SEEC FORM 20

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

Page 1 of 17

2023 JUL 10 P 2: 12

TOWN CLERK Do Nos Mark in This Space For Official Use Only

	COVE	R PAGE	
1. NAME OF COMMITTEE	7 N 1	* * * * * * * * * * * * * * * * * * *	
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2. TREASURER NAME		1 // 1	
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3. TREASURER ADDRESS	<u> </u>		State Zip Code
Street Address 10 Sea	View Ave city	EGST Haver	1 State Zip Code OK 512
	5. OFFICE SOUGHT (Complete only	if Candidate Committee)	6. DISTRICT NUMBER
(mm/dd/yyyy)	\mathcal{N})al for	(if applicable)
7. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Committee)		
Joseph	MIA	Castoba	Suffix
8. TYPE OF REPORT (Chock One Box)			
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contribution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	(PACs ONLY) Amendment to
July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Report:
October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination	
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November		
9. PERIOD COVERED			
	Beginning Date	Ending Date	
	4-1-23	thru 4-30-	23
10. CERTIFICATION			
I hereby certify and state, under p Disclosure Statement for the pe TREASURER OR DEPUTY TREASURE	riod covered is true, accurate	all of the information set forth on the and complete. Zohaw A. Defale T NAME OF SIGNER	is Itemized Campaign Finance
A person who is	found to have knowingly and w faces a civil pe	villfully violated any provisions of the enalty or imprisonment or both.	e campaign finance statutes

SEEC FORM 20

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

SUMMARY PAGE TOTALS

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B. Itemized Con	tributions from Individuals
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 3 855-00

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A. Total Contributions from Small Contributors-Received this Period ONLY (See:instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 3885-00
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter-total on Line 13, Column A of Summary Page	A+B) 3 885.00

F-COMMITTEE: (Provide:Complete:Name as Registered with:Filing Repository)	TYPE OF REPORT			
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT
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A. Total Contributions from Small Contributors-Received this Period ONLY (See: instructions for definition of Small Contributor) SUBTOTAL SECTION A \$ 3 8 85 - \infty \infty
B. Itemized Contributions from Individuals
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Residential Street Address State Zip Code State Zip Code State Zip Code
Principal Occupation Name of Employer
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 3 885-00

NAME OF COMMITTEE, Provides Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 3845-60
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B. Itemized Contributions from Indiv	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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Residential Street Address 201 Bluff Rd City Egst Haven	State Zip Code 06572
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Section B ADDITIONAL PAGE	of
OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Laitag Fd Mald	7-10-23 /
Total Contributions from Small Contributors-Received this Period ONL	V FILE
See instructions for definition of Small Contributor) SUBTOTAL SECTION	\$ 3885000
B. Itemized Contributions from Ind	iniduale
Real sections from the	MI
Street Address	2/le
27 South Str City C & 11	State Zip Code
cupation / JOL ST HGVB	0 0512
Dicectal Name of Employer	6 611
or a lobbyist, spouse,	st Uff
or a lobbyist, spouse, nt child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contribution is in excess of \$400 to a candidate for a chief execution of the she is associated with have a contribution is in excess of \$400 to a candidate for a chief execution of the she is associated with have a contribution of the she is associated with have a contribution of the she is associated with have a contribution of the she is a s	ttive officer of a municipality, Amount of Contribution
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ontribution:	ve 🗆 Legislative
Personal Check Credit/Debit Card Payroll Deduction Money Order 6-4-33	Aggregate Contributions
Pirst P	, /
TVI Zyoki Altier	
106 B (10) 1 City C 1	State Zip Code
pation Basilo / Rd Esot Have	en 01 19/25/2
Name of Employer	1
r a lobbyist, spouse, Yes If contribution is in excess of \$400 to	
child of a lobbyist? No does contributor or business he/she is associated with here.	ve officer of a municipality, Amount of Contribution
Yes No	1
d in Section L1? No If yes, indicate which branch or branches	Clar
of government the contract is with: Executive	Legislative AC.CC
Personal Check	Aggregate Contributions
1) First C	10.00
Bimonte (201	MI
SZ Color of City Co. 11	State Zip Code
ation Egst Have	80 61 C6512
Name of Employer	7 051
a lobbyist, spouse, Yes If contribution is in excess of \$400 to a continuous.	
hild of a lobbyist? No does contributor or business he/she is associated with house a contributor.	e officer of a municipality, Amount of Contribution
Yes No	
in Section 11? No If yes, indicate which branch or branches	e contractor?
of government the contract is with: Executive	□ Legislative No 40c0
ersonal Check	Aggregate Contributions
	900
SUBTOTAL Section B — This I	Page 1000 —
TOTAL of additional Section B Pa	15 20 00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A	17 30.00
(Enter total on Line 13, Column A of Summary Page To) 885.00
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	Section	ILD ADDITIONA	LIAGE	OI	
NAME OF COMMITTEE	(Provide Complete Name as	Registered with Filing Repository)		TYPE OF REPORT	
				7-10-23-	Film
Special Action of the property	butions from Sma or definition of Small Con	ll Contributors-Receiv	ed this Period ONLY SUBTOTAL SECTION A	\$ 3887.	de
Cd	Folgo Fol	Mar /dl			
		B. Itemized Co	ntributions from Indiv	iduals	
Last Name Rand	1		Dechac her	(=	A
Residential Street Address	Foote	DA	City Essy Harm		State Zip Code 0 65 12
Principal Occupation			Name of Employer		
Is contributor a lobbyist, sp or dependent child of a lob	oyist? 🛂 No do	contribution is in excess of \$400 bes contributor or business he/she lued at more than \$5,000?			Amount of Contribution
Is this contribution associatevent reported in Section I If yes, list Event # F.C.	12 102 No		ct is with:	Legislative	40-
Method of Contribution: Cash Personal Che	ck Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order 6-4-23	Aggregate Contributions	
Last Name De j	e50		First Nichol	95	MI
Residential Street Address	Mass. 14	ve	City East Have	np ·	State Zip Code CI 065 J
	113 + legist	10 M/6.	Name of Employer S/Ch.	mt 15ms	
Is contributor a lobbyist, sp or dependent child of a lobb	ykst? 📮 Yo do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?			Amount of Contribution
		Is contributor a principal of a <i>If yes</i> , indicate which bra of government the contra	ct is with:	e ☐ Legislative	50.
Method of Contribution: Cash Personal Chec	ck Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order 6-4-23	Aggregate Contributions	
Last Name MgF	tin		First Lacer	1	MI ;
Residential Street Address	Cox 6	So. Del	City ESS) H	avar	State Zip Code Of 06512
Principal Occupation			Name of Employer		
Is contributor a lobbyist, sp or dependent child of a lobb	oyist? No do va	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?		t with said municipality	Amount of Contribution
Is this contribution associatevent reported in Section L. If yes, list Event #	(= x	Is contributor a principal of a If yes, indicate which braid of government the contract	et is with:	Legislative No	100.
Method of Contribution: Cash Personal Chec	ck Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order 6433	Aggregate Contributions	
		SUBT	TOTAL Section B — Thi	s Page	10.00
	and the same of the same of	TOTAI	of additional Section B	Pages /43	30.00
	TOTAL OF ALL	CONTRIBUTIONS FROM	1 INDIVIDUALS (Sections		86 00



of

Section B ADDITI		_ 01	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	eposjtory)	TYPE OF REPORT	
Conform Fol Park	/	7-16-13 Fi	(in)
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	Received this Period ON SUBTOTAL SECTION		\$ `
B. Itemi	zed Contributions from I	ndividuals	
Last Name HA	First Desty	/ .	MI
Residential Street Address / Lincoln 5/6.	City	on Klin	State Zip Code
Principal Occupation	Name of Employer		
	ss of \$400 to a candidate for a chief e ess he/she is associated with have a c 00?		Amount of Contribution
If yes, list Event # 3060103 No If yes, indicate of government		cutive Legislative No	60
Method of Contribution: Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction	Date Received Money Order Date Received	Aggregate Contributions GC. —	
Last Name K55 days	First Ao	ita	MI
Residential Street Address 199 GCECAY Blvd F	16 City Do6 W 10		State Zip Code
Principal Occupation	Name of Employer	7 Inc.	5
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busing valued at more than \$5,00	s of \$400 to a candidate for a chief exess he/she is associated with have a coo?	secutive officer of a municipality, optract with said municipality No	Amount of Contribution
event reported in Section Light 1998, indicate	cipal of a state contractor or prospect which branch or branches the contract is with:	cutive Legislative	60.
Method of Contribution: Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction	□Money Order Date Received	Aggregate Contributions	
Last Name Clouch	First Dol	cer	MI
Residential Street Address 032 Chidsey Ave	City Engl	Haurs :	State Zip Code
Principal Occupation Account in Mal	Name of Employer	resploy Fic	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No Ves does contributor or busine valued at more than \$5,00	s of \$400 to a candidate for a chief exess he/she is associated with have a coor?	recutive officer of a municipality, ontract with said municipality	Amount of Contribution
event reported in Section 112	cipal of a state contractor or prospectivities branch or branches he contract is with:	>	400-
Method of Contribution: ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	□Money Order Date Received	Aggregate Contributions 140-	
	SUBTOTAL Section B —	This Page	60.1
	TOTAL of additional Section	n B Pages 127	0
TOTAL OF ALL CONTRIBUTION (Enter total	S FROM INDIVIDUALS (Section Line 13, Column A of Summary		85.00

of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cattern Fel mala	7-K-23 //1
A. Total Contributions from Small Contributors-Received this Period ONLY	1 00 F1110)
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 3885.60
	2
B. Itemized Contributions from Indivi	duals
Last Name Defelm 6 First Pichad	MI
Residential Street Address 10 Seavier Acc East Have	State Zip Code
Principal Occupation Delice Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with an Yes Sevent reported in Section L12 Coulons No If yes, indicate which branch or branches	e contractor? Yes No Legislative
Method of Contribution: 346 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Aggregate Contributions
Last Name Lance Cell; First Matt	MI
Residential Street Address 245 Man 5 Field 9. Fd City Egry Har	VCN State Zip Code 063/2
Principal Occupation Name of Employer Vetical	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
	te contractor? Yes 80 —
Method of Contribution: Cash Deck Credit/Debit Card Payroll Deduction Money Order C-1/-33	Aggregate Contributions
Last Name Daga line First Len	MI
Residential Street Address 1270 Days High #115 City Essy Hava	State Zip Code C1 063 2
Principal Occupation Patical Name of Employer Petital	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Specific Contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
	e contractor? Yes Ao
Method of Contribution: Date Received Credit/Debit Card Payroll Deduction Money Order Date Received Luly 23	Aggregate Contributions
SUBTOTAL Section B — This	Page 14/0-
TOTAL of additional Section B P	10 00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A	

Section B ADDITIONAL PAGE _____ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPORT	
Caltala Fol Mayor	/	7-10-83 7	-1/19/
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)	s-Received this Period ONLY SUBTOTAL SECTION A	\$ 3885.0	
B. Iter	nized Contributions from Indivi	duals	ТМІ
Thomas S6.	First Van V	8	Ig: a l
Residential Street Address 843 Thompson St.	4. City East Hav	or c	ate Zip Code 7/2
Principal Occupation P. F. Acent	Name of Employer	9	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in exposed does contributor or but yalued at more than \$	teess of \$400 to a candidate for a chief executivisiness he/she is associated with have a contract 5,000?	ve officer of a municipality, t with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section I.12.	orincipal of a state contractor or prospective sta	tte contractor?	40.00
If yes, list Event # Bollow 3 of government Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction	Date Received	Aggregate Contributions 90.00	
Last Name 5/100 at /	First Saok	1 / 5	ML P
Residential Street Address Pl	City Egyt 7/1	TVCP !	State Zip Code () 06512
Principal Occupation	Name of Employer		
we depend on the child of a lobby ist? We does contributor or b	xcess of \$400 to a candidate for a chief execut usiness he/she is associated with have a contra \$5,000?	ct with said municipants	Amount of Contribution
event reported in Section L1?	principal of a state contractor or prospective s cate which branch or branches	15 CF 25	200.00
If yes, list Event # 3060/04 of government o	Date Received	Aggregate Contributions 400.00	
Last Name	First Chan I'v		MI
Residential Street Address	C//G (//e		State Zip Code
25 Colum Dus Ale	Name of Employer		0) 06517
Principal Occupation Pope Sel. Dilectel	Town	cf Eff	, Amount of Contribution
or dependent child of a lobbyist? No does contributor or valued at more than		o	- Amount of Science
went toposted in Section I 12 / No If yes, indi	Home are comme	ve 🗌 Legislative	40.00
Method of Contribution: 1716 □ Cash Personal Check □ Credit/Debit Card □ Payroll Deduce	ction Money Order Date Received 6-4-33	Aggregate Contributions	
	SUBTOTAL Section B — T	his Page 2	80.00
	TOTAL of additional Section	B Pages 9	40.00
TOTAL OF ALL CONTRIBU	FIONS FROM INDIVIDUALS (Section of total on Line 13, Column A of Summary Po	ns A + B) age Totals)	385-00

of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Carfel a Fol Marlob	7-10-23 6/101-
A. Total Contributions from Small Contributors-Received this Period ONLY	\$ 3886 00
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	1 3005,00
B. Itemized Contributions from Indivi	duals
Last Name	MI
Residential Street Address	
69 Goven Id Rustburg	State Zip Code 24588
Principal Occupation Resign of Venda Mal	ester Commiscetion Ground
Is contributor a lobbyist, spouse, or dependent child of a lebbyist? Yes If contribution is if excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality Amount of Contribution
Is this contribution associated with an event reported in Section L1? Wes No If yes, indicate which branch or branches	☑ No I
If yes, list Event # 600935 of government the contract is with:	☐ Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received	Aggregate Contributions
Last Name Pirst Daniel	MI
Residential Street Address 26 Hadman Ave. City East Have	State Zip Code
Principal Occupation Name of Employer	£ E.H.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L12 1007 Is the contributor a principal of a state contractor or prospective state of the contributor apprincipal of a state contractor or prospective state event reported in Section L12 1007 In No. If yes, indicate which branch or branches	Q/No 2 // —
	Aggregate Contributions
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 6 1 - 33	50-
Last Name Specific	
Residential Street Address 42 Casalina Rd City Cast Have	State Zip Code Of Cl65/2
Principal Occupation Enginee Name of Employer M15	7661
Is contributor a lobbyist, spouse, or dependent child of a lobbyist. So If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? No Yes If yes, list Event # One of government the contract is with: Executive	☐ Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received L-4-33	Aggregate Contributions
SUBTOTAL Section B — This	Page 120,00
TOTAL of additional Section B P	ages 6h0.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 1)	

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Jeensh B ABBITIONALIAGE	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TY	YPE OF REPORT
Cactron Fob Max	7-10-03 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	3885.60
B. Itemized Contributions from Individua	als
Last Name The Moser of Paul	MI
Residential Street Address 849 Thomason St. City Principal Occupation Residential Street Address Residential Street Address City Last Haver,	State Zip Code OY C6512
Blind Repub Spec Suparise / Dept 1/	A met Cortel
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 off does contributor or business he/she is associated with have a contract with valued at more than \$5,000?	icer of a municipality, a said municipality Amount of Contribution
Is this contribution associated with an event reported in Section L1? 10043 Yes Is contributor a principal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contributor aprincipal of	No I
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 6-0-27	pregate Contributions
Last Name Pace//i First Levis	MI
Residential Street Address 10 7 Foxon Rd City Coff Haven	State Zip Code C) 065 12
Principal Occupation Det 500 Name of Employer Pet 1500	(/.
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 offi does contributor or business he/she is associated with have a contract with valued at more than \$5,000?	icer of a municipality, said municipality Amount of Contribution
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Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ G-3-23 Aggr	regate Contributions
Last Name Leonaldi First Potes	MI
Residential Street Address 2 - Sorth Str. City Cast Have	State Zip Code /2
Principal Occupation Polisied Name of Employer Xetile	
If contribution is in excess of \$400 to a candidate for a chief executive office does contributor or business he/she is associated with have a contract with valued at more than \$5,000?	cer of a municipality; Amount of Contribution said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # \$\int_{0009}^{\infty} 23\$ Is contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor a principal of a state contractor or prospective state contributor and a state	tractor? Yes 4200.—
Mathada County of	egate Contributions
SUBTOTAL Section B — This Page	e 240.00
TOTAL of additional Section B Pages	540.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B (Enter total on Line 13, Column A of Summary Page Totals	3885.00

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Section b Addition.	ALTAGE 0I
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Lactaly Fel Majol	7-10-B Filis
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A \$ 3 885.
B. Itemized C	ontributions from Individuals
Last Name Gins host	First Debolah MI
Residential Street Address 21 HICLORY CT	City Wally for (d) State Zip Code C) O6497
Principal Occupation	Name of Employer
	00 to a candidate for a chief executive officer of a municipality, he is associated with have a contract with said municipality \[\sum \text{Yes} \]
	a state contractor or prospective state contractor?
Method of Contribution: 2003 Cash Personal Check Credit/Debit Card Payroll Deduction Mor	Date Received Aggregate Contributions
Last Name (, 1 /	First MI
Residential Street Address	City State Zip Code
Principal Occupation Principal Occupation	Egst Haven of 06512
Himan Rescuer	Tous of Exp Haven
Is contributor a lobbyist, spouse,	00 to a candidate for a chief executive officer of a municipality, he is associated with have a contract with said municipality Yes No
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the contributor.	
Method of Contribution: /// O ☐ Cash ☐ Payroll Deduction ☐ Mon	ey Order 4-3-23 Aggregate Contributions
Last Name PUC SUCKi	First Alfred Z
Residential Street Address / Bollelli Rd	City Egst Haven State Zip Code CO CO CO CO
Principal Occupation	Name of Employer
	00 to a candidate for a chief executive officer of a municipality, ne is associated with have a contract with said municipality Yes Amount of Contribution
Method of Contribution: /9/9 Cash Personal Check Credit/Debit Card Payroll Deduction Mon	Date Received Aggregate Contributions
SUI	BTOTAL Section B — This Page 300.00
TOTA	AL of additional Section B Pages 0
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections A + B) e 13, Column A of Summary Page Totals) 3 8 5 0 0



NAME OF COMMITTEE (Provide Complete Name	as Registered wit	h Filing Repositor	ליכ		TYPE OF REPO	ORT /	
		10.12	911 12		1-1	0-3 Toli	3
V 10	C1. Co	ontribution	s from O	ther Commi			1
Name of Committee	Con	ollon	PAC	Name of Treasur	59 Ke/1	14	
Address 1898 To	en Li	'sDC	Is this contri	bution associated ed in Section L1? If yes, lis	with an Yes	Amount of	Contribution
City 2 10 / 6	State	Zip Code	Date Rece		Aggregate Contributions	- 15/	.00
Gulfad	CT	06437	4-5	30-23	156.cl	, /) 0	
Pane of Committee	nen	PAC	,30	Name of Treasur	boll B	onsne	
17 Red Olgo	re B	A	Is this contri event report	bution associated ed in Section L1? <i>If yes</i> , lis	l with an ☐ Yest No t Event#	O Amount of	Contribution
Middletown	State	Zip Code 06457	Date Rece	ved 15-23	Aggregate Contributions	1000	300
Name of Committee	0,	,,,,	, ,	Name of Treasur	rer		
Address				ed in Section L13	iwith an ☐ Yes ☐ No	O Amount of	Contribution
City	State	Zip Code	Date Rece		Aggregate Contributions		
						•	
Co Point	1	Constant	- D:-4:L	Cara franc	othor Committee		
Name of Committee	oursements	s or Surpiu	S DISTEID	Name of Treasu	other Committee	68	
Address			City			State	Zip Code
Date Received Expenditure #	Payment Type	21				Amount	of Receipt
(if applicable)] Reimburseme	nt for shared exp	pense 🗆 S	urplus Distributi	011		•
Description							
Name of Committee				Name of Treasu	rer	4	
							ni.
Address	1911	13-13-1	City		120 - 5	State	Zip Code
Date Received Expenditure #	Payment Type				-7	Amount	of Receipt
(ij applicable)	☐ Reimbursen	nent for shared o	expense 🗆	Surplus Distrib	ution		
Description							
		SUBTOT	AL Section	on C — This	Page /	150.00	1
		TOTAL of	additions	l Section C I	ages	0.	
TOTAL OF ALL	COMMITT					50.00	7
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NAME OF COMMITTEE (Provide Complete Name a.	s Registered with Filing Repo	sitory)		T	YPE OF	REPORT	
	D. T can	s Recei	ved this Period				, of Program
Name of Lender	D. Loan	3 Necei	Source of Loan:				Date of Receipt
			☐ Bank ☐ Can	ididate 🔲 I	ndividua	I Other Committee	
Street Address	City	31-2-20-		S	Itate	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	ii						Amount Received
Street Address	City			- 10	State	Zip Code	
	City				State	Zip Code	
Name of Lender			Source of Loan: Bank Cane	didate 🗌 I	ndividua	l ☐ Other Committee	Date of Receipt
Street Address	Cíly		-1	S	tate	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City			18	State	Zip Code	
Name of Lender			Source of Loan; Bank Can	didate 🔲 I	ndividua		Date of Receipt
Street Address	City		- L	S	itate	Committee Zip Code	Is there a Cosigner or
							Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
Si i							
	- y 1		TOTAL SECT	ION D			
E. Receipts from Entition	es other than Indi	viduals	or Other Com	mittees (Referen	dum Committe	es ONLY)
Name of Entity							,
Street Address			-	Date Rec	eived		Amount Received
City		State	Zip Code	Aggrega	te Contrib	outions	
Name of Entity						2	***
Street Address		100	- AMARIK	Date Rec	eived		Amount Received
Tity		State	Zip Code	Aggrega	te Contrib	outions	
Name of Entity		×				AH11-2-1	
Street Address				Date Rec	eived		Amount Received
City		State	Zip Code	Aggregat	te Contrib	outions	
The second secon			more it and	TON E	1		
		1.5	TOTAL SECT	IONE	1		

NAME OF COMMITTEE (F	Provide Complete Name as Register	ed with Filing Repository)		TYPE OF R	EPORT
F. A	mount Transferred f	rom Affiliated Bu	siness Treasury (1	Business Entity Co	mmittees ONLY)
Date of Receipt	Is this transaction associal event reported in Section	L . 00	If yes, list Event #		Amount
Date of Receipt	Is this transaction associatevent reported in Section		If yes, list Event#		Amount
Date of Receipt	Is this transaction associat event reported in Section		If yes, list Event#		Amount
Date of Receipt	Is this transaction associate event reported in Section		If yes, list Event#		Amount
	2 2 3	2.1	TOTAL SECT	TION F	
G. Amount Trans	sferred from Affiliate	ed Labor Union o	Other Organizat	tion Treasury (Organization Committees ONLY)
Date of Receipt 4-20		ate of Reccipt		Date of Receipt	
1500a	- 23 - OC	A	nount		Amount
		*	TOTAL SECTI	ON G	500.00
Н.	Personal Funds of the	he Candidate Rec	eived this Period	(Candidate Comm	ittees ONLY)
Date of Receipt	Method of payment:	☐ Personal Che	ck	Debit Card	Amount
Date of Receipt	Method of payment:	Personal Che	ck 🔲 Credit/D	Ocbit Card	Amount
Date of Receipt	Method of payment:	☐ Personal Che	ck Credit/D	Debit Card	Amount
Date of Receipt	Method of payment:	☐ Personal Che	ck Credit/D	Pebit Card	Amount
			TOTAL SEC	CTION H	
8 x x 2		I. Anonymous	Contributions	- F s1	
amour	r Public Act 11-48, Ant. If a committee remediately remit the	eceives an anonyr	nous contribution	n, the campaign	n treasurer shall

for deposit in the General Fund.

Revised January 2018 1. IVIOIVI	TAKT KECEIT 15 (Sections)	1—N)		
NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Repository)	TYPE O	FREPORT	THE STATE OF
I Interest fo	rom Deposits in Authorized Accour	ite		
Name of Institution	Tom Deposits in Authorized Account	Date Rec	eived	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Rec	eived	Amount
The or distriction		Date 1100		Amount
Street Address	City	State	Zip Code	
	TOTAL SECTIO	NJ		
K. Miscellaneous Mo	onetary Receipts not Considered Co	ntribu	tions	1 15 7500
Name		Dat	e of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Dat	e of Transaction	Amount Received
	45		In a l	
Street Address	City	State	Zip Code	
Description				
None		I Do	e of Transaction	
Name		Dai	e of fransaction	Amount Received
Street Address	City	State	Zip Code	
Description				
,				
Name		Da	e of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
	TOTAL SECTION K			
		4		
	MONETARY RECEIPTS (Section	ns D th	rough K)	
Total Loans Received this Period (Section D)	- Triffelin		s	
Total Receipts from Entities other than Individuals or Other	ner Committees (Section E)	+		
Total Amount Transferred from Affiliated Business Treas	sury (Section F)	+		
Total Amount Transferred from Affiliated Labor Union of	r Other Organization Treasury (Section G	5) +		
Total Amount of Personal Funds of the Candidate Receiv	ed this Period (Section H)	+		
Total Amount of Interest from Deposits in Authorized Ac	counts (Section J)	+		
Total Miscellaneous Monetary Receipts not Considered C	Contributions (Section K)	+		
	Total of Other Monetary			
(Add Sections D through	K) (Enter total on Line 15, Column A of Summar	y Page Tot	als)	

Event # Description Description	OF REPORT
Event # Description	
Event # Description	
Pata of Prison	and the state of t
160423 J3 Fried Vouch FUNDSAISEG	Was this a fundraising eve
Freet Address Co CGO STROLL City Last Haves	State Zip Code
	I Donations not Considered Contributions and complete required information for an od, beverage and invitations.)
	d Donations not Considered Contributions on.)
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	±.) \$
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committee	ses of Advertising Space in a Program Boo
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? Yes (If yes, enter Total Receipts here.	3.)
Event# Description	T
Date of Event Letter	Was this a fundraising eve
Location: Street Address City	State Zip Code
Subpart 1: (All Committees)	
	Donations not Considered Contributions and complete required information for an od, beverage and invitations.)
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes (If yes, go to Section L4 In-Kind and complete required information No	d Donations not Considered Contributions on.)
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committee Were there purchases of advertising space in a program book or on a Sign and complete requirements or on a Sign and complete requirements. Yes (If yes, go to Section L3 Purchases or on a Sign and complete requirements)	ses of Advertising Space in a Program Boo
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?	.) \$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page	ge
SUBTOTAL Section LI—Subpart 3 (Town Committees ONL) Total Receipts from Food Purchases — This Page	
TOTAL of additional Section L1 Page	es
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASI (Finter total on Line 16a, Column A of Summary Page Total	

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 Registe	red with Filing Reposito	יכיוי)		TYPE OF REPOR	ET		7/11/12
1 2	L3. Purchase	es of Advertisin	ig in a Progr	am Book or c		1		
Name of Purchaser							Made By:	
							siness Entity	Other
						☐ Ind	ividual/Sole Pi	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purchas	se /	Amount of Sig	n Purchase
Name of Purchaser						Purchase	e Made By:	
						🔲 Bus	siness Entity	☐ Other
						☐ Ind	ividual/Sole Pi	roprietorship
Street Address			City				State	Zip Code
		¥41						
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purchas	se z	Amount of Sig	n Purchase
Name of Purchaser					T	Purchas	e Made By:	
					1	☐ Bu	siness Entity	☐ Other
						☐ Ind	ividual/Sole-P	roprietorship
Street Address	111.		City		,,		State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se	Amount of Sig	n Purchase
Date Received	Brone #	7 KBB egale 7 Kilonikasa	7077111 2 7011111	Amount of 11	oBram 110 1 at one			,
Name of Purchaser							e Made By:	
					- 1		siness Entity	Other
			·			∐ Ind	lividual/Sole P	
Street Address			City			State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se .	Amount of Sig	gn Purchase
Name of Purchaser		L				Purchas	e Made By:	
Transcot 1 dictioses					2.		siness Entity	Other
							lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
	T		C AND	1	ogram Ad Purcha	201	Amount of Sig	n Purchase
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Au Furcha	se	Amount of Si	gn i urenase
	SUBTOTAL Section L3	Total Purchases of	Advertising in	Program Book	— This Page			
± in	SUBTOTAL Sec	tion L3 Total Purc	chases of Adver	tising on a Sign	— This Page			
r = W	2 2 200	Control of the second	TOTAL of	f additional Sect	ion L3 Pages			
TOTA	L OF ALL PURCHASES	OF ADVERTISIN	G IN A PROG	RAM BOOK or in A of Summary	ON A SIGN Page Totals)			

NAME OF COLUMN							
NAME OF COMMIT	TEE (Provide Complete Name as Regis	tered with Filing Repositor	עכ		TYPE OF REPO	ORT	
100							
Name of Donor	L4. In-	Kind Donations	Not Conside	red Contribu	ıtions		
	ast Haven	DIC	/				
Street Address P.O.	Bax 2148	,	City Fas 7	Have	n	State	Zip Code
Donation Given By:	Description of Donation	0	0101) / ,	Fair Market V	alue of Donatio
☐ Business Entity	Sayas (005 fol	Fried)	Douch 1	67/		- O Donatto
☐ Individual	Date Received	Event #		Aggregate Value fo	r this Event	55.	90
☐ Sole Proprietorship	6-4.23	130h04	23	55.	90		•
Name of Donor					70		_
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation	ß.				Fair Market Va	lue of Donation
☐ Business Entity							
☐ Individual	Date Received	Event #		Aggregate Value for	this Event	-	
☐ Sole Proprietorship						i i	
Name of Donor						-	
Street Address			Tax				
			City			State	Zip Code
Donation Given By:	Department of CD - 1						
Business Entity	Description of Donation					Fair Market Va	lue of Donation
	D-u B						
Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event		
ame of Donor						1	
treet Address			City			State	Zip Code
Oonation Given By: Business Entity	Description of Donation		4			Fair Market Va	lue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for t	his Event	-	
		SUBTO	OTAL Section I	4 — This Page	13	(90)	
		TOTAL	of additional S	ection L4 Pages	7	0	
тот	AL OF ALL IN-KIND DONA	TIONS NOT CON	SIDERED CO	NTRIBUTIONS		N NO	
		total on Line 21, Col				5.90	
	7 2						
	,						

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Repo	ository)	TY	PE OF REPORT
L5. I	n-Kind Donations Not Conside	red Contributions Associa	ted with a Ho	use Party
Name of Host			committee?	porting more than one candidate or Yes No lete Itemization in Addendum L5
Street Address		City	1	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 h	nost/candidate	
Name of Host			committee?	porting more than one candidate or Yes
Street Address		City		State Zip Code
Description of Donation	The second secon			Fair Market Value of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this la	iost/candidate	
Name of Host			committee?	porting more than one candidate or Yes □ No lete Itemization in Addendum L5
Street Address	- Committee Committee	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 h	ost/candidate	
Name of Host			committee?	porting more than one candidate or Yes 🗖 No lete Itemization in Addendum L5
Street Address	;- 1357-1411 10-151 10-1	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 h	ost/candidate	8
		SUBTOTAL Section L5 —	This Page	
4	3	TOTAL of additional Section	L5 Pages	
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on	OT CONSIDERED CONTRI Line 22, Column A of Summary		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE O	f report		450	
			M. In-Kind C	Contri	butions				
Name									
Street Address				City	1			State	Zip Code
Type of contributor:	Date Recei	ved	Aggregate Contributio	ns	Description of In-Kind	Contribution	1		
☐ Individual / Sole Proprietorship ☐ Other									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor		ousiness he/she is ass		for a chief executive o vith have a contract wi ☐ Yes ☐ No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	tor a principal of a str indicate which branc rument the contract is	ch or bra	actor or prospective stanches Executive		□No		
Name							·		
Street Address				City	,			State	Zip Code
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Recei	ved	Aggregate Contribution	ns	Description of In-Kind (Contribution	1		l:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/she is as		e for a chief executive with have a contract w Yes No				Aarket Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	Is contribut If yes, i		h or bra	actor or prospective sta		□No		
Name									
Street Address				City	,		r	State	Zip Code
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Recei	ved	Aggregate Contribution	ns	Description of In-Kind (Contributio	1		11
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co		business he/she is as	sociated	e for a chief executive with have a contract w				Aarket Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #		Is contribut If yes, i		ite contra	actor or prospective sta		□ No		
			SUBTOT	AL Sec	tion M — This Pag	ge			
			TOTAL of	additio	nal Section M Page	es			
TOTAL OF ALL IN-KIND CON	TRIBUT	FIONS (E	nter total on Line 23,	Column .	A of Summary Page To	tals)	X.		
1	N.	Refund	lable Deposit t	o Tele	phone Compan	y			S. F. Carlotte
Last Name of Individual			First				MI	`Date Deposit	Made
Residential Street Address			City			State	Zip Code	1	Amount of Deposit
Name of Telephone Company									
Street Address			City	3		State	Zip Code		
TOTAL SE	CTION	N (Enter to	otal on Line 24, Coli	umn A o	f Summary Page Tota	ils)			

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	/			
		7-10	23 Tilins			
	P. Expenses Paid by Committee		1			
Name of Payce	adford Pard Post Company #4	Date of Payment 6-4-2)	Method of Payment:			
Street Address	State Zip Code					
Purpose of Expenditure (by code)	Ford Dough Ford Pair V Bo	2604 23	Amount			
is applicable)	Type of Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Independent Independent Organization: O A O B O C O D					
Name of Payce	g Macie Hedley	6-4-23	Method of Payment Sold			
3,	12 Thropsin Au East Haven	9	State Zip Code Ci O6572			
Purpose of Expenditure (by code)	Description Puldakol Party Supplies Bo	60123	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O	() A O B O C O D	967.			
Name of Payee		Date of Payment <i>E-3c-23</i> *	Method of Payment: Check #			
Street Address	20 Mcking Ac City Dallas		State Zip code 15 201			
Purpose of Expenditure (by code) FECS	FOCS Fol Charles Desirt Event#		Amount			
Expenditure # (if applicable)	22.40					
Name of Payee		A o B o C o D Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT;			
Street Address	City	h	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. None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O	AOBOCOD				
	SUBTOTAL Section P — This l	Page S	61.67			
	TOTAL of additional Section P Pa	nges	0			
	TOTAL OF ALL EXPENSES PAID BY COMMIT (Enter total on Line 19, Column A of Summary Page T		1.67			

		(21101131) (1		~)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
		E 5.11	20 111					
Name of Paves (Nama of		Expenses Paid	by Candidate			. 11 10		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		oursement claimed?			
					Yes No			
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event i	#		Amount		
Name of Payce (Name of Vendor, Person or Entity who candidate paid directly) Date of					In raimh	oursement claimed?		
Traine of tayee (rame of remot, Person or Emity who canalaate pala alrecity)				Date of Payment		Yes No		
Street Address		City		*	State	Zip Code		
Purpose of Expenditure	Description		Event #	4		Amount		
(by code)								
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	oursement claimed?		
						Yes 🗌 No		
Street Address	Augu	City			State	Zip Code		
Purpose of Expenditure	Description		Event #	<i>‡</i>		Amount		
(by code)								
Name of Payce (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	ursement claimed?		
					_	Yes No		
Street Address	10000	City			State	Zip Code		
		0.1.7			State	Zip Code		
Purpose of Expenditure	Description		Event #					
(by code)	Description		Event	•		Amount		
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?			
						Yes No		
Street Address		City	/			Zip Code		
Purpose of Expenditure (by code)	Description		Event #			Amount		
(0) 0000)								
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	ursement claimed?		
						Yes 🗌 No		
Street Address		City			State	Zip Code		
						-		
Purpose of Expenditure Description Evo		Event #	Amount					
(by code)								
1	B 1	SUBTOTAL Se	ection Q — This	Page		-		
2 1								
17	wenter and the second	TOTAL of addition	onal Section Q P	ages				
	TOTAL OF ALL (Enter total of	EXPENSES PAIL on Line 26, Column A						

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE O					PE OF REPORT	OF REPORT		
	R. Expenses Incurre	d on Com	mittee Cre	dit Card		,,		
Name of Issuing Institution Type of Credit Card: Visa Master Card Discover American					n Express	Other:		
Name of Vendor, Person of	or Entity			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date of Transaction		
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #			Amount	
Expenditure # ((f applicable) Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D								
Name of Vendor, Person o	r Entity					Date of Tra	ansaction	
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) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D								
Name of Vendor, Person or Entity						Date of Tra	ansaction	
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event#			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	iture)	☐ Indepe	endent	ов ос о р			
3 2 3	SI	JBTOTAL S	ection R — I	Гhis Page				
	тот	'AL of additi	onal Section	R Pages				
ŦŌſ	TAL OF ALL EXPENSES INCURRED ON ((Enter-total on Line							

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
	S. Expenses Incurred by Com	wittee hut Net Deid	Duning this Donied		***		
Name of Creditor	Date Incurr	ed					
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description Event #			Amount Incurred (Estimate or Actual)			
Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)							
Name of Creditor				Date Incurr	Date Incurred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Expenditure Description Event #				Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)							
Name of Creditor					Date Incurred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below						
		SUBTOTAL Section	S-This Page				
	T.	OTAL of additional Sec	tion S Pages				
TOTAL OF ALL E	EXPENSES INCURRED BY COMMITTEE DURING (Enter total on Li	NG THIS PERIOD BUT ne 28, Column A of Summa					
	Previously reported Expe	enses Unpaid and still O	utstanding				
4							
			200				

V 10 20 C C C C C C C C C C C C C C C C C C		_							
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TY	YPE OF REPORT					
	T Itamiration of Dairel		ranmonta and Coasin	dow Do	11000				
T. Itemization of Reimbursements and Secondary Payees									
Last Name of Worker/Consultant			rst			MI	Person or	ayment to Vend Entity	dor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	-			reported in	1 Section P:		Vorker/Consulta	
			And the second s		☐ Chec	ck #			
Street Address of Vendor, I	erson or Entity Paid by Committee Worker/Consultant		City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D					ос о в			
Last Name of Worker/Cons	ultant	Fir	st		MI Date of Payment to Person or Entity			ayment to Vend Entity	dor,
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Section P:		Vorker/Consulta	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event#				Amount	
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: o A					ов с	ос о в			
Last Name of Worker/Consultant			rst			MI	Date of P Person or	Payment to Vend r Entity	dor,
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			. H		Payment to reported in Chec	n Section P:		Worker/Consulta	tant as
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: o A				о В	осор			
SUBTOTAL Section T — This Page					ge				
TOTAL of additional Section T Pages					es				
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS					гs				