the section L122 and Is contributor apprincipal of a state contractor or prospective state of the section L122 and Is contributor apprincipal of a state contractor or prospective state of the section L122 and Is contributor apprincipal of a state contractor or prospective state of the section L122 and Is contributor apprincipal of a state contractor or prospective state of the section L122 and Is contributor apprincipal of a state contractor or prospective state of the section L122 and Is contributor apprincipal of a state contractor or prospective state of the section L122 and Is contributor apprincipal state of the section L122 and Is contributor apprincipal or stat	□ Legislative No. —
Method of Contribution: Date Received Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Aggregate Contributions
Last Name First	ML
Kudnz Laufer	nc, P
Residential Street Address 2411 McDos/1 PA Colones 48	State Zip Code OGYK
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?	e officer of a municipality, with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # C62623 Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive	e contractor? Yes No
Method of Contribution: Date Received	Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	25 05
Angelo Lieta First And	sple:
Residential Street Address 51 Hospa 9 Plan Ext City East Have	n State Zip Code OG STD.
Principal Occupation Name of Employer / Listo /	Constantion.
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
	□ Legislative No
Method of Contribution: Date Received	Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 8-1033	100-
SUBTOTAL Section B — This	Page 165-
TOTAL of additional Section B P	ages /940 —
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A	

 \mathbf{of}

NAME OF COMMITTIEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
(actora Fol Mayol	Cot Film
A. Total Contributions from Small Contributors-Received this Period ONLY	\$ 000 1
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	1165-1
	100
B. Itemized Contributions from Indivi	duals
Last Name PC60c First Ch61's	Stopho/
Residential Stréet Address Deve atte LSt. City Cast H	fair of 265 /
Principal Occupation Name of Employer Name of Employer	Hs of Columbus.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event #	e contractor? Yes D Legislative
Method of Contribution: But Received ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	Aggregate Contributions
Last Name 469066-SPANO First Eliza	both
Residential Street Address Penn Silvana Ave City East 1 A	Laven of 06512
Principal Occupation Dix. of Recostion Town	of EHaven
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 L12 No Is contributor a principal of a state contractor or prospective state in Section L12 No If yes, indicate which branch or branches of government the contract is with:	UNO 100
Method of Contribution: Date Received Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Aggregate Contributions
1060110 First Jahn	P
Residential Street Address 18 Percyort Rd City Chesh	17ce State Zip Code
Principal Occupation Name of Employer Sett	-Employel
s contributor a lobbyist, spouse, are 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?	officer of a municipality, Amount of Contribution with said municipality
s this contribution associated with an vent reported in Section 11? No If yes, list Event # Page 12 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 Legislative
Method of Contribution: Cash	Aggregate Contributions / CC
SUBTOTAL Section B — This I	Page 250 -
TOTAL of additional Section B Pa	ages 1775.—
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page To	

Section B ADDITIONAL PAGE _____ of __

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Rac Folo In Mala	0 T T
A. Total Contributions from Small Contributors-Received this Period ONLY	00 / Fr/185
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s 9965-1
B. Itemized Contributions from Indivi	duals
Last Name Vuolo 56. First Robh	MI
Residential Street Address 20 DW16h T Place East Ho	State Zip Code OF 06512
Principal Occupation 9/1 P15 Databel Name of Employer	r cf E. Haver.
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 L1? No Is contributor a principal of a state contractor or prospective state of the section L1? If yes, indicate which branch or branches	e contractor? Yes
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received	Aggregate Contributions 250
Last Name Sanford First Walr	ne MI
350 Mansfield/Grove Pul Easy Ho	aven of Ohers
Principal Occupation Ret, 600 Name of Employer Ret	5/0//
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, Amount of Contribution with said municipality
Is this contribution associated with an event reported in Section 11? No Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive	No No
Method of Confidentian Do P	Aggregate Contributions
Last Name Co. 1566; First SUSGO	MI
Residential Street Address 23 Coso/ Beach Are City East /	Javen State Zip Code O6512
Principal Occupation Name of Employer	
s contributor a lobbyist, spouse, are 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 we 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 LI2 No Is contributor a principal of a state contractor or prospective state of the state of th	contractor?
	aggregate Contributions 1000
SUBTOTAL Section B — This P	115
TOTAL of additional Section B Pa	· / / / / .
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A - (Enter total on Line 13, Column A of Summary Page To	+ B) 9965 -

Section B ADDITIONAL PAGE _____

of

With the second	
NAME OF COMMITTEE (Provide Complete Name as Registered with Ffling Repository)	TYPE OF REPORT
(actors For mayor	Oct Film.
A. Total Contributions from Small Contributors-Received this Period ONLY	\$ 9965
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	1965
B. Itemized Contributions from Indivi	duals
Yampana Karl	mon d.
Residential Street Address 30 Masic Court City East	Haven of C6512
Principal Occupation Name of Employer TONO	. EN Haven:
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
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A	

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B. Itemized Contributions from Individual	duals
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Complete Name as Registered with Pilling Repository)	TYPE OF REPORT
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	B. Itemized Contrib	outions from Indivi	duals	
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or dependent child of a lobbyist?	does contributor or business he/she is asso valued at more than \$5,000?	ciated with have a contract Yes No	with said municipality	Amount of Contribution
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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 9965-d
B. Itemized Contributions from Indivi-	duals
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		Candidate ☐ Individu	-	Ti .
				Date of Receipt
		State	Committee Zip Code	Is there a Cosigner of Guarantor of this loan
			1	☐ Yes ☐ No Amount Received
		State	1 7 in Code	
			Zip Code	
	Source of Loan:	andidate 🗌 Individua		Date of Receipt
		State	Zip Code	Is there a Cosigner or Guarantor of this loan
			1	Amount Received
		State	Zip Code	
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dividuale	ov Othor Con		Marie Parl Section	all of the second
nyiduais	or Other Con	nmittees (Referen	dum Committee	zs ONLY)
		Date Received		Amount Received
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		Date Received	T	Amount Received
State	Zip Code	Aggregate Contrib	utions	
L.				
		Date Received		Amount Received
State	Zip Code	Aggregate Contribu	itions	
				-
	dividuals State	Source of Loan: Bank C	Source of Loan: Individual Individual State State	Source of Loan:

SEEC FORM 20 Revised January 2015

I. MONETARY RECEIPTS (Sections A—K)

Page 6 of 17

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ate of Receipt	F. Amount Transferr	ed from Affil	iated Bu	siness Treasury (Bi	usiness Entity Co	mmittees ONLY)
	Is this transaction ass event reported in Sec	ociated with an tion L1?	☐ Yes ☐ No	If yes, list Event #		Amount
te of Receipt	Is this transaction ass event reported in Sec		☐ Yes ☐ No	If yes, list Event #		Amount
le of Receipt	Is this transaction assevent reported in Sect	ociated with an tion L1?	☐ Yes	If yes, list Event #		Amount
te of Receipt	Is this transaction asso event reported in Sect	ociated with an ion L1?	☐ Yes ☐ No	If yes, list Event #		Amount
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of Receipt		Date of Receipt			Date of Receipt	Samuel Committees Of VE
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	H. Personal Funds of Method of payment:		te Recei	TOTAL SECTION	ndidate Committe	
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Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

SEEC	FORM	20

I. MONETARY RECEIPTS (Sections A-K)

P	ae	e	7	of	1	7

	(Sections 2	O HEROCETTE		davida julija.
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- Interest it our Deposits in Fluthor	ized Accoun	1000000	ceived	Amount
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siness Treasury (Section F)		+		
oor Union or Other Organization Treasury	y (Section G)	+		
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horized Accounts (Section J)		+		
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repo	CIIVIII (Sections LI—LS)	PACAD TI
trioriue Compiete ivame as Registerea with Filing Repo	2Sitory) TYPE OF RE	roki
Lı. F	Event Information	
Event # Date of Event Letter 18903 C Description Hol Description	Fundraise6	Was this a fundraising eve
Location: Street Address 250 Branky 3	C. Egst Haven	State Zip Code O) OO310
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Done Associated with a House Party and concurred purchases made by host(s) for food, be	complete required information for an
Did this fundraiser include goods or services donated by a business en of up to \$200 or items donated by an individual of up to \$100?	tity Yes (If yes, go to Section L4 In-Kind Don and complete required information.)	ations not 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 Receipts here.) No	\$
Subpart 2: (Party Committees, Municipal Candidates and Political C Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Committees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of or on a Sign and complete required in No	Advertising Space in a 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 Receipts here.)	\$
Event # Date of Event Letter OPS 23 D Pizza Fund(a)	516	Was this a fundraising ever
900 Chapel Stoot	Den Haves	State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donat Associated with a House Party and co purchases made by host(s) for food, bev	mplete required information for any
Did this fundraiser include goods or services donated by a business ention of up to \$200 or items donated by an individual of up to \$100?		tions not 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 Receipts here.)	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Co Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	ommittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of A or on a Sign and complete required in	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass sathering held within the state with this fundraiser?	Yes (If yes, enter Total Receipts here.)	\$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts	s from Sale of Donated Items — This Page	
SUBTOTAL So Total Re	ection L1—Subpart 3 (Town Committees ONLY) eccipts from Food Purchases — This Page	
	TOTAL of additional Section L1 Pages	
TOTAL OF ALL REC	CEIPTS FROM SMALL PURCHASES Lon Line 16a, Column A of Summary Page Totals)	

II. EVENT ACTIVITY (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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
(-A6668 FOB MA-106	10-16-23 Filing
L3. Purchases of Advertising in a F	rogram Book or on a Sign
Name of Purchaser Mackle Invistigations	Purchase Made By: Business Entity □ Other □ Individual/Sole Proprietorship
Street Address P.O. Box 502 City The	the Haven CI could
Date Received P-28-33 Density Aggregate Purchases for All Event Aggregate Purchases for All Event Purchases for Al	250.00
Resource Lighting G	Purchase Made By Describes Entity Other Individual/Sole Proprietorship
Street Address 291 MCGonas Str. City	all Rivib MA 02723
Date Received Event # Aggregate Purchases for All Event # Purchases fo	Amount of Program Ad Purchase Amount of Sign Purchase
Clampe Public Adjus	Purchase Made By Business Entity Other Individual/Sole Proprietorship
	Sy Haven Table
Date Received Event # Aggregate Purchases for All Events D097873	Amount of Program Ad Purchase Amount of Sign Purchase
Mame of Purchaser Milano 4 Wanst UC	Purchase Made By Business Entity Other Individual/Sole Proprietorship
Street Address 47/ Main Stockt Bl	anfold of object
Date Received Event # Aggregate Purchases for All Events 9-28-23 D092837	Amount of Program Ad Purchase Amount of Sign Purchase
Name of Purchaser	Purchase Made By Business Entry Uther Individual Sole Proprietorship
Struet Address City	State Zip Codi
Date Received Event # Aggregate Purchases for All Events	Amount of Program Ad Purchase Amount of Sign Purchase
SUBTOTAL Section L3 Total Purchases of Advertisin	g in Program Book — This Page / CCC. CC
SUBTOTAL Section L3 Total Purchases of A	
	L of additional Section L3 Pages
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PR (Enter total on Line 16c, C	olumn A of Summary Page Totals)

NAME OF COMMIT	TEE (Provide Complete Name	as Registered with Filing Repo	ository)	TYPE OF	REPORT
Esta a el Andros		Y 12 10			Sold of the second state of the second
Name of Donor				sidered Contributions	是从1990年1990年(1990年)。 1990年
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Individual	Date Received	Event #		Aggregate Value for this Event	9185.0
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ame of Donor			<u> </u>		
reet Address			City		State Zip Code
onation Given By:	Description of Donation				Fair Market Value of Donati
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me of Donor					
reet Address			City		State Zip Code
mation Given By:	Description of Donation				Fair Market Value of Donation
Business Entity Individual					
Sole Proprietorship	Date Received	Event#		Aggregate Value for this Event	
me of Donor		id in the second se			
et Address					
ot / Iddiess	i d		City		State Zip Code
nation Given By: Business Entity	Description of Donation				Fair Market Value of Donation
Individual Sole Proprietorship	Date Received	Event #		Aggregate value for this Event	
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		тот	AL of addition:	al Section L4 Pages	
CLEON VIVIA IN THE		NON ATTIONS NOT CO	ONSIDEDED	NO TEN DE L'ANGELO	
тот	'AL OF ALL IN-KIND I	OUNATIONS NOT CO	Cilianii 4C.C	ONTRIBUTIONS	
ТОТ	AL OF ALL IN-KIND I	JONATIONS NOT CO Inter total on Line 21; (Column A of Sun	nining Page Totals)	

II. EVENT ACTIVITY (Sections L1—L5)

	E (Provide Complete Name as Registered with Filing I	Repository)	The second second	TYPE OF REPORT
		200000000000000000000000000000000000000		
	L5. In-Kind Donations Not Consideration	dered Contributions Ass		
Name of Host				supporting more than one candidat
	sit "			Yes No
Street Address		City	If yes, co.	mplete Itemization in Addendum L5
		Chy		State Zip Code
Description of Donation	-			Fair Market Value of Donation
vent #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	this host/candidate	
ame of Host				
anc of riost	940		Is this event s	upporting more than one candidate
				mplete Itemization in Addendum L5
reet Address		City	1, 7,00,001	State Zip Code
				Date 2.p code
escription of Donation				Fair Market Value of Donation
rent #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	this host/candidate	
ime of Host			In this ayant a	apporting more than one candidate
			committee?	apporting more than one candidate
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escription of Donation				
			1	Fair Market Value of Donation
	The second secon			
ent#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	this host/candidate	
me of Host			Is this event su	pporting more than one candidate
			committee?	Yes 🖒 No
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eet Address		City		State Zip Code
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146 17	Aggregate value of this Event—all nosts	Aggregate Value of all Events—to	his host/candidate	
		SUBTOTAL Section L5	This Page	
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		DOTAL S LIVE LG	Section of the second	
		TOTAL of additional Sect	ion L5 Pages	
TOTAL	OF ALL IN-KIND DONATIONS NO	OT CONSIDERED CONT	DIBLUTIONE	
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TOTAL SOCIATED WITH		OT CONSIDERED CONT Line 22, Column A of Summa		

SELC FORM 20 Revised January 2015

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

NAME OF COMMITTEE (Provide Complete	e Name as I	Registered wit	h Filing Repository)			TYP	E OF REPORT	A first	MANUEL TOWN
	Bassus	and shore	M. In-Kind	Con	tributions	HKH SHE	See Disease		365701031
Name		2022/08/5/5	CHI THE STATE	VIT-11.00					MAN TAIS
Street Address	_				City			State	Zip Code
	2								
Type of contributor:	Date Rece	eived	Aggregate Contributi	ons	Description of	In-Kind Contrib	ution	*	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Ves does contributor or bus valued at more than \$5			business he/she is as	candida sociate	ate for a chief exected with have a con	tract with said	of a municipality, municipality	1	Market Value s 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 s indicate which bran ernment the contract	ch or b	oranches	ctive state con	□ No		
Name									
Street Address					City	1000		State	Zip Code
Type of contributor: Committee	Date Recei	ived	Aggregate Contribution	ns	Description of In	n-Kind Contribu	tion		
☐ Individual / Sole Proprietorship ☐ Other	If contr	ribution is in	excess of \$400 to a	candid	ate for a chief eve	cutive officer	of a municipality	17.4.	N.C. 1 (X7 1
Is contributor a lobbyist, spouse,	does co	ontributor or at more than	business he/she is as	sociate	ed with have a con	tract with said	municipality		Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	tor a principal of a st indicate which brane runent the contract i	ch or b	ranches	tive state conti	□No		
Name									
Street Address				C	ity			State	Zip Code
Type of contributor: Committee	Date Receiv	ved	Aggregate Contribution	ns	Description of In	-Kind Contribut	ion		
☐ Individual / Sole Proprietorship ☐ Other									
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does co	ibution is in ntributor or at more than	excess of \$400 to a obusiness he/she is as:	sociate	te for a chief exect d with have a cont	ract with said	f a municipality, municipality		Market Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #		Is contribut If yes, is	or a principal of a standicate which branc	te cont h or br	ractor or prospect anches	ive state contr	□ No		
		of gover	A.O	SAME I	ction M — Thi	tive Legis	siative		
					onal Section M	NEWSCONDINGS			
TOTAL OF ALL IN-KIND CONT	FRIBUT	IONS Œ	nter total on Line 23,	Column	A of Summary Pa	ige Totals)			
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ast Name of Individual			First				MI	Date Deposit	Made
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TOTAL SEC	CTION	N (Enter to	tal on Line 24, Colu	nn A o	f Summary Page	Totals)		1	-

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Revised Jan	шагу 2015	

IV. EXPENDITURES (Sections P-T)

NAME OF COM	MITTER OF 11 OF 11 OF 12	1		1 4ge 13 01 1
TOTAL OF COM	MITTEE (Provide Complete) Tome as Pregistered with Filing Repository).	TYPE OF REPORT	SWIN ST	2 113 2 2
	Crotold Fol y hofe!	10-10.	73	F1/179
11 - 3	P. Expenses Paid by Committee		pera em	1
Name of Payee	A 1/ /	Date of Payment	Method of I	Payment:
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C	11/10/10 1 1/229	197505	Debit (
Street Address	City		State	Zip Code
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Purpose of Expenditu	The way and continue	/	1	005/1
(by code)	Te Description Ever	t #		Amount
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Expenditure #	T-10 10 0 1/1 40 9/10/10/10 100 14 1		╛.	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	red)	151	7 7
	None of the below			// //
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization C			
Name of Payee	Organization: C	AOBOCOD		
THE STATE OF THE S	$A \sim 11.5$ D_{\odot}	Date of Payment	Method of Pa	
	MIN 18 1 1 220	9-28-23	Check #	
Street Address	City	1000	Debit C	
	346 No. 1 C. 11/	100	State	Zip Code
	_ TO MPHOLONGYTHE ZOSTHON	(m)	101	0651
Purpose of Expenditure (by code)	Description	#		
Local	2500 to Dodge of Mally		A	mount
Expenditure #	1225 106 17800 96 JEST WELLS			950
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checke	d)	110	736
9	None of the below		. //	* 70
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ○			
Name of Payee	Organization: o	AOBOCOD		
	Ch = V + 1 + 1	Date of Payment	Method of Pay	ment:
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urpose of Expenditure	Description Expect		2/ 1	16443
y code)	Event #	<u></u>	An	nount
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f applicable)	None of the below	d)	272	1
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y code)	Event #		Am	ount
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	Coordinated with and arit 1	овосор		
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	SUBTOTAL Section P — This P		577	16
	Situation of the state of the s		J'un '	
A LOCALIDA -	TOTAL of additional Section P Pag	ges 90	97	52
	TOTAL OF ALL EXPENSES PAID BY COMMITT	EE A	- 1	1
	(Enter total on Line 19, Column A of Summary Page Total	(als) 900	17,8	
				e .

New Deal Salidary 2015	TWEET ENDITORES (Sections 1—	1)		1 age 15 01 17
NAME OF CO	MMITTEE (Provide Complete Name as Registered with Filing Repository).	TYPE OF REPORT	Englay &	
	1 Mario In Dale	16-16	-23	7.60
	P. Frankar Palata C. J. J.			FICE)
Name of Payee	P. Expenses Paid by Committee	NY THE STATE OF	\$ 175 Y	1
Ivanie of Layou		Date of Payment	Method of	
1	1)0/10/1/08	9-21-23	☐ Check	
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1	d = 0	(8)	State	Zip Code
	TIX TOSCO 15/VOI New Horr	7)	CI	DF513
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Street Address	City City		State	Zip Code
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Purpose of Expendit	Description	//	4	00011
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MIKE	Iclam 10 let 2/00 stor Head out of	/		
Expenditure #	Type of Expenditure (Memization in Addendum P Required unless "None of the below" is checked	<u> </u>		- 011
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Street Address	City Cl		State	Zip Code
	21/1/PST AUD Stamford	/	CT	16611
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H-07+	1 (gl+d(o 1 -5/) (T)	-		
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у аррпсавлеу	None of the below	´	1	2.48
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		, ,	7.70
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y code)			A	mount
N 11 20	OFFICE and HPW DEHEL SUDDES			
xpenditure #	Type of Expenditure (Itemization in Addendum Required unless "None of the below" is checked)		,15	7 111
f applicable)	None of the below		41	,29
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	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A	овосор		
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		10	11 -	
IV. C. Sta	TOTAL of additional Section P Pag	ges 62	101	11/
	TOTAL OF ALL EXPENSES PAID BY COMMITT	EE OO	07/	77
1 14	(Enter total on Line 19, Column A of Summary Page Tol	(als)	11.7	

	TV. EXT ENDIT CIXES (Sections 1—	1)	Page 13 of 17
NAME OF COM	AITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	Coffee Fel Mayor	10-18-	23 =1/1
	P. Expenses Paid by Committee	and the second	- 11111
Name of Payee	$\sim 1 - \pm 1$	Date of Payment	Method of Payment:
3	Dalla (100 17943	91921	☐ Check #_
Street Address	100/11/	FIFA	Debit Card DEFT
	1112 - 71 City 0 11		State Zip Code
	TO Foxon For Fow Have	² M	01 06518
Purpose of Expenditur (by code)	e Description Event	#	Amount
MiSC Expenditure #	Head graster Sonler John Cothe-Barres		Amount
(if applicable)	Type of Experditure (Itemization in Addendum P Required unless "None of the below" is checked	d)	10100
	None of the below		12/0//
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization Co.	- SE 20	
Name of Payee	A Cigatization: 0 2	A O B O C O D Date of Payment	Method of Payment:
(To Colon (1)	01 101 00	Check #_
Street Address	VV 4/11/6/	779-03	Debit Card DEFT
	2 × 1 (City 1/ 1/		State Zip Code
	20 texen 5/101 New HOW	$^{\prime}\mathcal{O}$	CT CFS13
Purpose of Expenditure by code)	Description Event #		1 23.7
MICC	VOINICE Polos Tot Hardan Man		Amount
Expenditure #	The section of the se	(<u> </u>	1/0/11
if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		160,41
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	Coordinated without reimbursement sought (in-kind contribution)		
lame of Payee		Pate of Payment	Method of Payment:
2006	1)~//6/ (1.+4	0-10.03	☐ Check #
treet Address	City	7772)	Debit Card DEFT
72	Who Howers In Cost Il	_	State Zip Code
upose of Expenditure	TO HEROIDE Way And CON HOVER		01 06-512
y code)	Description Event #	488	Amount
17)15C	Head antel Symples		
kpenditure # applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		11 10
аррисавле)	Solone of the below U		11010
	Coordinated with reimbursement sought (joint expenditure)	1	2002
ame of Payee	Coordinated without reimbursement sought (in-kind contribution)	OB OC OD	
-nio or rayee		ate of Payment	Method of Payment:
0.	10/10/10/10-PDPCm/		☐ Check #
reet Address	City		Debit Card EFT State Zip Code
5/0	Cet 16080 Extlores		AT OUT IS
pose of Expenditure	Description Conference		00012
code)	Event #		Amount
MIS	Yapa Goods - (ins -) hites Harden Hold		
penditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		.1001
FF THE STATE OF	□ None of the below	1	42,81
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		,
ingertalist in the second	Coordinated without reimbursement sought (in-kind contribution) Organization: o A	OB OC OD	
Mary Carlot	SUBTOTAL Section P — This Pa	ge 23	5.61
TA STANTO	TOTAL of additional Section P Page	523	5.42
	TOTAL OF ALL EXPENSES PAID BY COMMITTE		2.00
	(Enter total on Line 19, Column A of Summary Page Total	(s) 900	1.87

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P-T)

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository).	TYPE OF REPORT	switcher wie von 1. 1. 1
	(bs Fism For 18041	V 16-9	3-F1/11
S. & -1-11	P. Expenses Paid by Committee	MARK TO A STATE	
Name of Payee	Dollar rice # 3550	Date of Payment 9-18-23	Method of Payment:
Street Address	City	11000	Debit Card EFT State Zip Code
3	69 W Main Start Beanfield		OT OBJOX
Purpose of Expenditure (by code)	Description SUMINS FOR HOROGENTS EVENT	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: 0	ed) A O B O C O D	3/4//
Name of Payee	Dollar Teec	Date of Payment OHS-73	Method of Payment: ☐ Check #
Street Address	2 FEOD tage Rd City East Haver	7	State Zip Code Of O6512
Purpose of Expenditure (by code)	Postsie tic Material For Hobbustos	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	d) A o B o C o D	13,29
Name of Payee		Date of Payment 9-19-23	Method of Payment: Check # Debit Card
Street Address	346 Heminwa, Are East How	20	State Zip Code C/ 06 512
Purpose of Expenditure (by code)	Pizza Fol Hoodquartes workers Event #	*	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum Prequired unless "None of the below" is checked None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: 0	ed) AOBOCOD	46,16
Name of Payee		Date of Payment	Method of Payment: Check # Debit Card
Street Address	13 Foxon Road City East Have,	2	State Zip Code CT OF512
Purpose of Expenditure (by code)	Description Folding Tobb's Fold Hood & Glober Event #	-	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: 0.000	d) A o B o C o D	120,93
2 1900	SUBTOTAL Section P — This)	Page 71	1.49
	, TOTAL of additional Section P Pa	ages 5a	0,21
	TOTAL OF ALL EXPENSES PAID BY COMMIT (Enter total on Line 19, Column A of Summary Page T		

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IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository)	TYPE OF REPORT	3.085 63
LASTOR FOS MAJOS	10-10.	-23Filing
P. Expenses Paid by Committee		1 Sept. 14 A 1 Con 1
East Haven DTC	Date of Payment 9-11-33	Method of Payment: Decheck # 02360
P.O. Box 1201146 Fost the	ven	State Zip Code CI OBSE
Purpose of Expenditure (by code) CNTRB express For Dent For Heady, adds	nt#	Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization:	ked)	3000,00
Amazon	Date of Payment 9-15-23	Method of Payment: ☐ Check # Debit Card ☐ EFT
Headquantess 410 Telly De N. Sonti	l _e	State Zip Code WA 98K8
Purpose of Expenditure Description (by code) NIC Vaccim Classel Fel Hearly 4		Amount
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: o	ed)	180,18
Dollar City	Date of Payment 9-17-23	Method of Payment: Check # Debit Card EFT
346 Hemingeray Are East Ha	ven	State Zip Code CT OF 512
Purpose of Expenditure by code) MISC SUPPLYS FOR HOUGH STORM Event	# 5%	Amount
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization; o	ed)	50.11
Della6 City	Date of Payment	Method of Payment: Check # Debit Card
	4.0	Stale Zip Code CT CG512
whose of Expenditure bescription Supplies For Hadgigified Event A	¥	Amount
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O	A OB OC OD	22.77
SUBTOTAL Section P — This I		53.66
TOTAL OF ALL EXPENSES BY TO BY CONTROL	1/	88,72
TOTAL OF ALL EXPENSES PAID BY COMMITT (Enter total on Line 19, Column A of Summary Page To	TEE GOC	7287

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

NAME OF COMM	ATTTEE (Proof Complete Non- Project of City)	mmr on's see	
THE OF COMIN	ATTTEE (Proving Complete, Name as Registered with Filing Repository)	TYPE OF REPORT	1 20 7-1
	P. Francis P. de La Constitution	10-10	-3 -Filin
Name of Payee	P. Expenses Paid by Committee	Contract of the second of	
	201 - I DOV+#71	Date of Payment	Method of Payment:
	COTONGON DEPI	8-18-03	Debit Card DEFT
Street Address	City City	16	State Zip Code
<i> </i>	SI Massh Hill Vd Crave		CI WILT
Purpose of Expenditure	e Description 2005	event #	0) (6)
(by code)	man from the state of the	100000	Amount
FNYK	TO STOOL FOR HOLDES FUNDANS	Class 3	C17231
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is ch.	ecked)	757200
	None of the below		
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independen ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization		
Name of Payee	Organizatio	Date of Payment	Method of Payment:
	Fe66103	C 10 03	Check #
5	760010)	879-75	Debit Card DEFT
Street Address	City	<i>i</i> 1	State Zip Code
$\mathcal{A}\mathcal{U}$	1 10.VP(59/ 1) 1 /c/1/2/	TOVPO	M
Purpose of Expenditure	Description	vent #	L/
(by code)	1/21/2000	202000	Amount
Expenditure #	1 701 /263	08 20 00	10.0
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is che	cked)	14200
¥:	None of the below Coordinated with reimbursement sought (joint expenditure) Independent		1175
		OA OB OC OD	
Name of Payee		Date of Payment	Method of Payment:
	1).) c//0((; **	8-20-23	☐ Check #
Street Address	City	0000	Debit Card DEFT State Zip Code
		/	State Zip Code
	346 Hemingwarton East H.	9000	() CESI
Purpose of Expenditure by cc	Description	ent#	Amount
FNUR	PSPOL Iraels to Fundamical	10800 33	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is che	ecked)	1 2/11
іј оррпсивіеј	None of the below		60 99
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independen	t	
James of December	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization	OA OB OC OD	
Name of Payce		Date of Payment	Method of Payment:
	50 		Check #
treet Address	City		Debit Card EFT State Zip Code
urpose of Expenditure	Description	ent #	
y code)	Eve	ent #	Amount
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is chec	rked)	
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V - (2) () ()	Organization:	OA OB OC OD	
Contraction (in	SUBTOTAL Section P Th	is Page 7	77,74
	TOTAL of additional Section P	Pages 15	35.06
	TOTAL OF ALL EXPENSES PAID BY COMMI		797
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	(Enter total on Line 19, Column A of Summary Page		7101

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IV. EXPENDITURES (Sections P. T)

	TV. E2H E337 UKES (Sections P	-1)	Page 13 of 17
NAME OF COM	MITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	- J. J. V. V. V. V.
	lastola Fr (Mayol	Co+-10	7 23 Til
214 JULY 1611	P. Expenses Paid by Committee	Wilderson and a com-	12 ting
Name of Payee		Date of Payment	TM-41-4-6D
5	TR 65/02	1 -	Method of Payment: ☐ Check #
Street Address	Tel a street	8-21-23	Debit Card EFT
	250 II	10	State Zip Code
Purpose of Expenditur	390 Hemingway Are East Haven		CT 0650
(by code)	Description Headon with Supplies	#	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checken		Or 62
(if applicable)	None of the below	ed)	17510
	Coordinated with reimbursement sought (joint expenditure)		
VI. CD	Coordinated without reimburgement sounds (1)	AOBOCOD	
Name of Payee	A .	Date of Payment	Method of Payment:
	HMGZCA	8-17-7	☐ Check #
Street Address	City	0 1/3	Debit Card DEFT
Dec /			State Zip Code
Head gu	Hois-410 Seafle N-Seafle		WH 98708
Purpose of Expenditure by code)	Description Event #	1	Amount
51	(andailo Supolies	_	1 xmount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked		
if applicable)	None of the below is checked	()	1.5750
	Coordinated with reimbursement sought (joint expenditure)		
	Coordinated with and 1.1	A OB OC OD	
Name of Payee	1	Date of Payment	Method of Payment:
	HOOMCI	9-36-73	☐ Check #
treet Address	City	1107)	☐ Debit Card ▶ EFT
19	20 Mc Linn At Dallas		State Zip Code
rpose of Expenditure	Description Event #	000	12 11001
y code) 1/20 3	Tep's Fol Opertionic Derit		Amount
xpenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked		000
applicable)	None of the below	"	82,50
	Coordinated with reimbursement sought (joint expenditure)		001-
	[Coordinated without soin-business to the control of the control	A OB OC OD	
ame of Payee			Method of Payment:
25	H1111 5000 63	C1612	☐ Check #
reet Address		8-10-1	☐ Debit Card ☐ EFT
62	5 Scarmill Del City		State Zip Code
フ	5 San mill Rd west Have		CT
pose of Expenditure	Description Event #		A
TAGYS	Hal Dos 13,005	VC 2002	Amount
penditure #		0 2005	11100
pplicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		41.28
	Mone of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		11.0-0
	Coordinated without rain-bureau to the control of t		
	O Samzadi. O A	OB OC OD	100
A lessand	SUBTOTAL Section P — This Pa	ige /	62.32
	TOTAL of additional Section P Pag	es //	0
Edition			4
	TOTAL OF ALL EXPENSES PAID BY COMMITTI (Enter total on Line 19, Column A of Summary Page Total)	EE 900	1187

Revised January 2015		AFENDITURES (Sect	ions P—1)	Page 14 of 1
NAME OF COMM	MITTEE (Provide Complete Name as Registered w	ith Filing Repository)	TYPE OF REPOR	Tarabasa
ive falles on	0.00		S.C	AND DELLEGISTED STORY
Name of Pavee (Name	of Vendor, Person or Entity who candidate paid dire	mpaign Expenses Paid by C	THE RESERVE OF THE PERSON OF T	
, , , , , , , , , , , , , , , , , , , ,	of a simon, a cison of Linking who cumulature pain une	eny)	Date of Payment	Is reimbursement claimed
Street Address				☐ Yes ☐ No
Street Address	30°	City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
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Name of Payee (Name	of Vendor, Person or Entity who candidate paid direc	etly)	Date of Payment	Is reimbursement claimed
				☐ Yes ☐ No
Street Address		City		State Zip Code
				State Zip Code
Purpose of Expenditure	Description		Event #	
(by code)			Event #	Amount
Name of Bayes (Name)	CV			
Ivanie of Fayee (Ivame 2	of Vendor, Person or Entity who candidate paid direc	tly)	Date of Payment	Is reimbursement claimed?
AND CONTRACTOR A 11	2			☐ Yes ☐ No
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6				
urpose of Expenditure	Description		Event #	Amount
oy code)			D. Tollie,	Amount
ame of Pavee (Name of	 Vendor, Person or Entity who candidate paid directly			
	emiliane para uneca	y)	Date of Payment	Is reimbursement claimed?
treet Address				Yes No
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rpose of Expenditure y code)	Description		Event #	Amount
ame of Payee (Name of	Vendor, Person or Entity who candidate paid directly)	Date of Payment	Is reimbursement claimed?
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reet Address		City		State Zip Code
pose of Expenditure	Description		Event #	Amount
code)				Amount
(Alcoholo is a con	
4 19		SUBTOTAL Section Q	— This Page	
The Depth of Market		TOTAL of additional Sec	tion Q Pages	
The state of the s	TOTAL OF	ALL EXPENSES PAID BY C	ANDIDATE	
	(Ente	er total on Line 26, Column A of Summ	ary Page Totals)	

			YI .		
	R. Expen	ses Incurred on Con	mittee Credit Card		/SHETIAN II
lame of Issuing Ins		Type of Cre	And the second s		X CONTRACTOR
		☐ Visa	☐ Master Card ☐ D	iscover	xpress 🔲 Other:
ame of Vendor, Person	n or Entity			Da	te of Transaction
treet Address	ari ari	City		Sta	te Zip Code
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rpose of Expenditure code)	Description		Event #		Amount
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rpose of Expenditure code)	Description		Event #		
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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository), and the eigenst	TYPE OF	REPORT	Koner.	
)	S. Expenses Incurred by Com	mittee but Not Paid	During this 1	Period	e de la maria	
Name of Creditor			•		Date Incur	red
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			ount Incurred imate or Actual)
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	T	OTAL of additional Sect	ion S Pages			
TOTAL OF ALL EX	XPENSES INCURRED BY COMMITTEE DURIN (Enter total on Lin	NG THIS PERIOD BUT ne 28, Column A of Summan	NOT PAID by Page Totals)			
	Previously reported Expe	nses Unpaid and still Ou	itstanding			
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Line	BY COMMITTEE BUT 28a, Column A of Summar				

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filling Repo	sitory)	TY	PE OF R	EPORT	V.	- 50 HE
	T Itemization of Dai	mburoamants and	Co. T. D.	VILLE INT	I A COLUMN	174 T4 Holos III	N. E. Carrier
Last Name of Worker/Co	T. Itemization of Rei	First	Secondary Pa	yees	ES MAN		
		FIISI			MI	Person of	Payment to Vendo or Entity
Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant			Payment reported in	to Reimburse n Section P:	Committee	Worker/Consultan
Street Address of Vando-	, Person or Entity Paid by Committee Worker/Consultant			☐ Che		_ De	ebit Card 🔲 E
Substitutions of Foliable	, 1 cison of Entity raid 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 expenditure) Coordinated without reimbursement sought (in-kin-kin-kin-kin-kin-kin-kin-kin-kin-k	spenditure)	below" is checked) Independent Organization: O A	ов с	oc on		
Last Name of Worker/Con	isultant ==	First		0 10 0	мі	Date of P Person or	ayment to Vendor Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant			reported in	Section P:		orker/Consultant
treet Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		Chec		State Deb	it Card
urpose of Expenditure by code)	Description		Event #				Amount
xpenditure # f applicable) ast Name of Worker/Cons	Type of Expenditure (Itemization in Addendum T Requi	enditure)	elow" is checked) Independent Organization: O A		C o D	Date of Pa	yment to Vendor,
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ame of Vendor, Person or	Entity Paid by Committee Worker/Consultant		I	Payment to eported in S	Section P:	committee Wo	orker/Consultant a
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