

SEEC FORM 20

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



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Page 1 of 17

Chen Carter
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COVER PAGE

1. NAME OF COMMITTEE

Carter For Mayor

2. TREASURER NAME

First *Richard* MI *A* Last *DePalma* Suffix

3. TREASURER ADDRESS

Street Address *10 Seaview Ave* City *East Haven* State *CT* Zip Code *06512*

4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy) *11-7-23*

5. OFFICE SOUGHT (Complete only if Candidate Committee)

Mayor

6. DISTRICT NUMBER

(if applicable)

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First MI Last Suffix

8. TYPE OF REPORT (Check One Box)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> January 10 filing | <input type="checkbox"/> 7th day preceding primary | <input type="checkbox"/> 7th day preceding referendum | <input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="checkbox"/> April 10 filing | <input type="checkbox"/> 30 days following primary | <input type="checkbox"/> 45 days following referendum | <input type="checkbox"/> Amendment to |
| <input type="checkbox"/> July 10 filing | <input type="checkbox"/> 7th day preceding election | <input type="checkbox"/> Deficit | Type of Report: |
| <input checked="" type="checkbox"/> October 10 filing | <input type="checkbox"/> 12th day preceding election (State Central Committees Only) | <input type="checkbox"/> Termination | |
| <input type="checkbox"/> 24 Hour Independent Expenditure
<input type="radio"/> Primary <input type="radio"/> Election | <input type="checkbox"/> 45 days following election not held in November | | |

9. PERIOD COVERED

Beginning Date

Ending Date

7-1-23

thru

9-30-23

10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

R DePalma
TREASURER OR DEPUTY TREASURER (SIGNATURE)

Richard A DePalma
PRINT NAME OF SIGNER

10-8-23
DATE (mm/dd/yyyy)

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

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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	
<i>Catara Feb 1st/11</i>	<i>10/10/23 Filing</i>	
	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>1792.80</i>
12. Balance on hand at the beginning of Reporting Period	<i>34561.02</i>	
13. Contributions Received from Individuals (Sections A and B)	<i>9965.00</i>	<i>30235.00</i>
14. Receipts from Other Committees (Sections C1 and C2)	<i>250.00</i>	<i>1400.00</i>
15. Other Monetary Receipts (Sections D through K)	<i>0</i>	<i>1500.00</i>
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	<i>0</i>	<i>0</i>
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	<i>1000.00</i>	<i>12400.00</i>
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	<i>11215.00</i>	<i>45535.00</i>
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	<i>45776.02</i>	<i>47327.80</i>
19. Expenses Paid by Committee (Section P)	<i>9097.87</i>	<i>10649.65</i>
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	<i>36678.15</i>	<i>36678.15</i>
21. In-Kind Donations not Considered Contributions Received (Section L4)	<i>185.00</i>	<i>240.90</i>
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	<i>0</i>	<i>0</i>
23. In-Kind Contributions Received (Section M)	<i>0</i>	<i>0</i>
24. Refundable Deposit to Telephone Company (Section N)	<i>0</i>	<i>0</i>
25. Loan Balance	<i>0</i>	
25a. + Loans Received (Section D)	<i>0</i>	<i>0</i>
25b. + Interest and Penalties on Loan	<i>0</i>	<i>0</i>
25c. - Payments on Loan	<i>0</i>	<i>0</i>
25d. Total Outstanding Loan Amount	<i>0</i>	
26. Campaign Expenses Paid by Candidate (Section Q)	<i>0</i>	<i>0</i>
27. Expenses Incurred on Committee Credit Card (Section R)	<i>0</i>	<i>0</i>
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<i>0</i>	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	<i>0</i>	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <small>(Provide Complete Name as Registered with Filing Repository)</small>	TYPE OF REPORT
<i>Cafesa Feb May/</i>	<i>Oct 10-23 Filing</i>
A. Total Contributions from Small Contributors-Received this Period ONLY <small>(See instructions for definition of Small Contributor)</small>	SUBTOTAL SECTION A
	\$ <i>9965</i>

B. Itemized Contributions from Individuals

Last Name <i>O'Connell</i>	First <i>Gay</i>	MI
Residential Street Address <i>20 Jackson Ave</i>	City <i>Woodbury</i>	State <i>CT</i> Zip Code <i>06798</i>
Principal Occupation <i>Attorney</i>	Name of Employer <i>Pullman & Company LLC</i>	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>DC92823</i>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<i>500.00</i>
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received <i>9-28-23</i>		Aggregate Contributions <i>500.00</i>

Last Name <i>Statfstrom</i>	First <i>John</i>	MI
Residential Street Address <i>105 Battery Park Dr.</i>	City <i>Bridgewater</i>	State <i>CT</i> Zip Code <i>06605</i>
Principal Occupation <i>Attorney</i>	Name of Employer <i>Pullman & Company</i>	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>DC92823</i>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<i>500.00</i>
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received <i>9-26-28</i>		Aggregate Contributions <i>500.00</i>

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	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 contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received		Aggregate Contributions

SUBTOTAL Section B — This Page	<i>1000.00</i>
TOTAL of additional Section B Pages	<i>9965.00</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line E3, Column A of Summary Page Totals)</small>	<i>9965.00</i>

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Castro Feb Mayor</i>				TYPE OF REPORT <i>Oct 10 Filing</i>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A \$ <i>9965.00</i>	
B. Itemized Contributions from Individuals					
Last Name <i>Katz</i>		First <i>Richard</i>		MI <i>C</i>	
Residential Street Address <i>66 Newton Rd</i>		City <i>Woodbridge</i>		State <i>CT</i>	Zip Code <i>06525</i>
Principal Occupation <i>Consultant</i>		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section I.1? If yes, list Event # <i>DC92823</i>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		<i>500.00</i>	
Method of Contribution: <i>1413</i> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9-28-23</i>			
Aggregate Contributions <i>500.00</i>					
Last Name <i>Brarot</i>		First <i>Michael</i>		MI <i>R</i>	
Residential Street Address <i>25 Cella Terrace</i>		City <i>North Haven</i>		State <i>CT</i>	Zip Code <i>06473</i>
Principal Occupation <i>Judge of Probate, Attorney</i>		Name of Employer <i>State of CT Eth. North Haven Probate</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section I.1? If yes, list Event # <i>DC92823</i>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		<i>500.00</i>	
Method of Contribution: <i>6311</i> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9-28-23</i>			
Aggregate Contributions <i>500.00</i>					
Last Name <i>Sebio</i>		First <i>Anthony</i>		MI	
Residential Street Address <i>31 Giffing Road Rd</i>		City <i>Brantford</i>		State <i>CT</i>	Zip Code <i>06105</i>
Principal Occupation <i>Public Soc. Adjust</i>		Name of Employer <i>Self</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section I.1? If yes, list Event # <i>DC92823</i>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		<i>500.00</i>	
Method of Contribution: <i>791</i> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9-28-23</i>			
Aggregate Contributions <i>500.00</i>					
SUBTOTAL Section B — This Page				<i>1500.00</i>	
TOTAL of additional Section B Pages				<i>8965.00</i>	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				<i>9965.00</i>	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Cabrera For Mayor		Oct 10-23 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 9965	
B. Itemized Contributions from Individuals			
Last Name Plooke		First Dic Halas	
Residential Street Address 12 Card Glass Lane		City Old Lyme	State CT
Principal Occupation CEO		Name of Employer RLE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1002583		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: 237 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9-28-23	Aggregate Contributions 1000.-
Last Name Parise		First Anthony	
Residential Street Address 67 Maple Street		City Midd	State CT
Principal Occupation Public Adjuster		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1002583		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: 407 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9-28-23	Aggregate Contributions 500.-
Last Name Crisavola Jr		First Peter	
Residential Street Address 54 Fieldstone Ct		City North Haven	State CT
Principal Occupation CT State Marshal		Name of Employer Self - State of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1002583		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: 6988 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9-28-23	Aggregate Contributions 750.-
SUBTOTAL Section B — This Page		2000.-	
TOTAL of additional Section B Pages		7465.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		9965-	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Cactus 9 Feb May 01		10/10/Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ 9965-	
B. Itemized Contributions from Individuals			
Last Name Shearin		First James	
Residential Street Address 81 Tawnton H. Rd		City Newtown	
Principal Occupation Attorney		Name of Employer Pulman & Conlay LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section I.1? If yes, list Event # 1092823		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9-27-23	
		Aggregate Contributions 1000-	
Last Name Dantico		First Suzanne	
Residential Street Address 4 Nichols Farm Rd		City Tomball	
Principal Occupation Office Manager		Name of Employer Civilla G Dantico LLP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section I.1? If yes, list Event # 1092823		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9-25-23	
		Aggregate Contributions 1000-	
Last Name Pelenc		First Dominic	
Residential Street Address 37 Hope Hill Rd		City Wallingford	
Principal Occupation Director Sales		Name of Employer PMA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section I.1? If yes, list Event # 1092823		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9-28-23	
		Aggregate Contributions 1000-	
SUBTOTAL Section B — This Page		2500.00	
TOTAL of additional Section B Pages		5465.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		9965-	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Cattaraugus For Mayor		CT-10-23 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 9965	
B. Itemized Contributions from Individuals			
Last Name Tolan		First Rocelia	MI
Residential Street Address 24 Forest Rd		City Hartford Springs	State CT Zip Code 06076
Principal Occupation Union Executive		Name of Employer AFCME Council #4	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # D092523		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: 110 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9-28-23	Aggregate Contributions 500.-
Last Name Thompson Jr		First Paul	MI
Residential Street Address 849 Thompson St		City East Haven	State CT Zip Code 06512
Principal Occupation Supervisor Blind Rehab Specialist		Name of Employer Dept Veterans Affairs	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-19-23	Aggregate Contributions 115.00
Last Name Moras		First Wayne	MI
Residential Street Address 46 Casey Beach Ave		City East Haven	State CT Zip Code 06512
Principal Occupation Truck Repair		Name of Employer A & A Auto Truck Repair	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-11-23	Aggregate Contributions 500.-
SUBTOTAL Section B — This Page		10250 -	
TOTAL of additional Section B Pages		2965.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		9965 -	

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cafara Fed Mtd	Act Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	\$ 9965 -
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name		First		MI	
Nickelsen		Rebecca			
Residential Street Address		City		State	Zip Code
13 1 French Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
ACT Teacher		New Haven Public Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40. -	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # C082023		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-20-23	40. -		
Last Name		First		MI	
Rudiz		Laurence		R	
Residential Street Address		City		State	Zip Code
244 McDonald Rd		Colchester		CT	06415
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25. -	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # C082023		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-20-23	25		
Last Name		First		MI	
Angela Lito		Angela			
Residential Street Address		City		State	Zip Code
51 Rosser Pln Ext		East Haven		CT	06512
Principal Occupation		Name of Employer			
Construction		Lito Construction			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		100. -	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # C082023		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-20-23	100. -		
SUBTOTAL Section B — This Page					165 -
TOTAL of additional Section B Pages					1940 -
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					9965 -

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
Caspera For Mayor		Cot Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ 9965
SUBTOTAL SECTION A		

B. Itemized Contributions from Individuals

Last Name		First	MI
Pardo		Christopher	
Residential Street Address		City	State Zip Code
17 Noyatac L St		East Haven	CT 06512
Principal Occupation		Name of Employer	
Clerk		Knights of Columbus	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 contractor? If yes, indicate which branch or branches of government the contract is with:	
CC62023		<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-20-23	250.-
Amount of Contribution		50.-	

Last Name		First	MI
Francis-Spano		Elizabeth	
Residential Street Address		City	State Zip Code
23 Pennsylvania Ave		East Haven	CT 06512
Principal Occupation		Name of Employer	
Dir. of Reception		Town of EHaven	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 contractor? If yes, indicate which branch or branches of government the contract is with:	
CC62023		<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-20-23	200.-
Amount of Contribution		100.-	

Last Name		First	MI
Tocello		John	P
Residential Street Address		City	State Zip Code
748 Reservoir Rd		Meriden	CT 06410
Principal Occupation		Name of Employer	
		Self-Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 contractor? If yes, indicate which branch or branches of government the contract is with:	
CC62023		<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-20-23	100.-
Amount of Contribution		100.-	

SUBTOTAL Section B — This Page		250.-
TOTAL of additional Section B Pages		1775.-
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		9965-

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>Cos Eels For Mayor</u>	TYPE OF REPORT <u>Act Filing</u>
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ <u>9965 -</u>

B. Itemized Contributions from Individuals					
Last Name <u>Vuolo Jr.</u>		First <u>Raph</u>		MI <u>✓</u>	
Residential Street Address <u>20 Dwight Place</u>		City <u>East Haven</u>		State <u>CT</u>	Zip Code <u>06512</u>
Principal Occupation <u>Lead 911 Dispatcher</u>		Name of Employer <u>Town of E. Haven</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>0082023</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			<u>25. -</u>
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-20-83</u>	Aggregate Contributions <u>25. -</u>		
Last Name <u>Sanford</u>		First <u>Wayne</u>		MI <u></u>	
Residential Street Address <u>350 Mansfield/Grove Rd</u>		City <u>East Haven</u>		State <u>CT</u>	Zip Code <u>06512</u>
Principal Occupation <u>Retired</u>		Name of Employer <u>Retired</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>0082023</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			<u>50. -</u>
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-20-83</u>	Aggregate Contributions <u>50. -</u>		
Last Name <u>Coisafi</u>		First <u>Susan</u>		MI <u>I</u>	
Residential Street Address <u>123 Cosay Beach Ave</u>		City <u>East Haven</u>		State <u>CT</u>	Zip Code <u>06512</u>
Principal Occupation <u></u>		Name of Employer <u></u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>0082023</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			<u>100. -</u>
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-20-83</u>	Aggregate Contributions <u>100. -</u>		
SUBTOTAL Section B -- This Page					<u>175. -</u>
TOTAL of additional Section B Pages					<u>1525. -</u>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					<u>9965 -</u>

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>Cash for Mayor</u>	TYPE OF REPORT <u>Oct Filing</u>
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A \$ <u>9965-</u>

B. Itemized Contributions from Individuals

Last Name <u>Pompano</u>		First <u>Raymond</u>	MI <u></u>
Residential Street Address <u>30 Maple Court</u>		City <u>East Haven</u>	State <u>CT</u> Zip Code <u>06512</u>
Principal Occupation <u>Teacher</u>		Name of Employer <u>Town of East Haven</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 11? If yes, list Event # <u>C082023</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <u>4157</u> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-20-23</u>	Aggregate Contributions <u>50.-</u>
Amount of Contribution <u>50.-</u>			

Last Name <u>Desjardis</u>		First <u>Amy</u>	MI <u>L</u>
Residential Street Address <u>57 Fete Rd.</u>		City <u>East Haven</u>	State <u>CT</u> Zip Code <u>06512</u>
Principal Occupation <u>Opt. Scribe</u>		Name of Employer <u>The Eye Care Group</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 11? If yes, list Event # <u>C082023</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <u>3060</u> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-20-23</u>	Aggregate Contributions <u>25.-</u>
Amount of Contribution <u>25.-</u>			

Last Name <u>Pompano</u>		First <u>Raymond</u>	MI <u>F</u>
Residential Street Address <u>105 Sorento Ave</u>		City <u>East Haven</u>	State <u>CT</u> Zip Code <u>06512</u>
Principal Occupation <u>Retired</u>		Name of Employer <u>Retired</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 11? If yes, list Event # <u>C082023</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <u>9510</u> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-20-23</u>	Aggregate Contributions <u>200.-</u>
Amount of Contribution <u>200.-</u>			

SUBTOTAL Section B — This Page

275.-

TOTAL of additional Section B Pages

1350.-

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
(Enter total on Line 13, Column A of Summary Page Totals)

9965.-

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Caffera for Mayor				Oct Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 9965 - 0	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Thompson		Paul		MI	
Residential Street Address		City		State	Zip Code
843 Thompson St.		East Haven		CT	06512
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
If yes, list Event #		082023		<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-20-23		90	
Amount of Contribution		50. -			
Last Name		First		MI	
Cox		Ken		A	
Residential Street Address		City		State	Zip Code
70 Hine St		West Haven		CT	06516
Principal Occupation		Name of Employer			
Electrician		Tanner of C.H.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
If yes, list Event #		082023		<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-20-23		25. -	
Amount of Contribution		25. -			
Last Name		First		MI	
Clagh		Doreen		E	
Residential Street Address		City		State	Zip Code
32 Chider Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Accountant		R.C. Biplan Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
If yes, list Event #		082023		<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-20-23		165. -	
Amount of Contribution		25. -			
SUBTOTAL Section B — This Page				100. -	
TOTAL of additional Section B Pages				1075. -	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				9965 -	

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Castro For Mayor				Cot Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 9965-	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Spacago		Michael			
Residential Street Address		City		State Zip Code	
42 Cardline Rd		East Haven		CT 06512	
Principal Occupation		Name of Employer			
Engineer		MKTAS Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		100.-	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # C052023		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-27-23		100.-	
Last Name		First		MI	
Battel		Lisa			
Residential Street Address		City		State Zip Code	
35 Red Bluff Rd		East Haven		CT 06512	
Principal Occupation		Name of Employer			
Town Clerk		Town of East 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 officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25.-	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # C052023		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-20-23		295.-	
Last Name		First		MI	
Romano		Sandra			
Residential Street Address		City		State Zip Code	
434 Thompson Ave		East Haven		CT 06512	
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		100.-	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # C052023		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-20-23		100.-	
SUBTOTAL Section B — This Page				225.-	
TOTAL of additional Section B Pages				975.-	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				9965-	

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Carson Fed Model		TYPE OF REPORT Oct Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ 9965-	
B. Itemized Contributions from Individuals			
Last Name De Palma		First Patricia	
Residential Street Address 10 Seaview Ave		City East Haven	
Principal Occupation Teacher		Name of Employer Town of North Branford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # C082023		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: 357 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-20-23	
		Aggregate Contributions 50.-	
Last Name Cesaro		First Marganne	
Residential Street Address 8 Felicis Dr.		City East Haven	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # C082023		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: 426 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-20-23	
		Aggregate Contributions 25-	
Last Name Pacelli		First Louis	
Residential Street Address 107 Foxon Rd.		City East Haven	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # C082023		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: 6899 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-20-23	
		Aggregate Contributions 45	
SUBTOTAL Section B — This Page		100.-	
TOTAL of additional Section B Pages		750.-	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		9965-	

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Cash for major</i>		TYPE OF REPORT <i>Cat Filing</i>
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ <i>9965-</i>

B. Itemized Contributions from Individuals

Last Name <i>Ginnetti</i>		First <i>Michael</i>	MI <i>F</i>
Residential Street Address <i>36 Dodge Ave</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Trucking</i>		Name of Employer <i>Ginnetti-Trucking</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>50.-</i>
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>C082023</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-20-23</i>	Aggregate Contributions <i>50.-</i>
Last Name <i>Senard</i>		First <i>Edward</i>	MI <i></i>
Residential Street Address <i>65 Russco Ave Unit I-2</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>30.-</i>
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>C082023</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-20-23</i>	Aggregate Contributions <i>30.-</i>
Last Name <i>Pulzycki</i>		First <i>Alfred</i>	MI <i>2</i>
Residential Street Address <i>106 Bartelli Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>50.-</i>
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>C082023</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <i>1931</i> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>8-20-23</i>	Aggregate Contributions <i>120.-</i>
SUBTOTAL Section B — This Page			<i>130</i>
TOTAL of additional Section B Pages			<i>650.-</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			<i>9965-</i>

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>Carters for May 1</u>				TYPE OF REPORT <u>Act Filing</u>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$ <u>9965 -</u>	
B. Itemized Contributions from Individuals					
Last Name <u>Woden Smith</u>			First <u>John</u>		MI
Residential Street Address <u>93 Casey Beach Ave #4</u>			City <u>East Haven</u>		State <u>CT</u> Zip Code <u>06512</u>
Principal Occupation <u>Retired</u>			Name of Employer <u>Retired</u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>25 -</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>C082023</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					
Date Received <u>8-20-23</u>		Aggregate Contributions <u>215 -</u>			
Last Name <u>Ciolino</u>			First <u>Eric</u>		MI
Residential Street Address <u>967 North High Street</u>			City <u>East Haven</u>		State <u>CT</u> Zip Code <u>06512</u>
Principal Occupation <u>One World Roasters' owner</u>			Name of Employer <u>one World Roasters</u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>50 -</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>C082023</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					
Date Received <u>8-20-23</u>		Aggregate Contributions <u>50 -</u>			
Last Name <u>Cayk</u>			First <u>Charles</u>		MI
Residential Street Address <u>25 Columbus Ave</u>			City <u>East Haven</u>		State <u>CT</u> Zip Code <u>06512</u>
Principal Occupation <u>Sgt.</u>			Name of Employer <u>Town of East Haven</u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>50 -</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>C082023</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					
Date Received <u>8-20-23</u>		Aggregate Contributions <u>340 -</u>			
SUBTOTAL Section B — This Page					<u>125 -</u>
TOTAL of additional Section B Pages					<u>520 -</u>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					<u>9965 -</u>

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Carter For Mayor</i>	TYPE OF REPORT <i>COT Filing</i>
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	\$ <i>9965-0</i>
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name <i>Aranjo</i>	First <i>Richard</i>	MI
Residential Street Address <i>643 Bradley Street</i>	City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>AD Landscaping Foreman</i>	Name of Employer <i>AD Landscaping</i>	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>C082023</i>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	<i>50.-</i>
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received <i>8-20-23</i>		Aggregate Contributions <i>50.-</i>

Last Name <i>Stacy</i>	First <i>Jack</i>	MI
Residential Street Address <i>82 Forbes Place</i>	City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Education</i>	Name of Employer <i>Retired</i>	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>C082023</i>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	<i>50.-</i>
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received <i>8-20-23</i>		Aggregate Contributions <i>430.</i>

Last Name <i>Delvora</i>	First <i>Steve + Michelle</i>	MI
Residential Street Address <i>325 Mansfield Ave Rd</i>	City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Professional</i>	Name of Employer <i>SCSU</i>	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>C082023</i>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	<i>50-</i>
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received <i>8-20-23</i>		Aggregate Contributions <i>50-</i>

SUBTOTAL Section B — This Page	<i>150.-</i>
TOTAL of additional Section B Pages	<i>395.-</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	<i>9965-</i>

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Cafes For Mafel				COT Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 9965-0	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
DeSena		Ronald			
Residential Street Address		City		State	Zip Code
139 Morgan Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Chef		Compass Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25. -	
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 contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No C082023		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-20-23	25. -		
Last Name		First		MI	
Lieber		Georgia			
Residential Street Address		City		State	Zip Code
18 Hampton Rd		East Haven		CT	06512
Principal Occupation		Name of Employer			
Dir of Development		Cold Spring School			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		60. -	
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 contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No C082023		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-20-23	85		
Last Name		First		MI	
Datarajan		Barb			
Residential Street Address		City		State	Zip Code
5 mainfield grove Rd. #352		East Haven		CT	06512
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. -	
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 contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No C082023		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-20-23	30		
SUBTOTAL Section B — This Page				95 -	
TOTAL of additional Section B Pages				245. -	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				9965 -	

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Carter Fox Major	TYPE OF REPORT OT Filing
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 9965.00

B. Itemized Contributions from Individuals

Last Name Feorqila		First Charlie		MI	
Residential Street Address 281 Bradley Street		City East Haven		State CT	Zip Code 06512
Principal Occupation Laborer		Name of Employer Town of EH			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution 50.-
Is this contribution associated with an event reported in Section L1? If yes, list Event # C082023 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-20-23	Aggregate Contributions 50.-		
Last Name Kikosicki		First John		MI	
Residential Street Address 10 Margaret Court		City East Haven		State CT	Zip Code 06512
Principal Occupation Construction		Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution 50.-
Is this contribution associated with an event reported in Section L1? If yes, list Event # C082023 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-20-23	Aggregate Contributions 50.-		
Last Name Kikosicki		First Joe		MI	
Residential Street Address 103 Leigh Drive		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution 50.-
Is this contribution associated with an event reported in Section L1? If yes, list Event # C082023 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-20-23	Aggregate Contributions 90		
SUBTOTAL Section B — This Page					150.-
TOTAL of additional Section B Pages					0.
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					9965.-

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
AFSCME CT Council 4				Elissa McBride			
Address				Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Amount of Contribution	
444 East Main St.							
City	State	Zip Code	Date Received	Aggregate Contributions			
New Britain	CT	06051	06-31-88	250.-		JTB.-	
Name of Committee				Name of Treasurer			
Address				Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address				Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			
C2. Reimbursements or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Address				City		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type				Amount of Receipt	
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							
Name of Committee				Name of Treasurer			
Address				City		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type				Amount of Receipt	
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							
SUBTOTAL Section C — This Page							
TOTAL of additional Section C Pages							
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)							

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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D. Loans Received this Period

Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)				
Street Address	City	State	Zip Code	Amount Received
Name of Lender				
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)				
Street Address	City	State	Zip Code	Amount Received
Name of Lender				
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)				
Street Address	City	State	Zip Code	Amount Received
Name of Lender				
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)				
Street Address	City	State	Zip Code	Amount Received
Name of Lender				

TOTAL SECTION D

E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	

TOTAL SECTION E

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
TOTAL SECTION F		

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
TOTAL SECTION G		

H. Personal Funds of the Candidate Received this Period *(Candidate Committees ONLY)*

Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
TOTAL SECTION H		

I. Anonymous Contributions

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.

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

J. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	

TOTAL SECTION J**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				

TOTAL SECTION K**SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)**

Total Loans Received this Period (Section D)	
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+
Total Amount Transferred from Affiliated Business Treasury (Section F)	+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+
Total of Other Monetary Receipts	
(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
L1. Event Information			
Event # Date of Event	Letter	Description	Was this a fundraising event?
082023	C	Hot Dog Fundraiser	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
250 Bradley St.		East Haven	CT 06512
Subpart 1: (All Committees)			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="checkbox"/> No	
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?		<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$ <input style="width: 100px;" type="text"/>	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="checkbox"/> No	
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?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$ <input style="width: 100px;" type="text"/>	
<hr/>			
Event # Date of Event	Letter	Description	Was this a fundraising event?
092823	D	Pizza Fundraiser	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
900 Chapel Street		East Haven	CT 06510
Subpart 1: (All Committees)			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="checkbox"/> No	
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?		<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$ <input style="width: 100px;" type="text"/>	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="checkbox"/> No	
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?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$ <input style="width: 100px;" type="text"/>	
<hr/>			
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			
TOTAL of additional Section L1 Pages			
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on 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	
Chase For Mayor				10-10-23 Filing	
L3. Purchases of Advertising in a Program Book or on a Sign					
Name of Purchaser				Purchase Made By:	
Mackle Investigations				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
P.O. Box 502		New Haven		CT	06473
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
9-28-23	D092823		250.00		
Name of Purchaser				Purchase Made By:	
Resource Lighting & Energy Inc				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
291 McConan St.		Fall River		MA	02723
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
9-28-23	D092823		250.00		
Name of Purchaser				Purchase Made By:	
Clampco Public Adjusters LLC				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
218 Foxon Rd		East Haven		CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
9-28-23	D092823		250.00		
Name of Purchaser				Purchase Made By:	
Milano & Wanst LLC				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
471 Main Street		Branford		CT	06405
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
9-28-23	D092823		250.00		
Name of Purchaser				Purchase Made By:	
				<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				1000.00	
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)				1000.00	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
L4. In-Kind Donations Not Considered Contributions					
Name of Donor <div style="font-size: 1.2em; font-family: cursive;">David Ryan</div>					
Street Address <div style="font-size: 1.2em; font-family: cursive;">900 Chapel Street</div>			City <div style="font-size: 1.2em; font-family: cursive;">New Haven</div>		State <div style="font-size: 1.2em; font-family: cursive;">CT</div>
Zip Code <div style="font-size: 1.2em; font-family: cursive;">06510</div>					
Donation Given By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		Description of Donation <div style="font-size: 1.2em; font-family: cursive;">PIZZA</div>		Fair Market Value of Donation <div style="font-size: 1.2em; font-family: cursive;">\$ 185.00</div>	
Date Received <div style="font-size: 1.2em; font-family: cursive;">9-28-23</div>		Event # <div style="font-size: 1.2em; font-family: cursive;">D092823</div>		Aggregate Value for this Event <div style="font-size: 1.2em; font-family: cursive;">185.00</div>	
Name of Donor					
Street Address			City		State
Zip Code			State		Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		Description of Donation		Fair Market Value of Donation	
Date Received		Event #		Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
Zip Code			State		Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		Description of Donation		Fair Market Value of Donation	
Date Received		Event #		Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
Zip Code			State		Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		Description of Donation		Fair Market Value of Donation	
Date Received		Event #		Aggregate value for this Event	
Name of Donor					
Street Address			City		State
Zip Code			State		Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		Description of Donation		Fair Market Value of Donation	
Date Received		Event #		Aggregate value for this Event	
SUBTOTAL Section L4— This Page					
TOTAL of additional Section L4 Pages					
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <small>(Enter total on Line 21, Column A of Summary Page Totals)</small>					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
SUBTOTAL Section L5 — This Page				
TOTAL of additional Section L5 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY (Enter total on Line 22, Column A of Summary Page Totals)				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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M. In-Kind Contributions

Name			
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Street Address	City	State	Zip Code
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Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fair Market Value of this Contribution
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Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	--

Name			
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Street Address	City	State	Zip Code
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Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fair Market Value of this Contribution
---	---	---

Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	--

Name			
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Street Address	City	State	Zip Code
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Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
---	---------------	-------------------------	-------------------------------------

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fair Market Value of this Contribution
---	---	---

Is this contribution associated with an event reported listed in Section L1? <i>If yes, list Event # _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SUBTOTAL Section M — This Page

TOTAL of additional Section M Pages

TOTAL OF ALL IN-KIND CONTRIBUTIONS *(Enter total on Line 23, Column A of Summary Page Totals)*

N. Refundable Deposit to Telephone Company

Last Name of Individual	First	MI	Date Deposit Made
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Residential Street Address	City	State	Zip Code
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Name of Telephone Company			
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Street Address	City	State	Zip Code
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Amount of Deposit

TOTAL SECTION N *(Enter total on Line 24, Column A of Summary Page Totals)*

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IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Columbia River Project		10-10-23 Filing	
P. Expenses Paid by Committee			
Name of Payee Aniello's Pizza		Date of Payment 9-25-23	Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 346 Hemingway Ave		City East Haven	State CT Zip Code 06512
Purpose of Expenditure (by code) Food	Description Pizza For Headquarters	Event # —	Amount 57.77
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Aniello's Pizza		Date of Payment 9-25-23	Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 346 Hemingway Ave		City East Haven	State CT Zip Code 06512
Purpose of Expenditure (by code) Food	Description Pizza For Headquarters	Event # —	Amount 49.38
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Share Publishing		Date of Payment 9-28-23	Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 724 Boston Post Rd		City Madison	State CT Zip Code 06443
Purpose of Expenditure (by code) A-News	Description Ads For E.H. Courier	Event # —	Amount 2735.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee WIX, Com		Date of Payment 9-29-23	Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 500. Tishy/Flexco Bld		City San Francisco	State CA Zip Code
Purpose of Expenditure (by code) web	Description web design	Event # —	Amount 15.31
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
SUBTOTAL Section P — This Page		2857.46	
TOTAL of additional Section P Pages		9097.87	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		9097.87	

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IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Hobbs For May 1st		10-10-23 Filing	
P. Expenses Paid by Committee			
Name of Payee Dallas Tree		Date of Payment 9-20-23	Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 472 Foxon Blvd		City New Haven	State CT
Zip Code 06513			
Purpose of Expenditure (by code) MISC	Description OFFICE Supplies For Headquarters	Event # -	Amount 23.93
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Payee Ocean State Sub let		Date of Payment 9-20-23	Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 713 Foxon Rd		City East Haven	State CT
Zip Code 06512			
Purpose of Expenditure (by code) MISC	Description Folding Table + Flagpole Headquarters	Event # -	Amount 20.94
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Payee Luv Custom Creations		Date of Payment 9-21-23	Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 317 West Ave		City Stamford	State CT
Zip Code 06911			
Purpose of Expenditure (by code) A-OTH	Description Custom T-shirts	Event # -	Amount 912.48
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Payee Dallas Tree #3550		Date of Payment 9-25-23	Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 869 W Main Street		City Branford	State CT
Zip Code 06405			
Purpose of Expenditure (by code) MISC	Description OFFICE and Headquarters Supplies	Event # -	Amount 47.24
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
SUBTOTAL Section P — This Page			1004.59
TOTAL of additional Section P Pages			6240.01
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			9007.87

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IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Columbia Fed. Maj.		10-10-23 Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
Dollar Tree # 17943		9-19-21	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State	Zip Code
478 Foxon Rd	New Haven	CT	06513
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Headquarter Supplies - 7 Hk Plt the Barres	-	21.27
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee		Date of Payment	Method of Payment:
Wal-Mart		9-19-23	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State	Zip Code
315 Foxon Blvd	New Haven	CT	06513
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Keurig & Coffee for Headquarters	-	160.41
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee		Date of Payment	Method of Payment:
Dollar City		9-19-23	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State	Zip Code
346 Hemingway Ave	East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Headquarter Supplies	-	11.12
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee		Date of Payment	Method of Payment:
Dollar General		9-20-23	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State	Zip Code
Store # 16088	East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Paper Goods - Cops - 7 Hk Plt Headquarters	-	42.81
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
SUBTOTAL Section P — This Page		235.61	
TOTAL of additional Section P Pages		5235.42	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		9007.87	

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IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Custom Exp May 1		E 10-23-Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
Dollar Tree #3550		9-18-23	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
369 W Main Street		Beantford	CT 06105
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Office Supplies For Headquarters	—	31.11
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Dollar Tree		9-18-23	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
32 Fennage Rd		East Haven	CT 06512
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Particic material For Headquarters	—	13.29
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Anello's Pizza		9-19-23	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
346 Hemingway Ave		East Haven	CT 06512
Purpose of Expenditure (by code)	Description	Event #	Amount
Food	Pizza For Headquarters workers	—	46.16
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Ocean State Sub Lot		9-19-23	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
713 Foxon Road		East Haven	CT 06512
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Folding Tables For Headquarters	—	120.93
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page		211.49	
TOTAL of additional Section P Pages		5000.21	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE			
(Enter total on Line 19, Column A of Summary Page Totals)			

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IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ctleg Feb Mktg		10-10-23 Policy	
P. Expenses Paid by Committee			
Name of Payee East Haven DTC		Date of Payment 9-11-23	Method of Payment: <input checked="" type="checkbox"/> Check # 02360 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address P.O. Box 120446		City East Haven	State CT Zip Code 06512
Purpose of Expenditure (by code) CNRB	Description expense for Rent for Headquarters	Event # —	Amount 3000.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Amazon		Date of Payment 9-15-23	Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address Headquarters 410 Terry Ave		City N. Seattle	State WA Zip Code 98106
Purpose of Expenditure (by code) MISC	Description Vacuum Cleaner for Headquarters	Event # —	Amount 180.78
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Dallas City		Date of Payment 9-17-23	Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 346 Hemingway Ave		City East Haven	State CT Zip Code 06512
Purpose of Expenditure (by code) MISC	Description supplies for Headquarters cleaning	Event # —	Amount 50.11
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Dallas City		Date of Payment	Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 346 Hemingway Ave		City East Haven	State CT Zip Code 06512
Purpose of Expenditure (by code) MISC	Description Supplies for Headquarters	Event # —	Amount 22.77
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
SUBTOTAL Section P — This Page		3253.66	
TOTAL of additional Section P Pages		4788.72	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		9007.87	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
California For Mayor		10-10-23 - Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
Restaurant Debt # 71		8-18-23	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
181 Marsh Hill Rd		Orange	CA 92647
Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	Food For Hot Dog Fundraise	C080023	573.30
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Fesale's		8-19-23	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
210 Universal Dr.		North Haven	CT 06477
Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	Hot Dogs	C080023	193.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Dollar City		8-20-23	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
346 Hemingway Ave		East Haven	CT 06512
Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	Popcorn Tunnels For Fundraise	C080023	6.44
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
			<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P -- This Page			772.74
TOTAL of additional Section P Pages			1539.06
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			9097.87

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IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Columbia For Mayor		COT-10-23 Filing	
P. Expenses Paid by Committee			
Name of Payee Stop & Shop		Date of Payment 8-21-23	Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 370 Hemingway Ave		City East Haven	State CT
Purpose of Expenditure (by code) misc	Description Headquarters supplies	Event # —	Amount 85.53
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Amazon		Date of Payment 8-17-23	Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address Headquarters - 4100 1st Ave		City N-Seattle	State WA
Purpose of Expenditure (by code)	Description Campaign Supplies	Event # —	Amount 553.01
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Anedot		Date of Payment 9-30-23	Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1920 McKinney Ave		City Dallas	State TX
Purpose of Expenditure (by code) Bank Fee's	Description Tee's For Electronic Dept	Event # —	Amount 82.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Aldi Store # 63		Date of Payment 8-18-23	Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 535 Sawmill Rd		City West Haven	State CT
Purpose of Expenditure (by code) FACDR	Description Hot Dog Buns	Event # C082023	Amount 41.28
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
SUBTOTAL Section P — This Page		762.32	
TOTAL of additional Section P Pages		0	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		9097.87	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Q. Campaign Expenses Paid by Candidate			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
SUBTOTAL Section Q — This Page			
TOTAL of additional Section Q Pages			
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals)			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
R. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:		
Name of Vendor, Person or Entity				Date of Transaction	
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 unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Vendor, Person or Entity				Date of Transaction	
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 unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Vendor, Person or Entity				Date of Transaction	
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 unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Vendor, Person or Entity				Date of Transaction	
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 unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section R — This Page					
TOTAL of additional Section R Pages					
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27, Column A of Summary Page Totals)					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
S. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
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 unless "None of the below" is checked)				
<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Creditor				Date Incurred	
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 unless "None of the below" is checked)				
<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Creditor				Date Incurred	
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 unless "None of the below" is checked)				
<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section S-This Page					
TOTAL of additional Section S Pages					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)					
Previously reported Expenses Unpaid and still Outstanding					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
T. Itemization of Reimbursements and Secondary Payees			
Last Name of Worker/Consultant		First	MI
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Date of Payment to Vendor, Person or Entity	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State
Purpose of Expenditure (by code)		Event #	Zip Code
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		Amount <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Last Name of Worker/Consultant		First	MI
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Date of Payment to Vendor, Person or Entity	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State
Purpose of Expenditure (by code)		Event #	Zip Code
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		Amount <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Last Name of Worker/Consultant		First	MI
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Date of Payment to Vendor, Person or Entity	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State
Purpose of Expenditure (by code)		Event #	Zip Code
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		Amount <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Last Name of Worker/Consultant		First	MI
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Date of Payment to Vendor, Person or Entity	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State
Purpose of Expenditure (by code)		Event #	Zip Code
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		Amount <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Last Name of Worker/Consultant		First	MI
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Date of Payment to Vendor, Person or Entity	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State
Purpose of Expenditure (by code)		Event #	Zip Code
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		Amount <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Last Name of Worker/Consultant		First	MI
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Date of Payment to Vendor, Person or Entity	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State
Purpose of Expenditure (by code)		Event #	Zip Code
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		Amount <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
SUBTOTAL Section T — This Page			
TOTAL of additional Section T Pages			
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS			