

# SEEC FORM 20

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



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EAST HAVEN, CT.

2023 JUL 10 P 2:12

*Olivia Batten*  
TOWN CLERK

Do Not Mark in This Space For Official Use Only

Page 1 of 17

## COVER PAGE

<b>1. NAME OF COMMITTEE</b> <i>Casford for Mayor</i>			
<b>2. TREASURER NAME</b>			
First <i>Richard</i>	MI <i>A</i>	Last <i>DePalma</i>	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address <i>10 Seaview Ave</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy)	<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee) <i>Mayor</i>		<b>6. DISTRICT NUMBER</b> (if applicable)
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)			
First <i>Joseph</i>	MI <i>A</i>	Last <i>Casford</i>	Suffix
<b>8. TYPE OF REPORT</b> (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 checked="" type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:
<input 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		
<b>9. PERIOD COVERED</b>			
Beginning Date <i>4-1-23</i>		Ending Date <i>6-30-23</i>	
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
<i>[Signature]</i> TREASURER OR DEPUTY TREASURER (SIGNATURE)		<i>Richard A. DePalma</i> PRINT NAME OF SIGNER	<i>7-10-23</i> 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	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		1792.80
12. Balance on hand at the beginning of Reporting Period	29939.50	
13. Contributions Received from Individuals (Sections A and B)	3885.00	20,990.00
14. Receipts from Other Committees (Sections C1 and C2)	1150.00	1150.00
15. Other Monetary Receipts (Sections D through K)	1500.00	1500.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <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)	0	11,400.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	6535.00	35040.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	36474.50	36832.80
19. Expenses Paid by Committee (Section P)	861.67	1219.97
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	35,612.83	35,612.83
21. In-Kind Donations not Considered Contributions Received (Section L4)	55.90	55.90
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
		7-16-23 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 3885.00	
B. Itemized Contributions from Individuals			
Last Name Carter		First Kelli	
Residential Street Address 8 Jeffrey Rd		City East Haven	State CT
Principal Occupation Apartment		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  20.-
Is this contribution associated with an event reported in Section L1? If yes, list Event # 366-423	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 6-4-23	
		Aggregate Contributions 20.-	
Last Name DeKo		First Joseph	
Residential Street Address 147 Sableme Ave		City East Haven	State CT
Principal Occupation Firefighter		Name of Employer Town of Guilford	
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  100.-
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 6-6-23	
		Aggregate Contributions 100	
Last Name		First	
Residential Street Address		City	State
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			120.00
TOTAL of additional Section B Pages			3885.-
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			3885.00

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
				7-10-23 Filing	
<b>A. Total Contributions from Small Contributors—Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
Carbon Fed May/06				\$ 3885.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Lesco		Ashley		A	
Residential Street Address		City		State	Zip Code
23 Taylor Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Broker		Law office of Mary Solgato			
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		70. —	
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 # <span style="font-size: 1.2em;">B060423</span>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <input type="checkbox"/> Executive           <input type="checkbox"/> Legislative         </div>			
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		6-4-27		20. —	
Last Name		First		MI	
Peggo		Christopher			
Residential Street Address		City		State	Zip Code
17 Dayatuck St.		East Haven		CT	06512
Principal Occupation		Name of Employer			
Office Clerk		Rights of Columbus			
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		50. —	
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 # <span style="font-size: 1.2em;">B060423</span>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <input type="checkbox"/> Executive           <input type="checkbox"/> Legislative         </div>			
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		6-7-23		200. —	
Last Name		First		MI	
Tacks		John		D	
Residential Street Address		City		State	Zip Code
18 Joshua's Trail		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 # <span style="font-size: 1.2em;">B060423</span>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <input type="checkbox"/> Executive           <input type="checkbox"/> Legislative         </div>			
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		6-4-23		100. —	
<b>SUBTOTAL Section B— This Page</b>				170. —	
<b>TOTAL of additional Section B Pages</b>				3765. —	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				3885.00	



## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Cafca Feb Mar/1		7-10-23 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A		
		\$ 3885.00		
B. Itemized Contributions from Individuals				
Last Name		First	MI	
Simola		Mark	A	
Residential Street Address		City	State Zip Code	
101 Hotchkiss Rd Ex		East Haven	CT 06312	
Principal Occupation		Name of Employer		
Safety Compliance Director		CW PM LLC		
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		
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		500.00
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # B060423		<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		6-4-23	500.00	
Last Name		First	MI	
Sparo		Elizabeth	M	
Residential Street Address		City	State Zip Code	
23 Pennsylvania Ave		East Haven	CT 06512	
Principal Occupation		Name of Employer		
Recreation Director		Town of E.H.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive 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		
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		100.00
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # B060423		<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		6-4-23	100.00	
Last Name		First	MI	
Wabensmith		John	J	
Residential Street Address		City	State Zip Code	
93 Gay Beach Ave Apt 4		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		
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		40.00
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # B060423		<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		6-4-23	190.00	
SUBTOTAL Section B— This Page		640.00		
TOTAL of additional Section B Pages		3595.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		3885.00		

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Conf. for Pajal</i>		TYPE OF REPORT <i>7-10-23 Filing</i>
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ <i>3885.00</i>

B. Itemized Contributions from Individuals					
Last Name <i>Strickel</i>		First <i>Sam</i>		MI	
Residential Street Address <i>19 Angela Dr.</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	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>8060423</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 type="checkbox"/> Yes <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>6-4-23</i>	Aggregate Contributions <i>20.-</i>		
Last Name <i>Birchante</i>		First <i>Mageline</i>		MI	
Residential Street Address <i>105 A Kenneth Str.</i>		City <i>East Haven</i>		State <i>CT</i>	Zip Code <i>06512</i>
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	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>8060423</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 type="checkbox"/> Yes <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>6-4-23</i>	Aggregate Contributions <i>20.-</i>		
Last Name <i>Vellari</i>		First <i>Joe</i>		MI	
Residential Street Address <i>97 Broadfield Ave</i>		City <i>East Haven</i>		State <i>CT</i>	Zip Code <i>06512</i>
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	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>8060423</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 type="checkbox"/> Yes <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>6-4-23</i>	Aggregate Contributions <i>40.-</i>		
SUBTOTAL Section B — This Page					<i>80.-</i>
TOTAL of additional Section B Pages					<i>2955-</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					<i>3885.00</i>

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
				7-10-23 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <small>(See instructions for definition of Small Contributor)</small>				\$ 3885.00	
<b>SUBTOTAL SECTION A</b>					
Catalan Feb May 1					
<b>B. Itemized Contributions from Individuals</b>					
Last Name <b>Datagan</b>		First <b>Batagan</b>		MI	
Residential Street Address <b>5 Mansfield Ave Rd</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
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  <b>20.-</b>	
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:		Amount of Contribution  <b>20.-</b>	
Method of Contribution: <b>618</b> <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 <b>6-4-23</b>		Aggregate Contributions <b>20.-</b>	
Last Name <b>Giguino</b>		First <b>Mark</b>		MI	
Residential Street Address <b>75 Salesman Ave</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512</b>
Principal Occupation <b>Entertainment Manager</b>		Name of Employer <b>Self-</b>			
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  <b>20.-</b>	
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:		Amount of Contribution  <b>20.-</b>	
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 <b>6-4-23</b>		Aggregate Contributions <b>20.-</b>	
Last Name <b>Giretti</b>		First <b>Joseph</b>		MI	
Residential Street Address <b>12 Whalrus Pt.</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
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  <b>100.-</b>	
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:		Amount of Contribution  <b>100.-</b>	
Method of Contribution: <b>366</b> <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 <b>6-4-23</b>		Aggregate Contributions <b>100.-</b>	
<b>SUBTOTAL Section B— This Page</b>				<b>140.-</b>	
<b>TOTAL of additional Section B Pages</b>				<b>2155.-</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>				<b>3885.00</b>	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
		7-10-23 Filing		
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A		
		\$ 3885.00		
Castro Fel Marjol				
B. Itemized Contributions from Individuals				
Last Name		First	MI	
Bellmore		Wendy		
Residential Street Address		City	State Zip Code	
57 Catherine St.		East Haven	CT 06512	
Principal Occupation		Name of Employer		
AGRN		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		
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:		
B0604/23		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		50.-
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		6-4-23	50.-	
Last Name		First	MI	
Sidlowski		Sara		
Residential Street Address		City	State Zip Code	
196 Dalton St.		New Haven	CT 06511	
Principal Occupation		Name of Employer		
		Taverna Resort		
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		
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:		
B0604/23		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		20.-
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		6-4-23	20.-	
Last Name		First	MI	
Kikosicki		Sarah		
Residential Street Address		City	State Zip Code	
103 Leigh Drive		East Haven	CT 06512	
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief 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		
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:		
B0604/23		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		440.-
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		6-4-23	440.-	
SUBTOTAL Section B — This Page				110.-
TOTAL of additional Section B Pages				2015.-
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				3885.00



# I. MONETARY RECEIPTS (Sections A—K)

IF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
				7-10-23 Filing	
<b>Total Contributions from Small Contributors-Received this Period ONLY</b> <small>(See instructions for definition of Small Contributor)</small>				\$ 3885.00	
<b>SUBTOTAL SECTION A</b>					
Cabda Pol Majd					
<b>B. Itemized Contributions from Individuals</b>					
First Name Cobbivena		Last Name Rajmond		MI	
Street Address 73 Pleasant Ave		City East Haven		State CT	
Zip Code 06512					
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		Amount of Contribution	
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:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date Received 6-4-23		Aggregate Contributions 50.-		50.-	
Contribution Type: <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					
First Name Yaccarina		Last Name David		MI A	
Street Address 56 Robert Dg.		City East Haven		State CT	
Zip Code 06512					
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	
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:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date Received 6-4-23		Aggregate Contributions 70.-		20.-	
Contribution Type: <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					
First Name Hubbert		Last Name Tamar		MI D	
Street Address 50 Michael St.		City East Haven		State CT	
Zip Code 06512					
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		Amount of Contribution	
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:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date Received 6-4-23		Aggregate Contributions 15.-		15.-	
Contribution Type: <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					
<b>SUBTOTAL Section B — This Page:</b>				85.-	
<b>TOTAL of additional Section B Pages:</b>				1905.-	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>				3885.00	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
California Fed Motel		7-10-23 Filing	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 3885.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
Heaney		Alvin	
Residential Street Address		City	
57 Hobson St.		East Haven	
Principal Occupation		State	
		CT	
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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 3060423		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	
<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		6-4-23	
		Aggregate Contributions	
		40.00	
Last Name		First	
Impelato		Vicki	
Residential Street Address		City	
445 Foxon Rd.		North Branford	
Principal Occupation		State	
		CT	
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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 3060423		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	
<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		6-4-23	
		Aggregate Contributions	
		540.00	
Last Name		First	
Giannetti		William	
Residential Street Address		City	
36 Dodge Ave		East Haven CT	
Principal Occupation		State	
Trucking		CT	
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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 3060427		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	
<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		6-4-21	
		Aggregate Contributions	
		300.00	
<b>SUBTOTAL Section B — This Page</b>		130.00	
<b>TOTAL of additional Section B Pages</b>		1820.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		3885.00	

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Castaño Fed Mayd		7-10-23 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 Individuals				
Last Name		First	MI	
Cummings		Dawn		
Residential Street Address		City	State Zip Code	
7 State Piller Rd		East Haven	CT 06512	
Principal Occupation		Name of Employer		
Police		Town of E.H.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive 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		
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:		
Beto 4/23		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		40.00
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		6-4-23	40.00	
Last Name		First	MI	
Vollmer		AL		
Residential Street Address		City	State	Zip Code
43 Edden Dr.		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		
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:		
Beto 4/23		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		40.00
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		6-4-23	40.00	
Last Name		First	MI	
Cane		Kathleen		
Residential Street Address		City	State	Zip Code
171 Morgan Ave		East Haven	CT	06512
Principal Occupation		Name of Employer		
Teacher		E.H. BOE		
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		
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:		
Beto 4/23		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		20.00
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		6-4-23	20.00	
SUBTOTAL Section B — This Page				100.00
TOTAL of additional Section B Pages				1690.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				3885.00

Section B ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
				7-10-23 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$ 3885.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
		Tarducci		John	
Residential Street Address		City		State	Zip Code
		25 Briff Lane		CT	06512
Principal Occupation		Name of Employer			
		Sr. Vice President			
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		20.-	
Is this contribution associated with an event reported in Section L1?		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 If yes, list Event # 10/23		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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		6-4-23		20.-	
Last Name		First		MI	
		Baltel		Liss	
Residential Street Address		City		State	Zip Code
		35 Red Bluff Rd		CT	06512
Principal Occupation		Name of Employer			
		Town Clerk			
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		20.00	
Is this contribution associated with an event reported in Section L1?		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 If yes, list Event # 10/23		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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		6-4-23		270.-	
Last Name		First		MI	
		Baltel		Joshua	
Residential Street Address		City		State	Zip Code
		35 Red Bluff Rd		CT	06512
Principal Occupation		Name of Employer			
		Attorney			
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		20.-	
Is this contribution associated with an event reported in Section L1?		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 If yes, list Event # 10/23		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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		6-4-23		85.-	
<b>SUBTOTAL Section B — This Page</b>				60.00	
<b>TOTAL of additional Section B Pages</b>				1596.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				3885.00	



## Section B ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_\_

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

TYPE OF REPORT

Total Contributions from Small Contributors-Received this Period ONLY  
See instructions for definition of Small Contributor

SUBTOTAL SECTION A

\$

## B. Itemized Contributions from Individuals

Benivegia		First	Michelle		MI
22 South St.		City	East Haven		State
Director		Occupation	CT		Zip Code
Name of Employer		Town of EH			
<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?			Amount of Contribution
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor?			
Contribution associated with an event in Section L1? Event # 3060423		If yes, indicate which branch or branches of government the contract is with:			
Contribution:		Date Received 6-4-23			
<input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Contributions		40.00	

Purzyloki		First	Alice		MI
106 Bagley Rd		City	East Haven		State
Retired		Occupation	CT		Zip Code
Name of Employer		Retired			
<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?			Amount of Contribution
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor?			
Contribution associated with an event in Section L1? Event # 3060423		If yes, indicate which branch or branches of government the contract is with:			
Contribution: 1921		Date Received 6-4-23			
<input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Contributions		20.00	

Bimonte		First	Guy		MI
53 Eden St.		City	East Haven		State
		Occupation	CT		Zip Code
Name of Employer					
<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?			Amount of Contribution
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor?			
Contribution associated with an event in Section L1? Event # 3060423		If yes, indicate which branch or branches of government the contract is with:			
Contribution:		Date Received 6-4-23			
<input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Contributions		40.00	

SUBTOTAL Section B — This Page

TOTAL of additional Section B Pages

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

3885.00

Section B ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
				7-10-23-Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 3885.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
				A	
Residential Street Address		City		State	Zip Code
				05	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	
Is this contribution associated with an event reported in Section L1?		<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:	
If yes, list Event #		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution  <div style="font-size: 24px; text-align: center;">40.00</div>	
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		6-4-23		40.00	
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
				05	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	
Is this contribution associated with an event reported in Section L1?		<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:	
If yes, list Event #		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution  <div style="font-size: 24px; text-align: center;">50.00</div>	
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		6-4-23		50.00	
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
				05	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	
Is this contribution associated with an event reported in Section L1?		<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:	
If yes, list Event #		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution  <div style="font-size: 24px; text-align: center;">100.00</div>	
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		6-4-23		120.00	
SUBTOTAL Section B — This Page				190.00	
TOTAL of additional Section B Pages				1430.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				3885.00	

Section B ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Caffin Inc. Payol				7-10-23 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$ 3 885.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Hoff		Dusty			
Residential Street Address		City		State	Zip Code
333 Lincoln St.		Franklin		MA	02038
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		60.-	
Is this contribution associated with an event reported in Section L12?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event # 3060423		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		6-4-23		60.-	
Last Name		First		MI	
Kessday		Arita			
Residential Street Address		City		State	Zip Code
199 Gregory Blvd #16		Dorwalk		CT	06855
Principal Occupation		Name of Employer			
		CHP 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		60.-	
Is this contribution associated with an event reported in Section L12?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event # 3060423		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		6-4-23		60.-	
Last Name		First		MI	
Clough		Dobier			
Residential Street Address		City		State	Zip Code
32 Chidsey Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Accounting Mgt		RC Zegelman 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		40.-	
Is this contribution associated with an event reported in Section L12?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event # 3060423		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		6-4-23		140.-	
<b>SUBTOTAL Section B — This Page</b>				160.-	
<b>TOTAL of additional Section B Pages</b>				1240	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				3885.00	

Section B ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Catala Fel Major		7K-23 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 3885.60	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
DePalma		Richard	
Residential Street Address		City	
10 Seaview Ave		East Haven	
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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
If yes, list Event # B0604/23		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	
<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		6-4-23	
		40. -	
Last Name		First	
Lamancelli		Matt	
Residential Street Address		City	
245 Mansfieldg. Rd		East Haven	
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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
If yes, list Event # B0604/23		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	
<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		6-4-23	
		80. -	
Last Name		First	
Dagline		Ker	
Residential Street Address		City	
1270 Deyth High #115		East Haven	
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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
If yes, list Event # B0604/23		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	
<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		6-4-23	
		20. -	
SUBTOTAL Section B — This Page		140. -	
TOTAL of additional Section B Pages		1080. -	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		3885.60	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Cafola Fel Mayd		7-10-83 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b>	
		\$ 3885.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
Thompson Sr.		Pank	
Residential Street Address		City	State Zip Code
843 Thompson St.		East Haven	CT 06512
Principal Occupation		Name of Employer	
PE Agent		SSP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40.00	
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?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
B060423		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<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		6-4-83	90.00
Last Name		First	MI
Stacey		Jank	R
Residential Street Address		City	State Zip Code
82 Folders Pl		East Haven	CT 06512
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		200.00	
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?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
B060423		<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		6-4-83	400.00
Last Name		First	MI
Cayle		Charlie	
Residential Street Address		City	State Zip Code
25 Columbus Ave		East Haven	CT 06512
Principal Occupation		Name of Employer	
Paper Sol. Director		Town of EH	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40.00	
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?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
B060423		<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		6-4-83	290.00
SUBTOTAL Section B — This Page		280.00	
TOTAL of additional Section B Pages		940.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		3885.00	
(Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Cartera Fol Mar/06		7-10-23 Fol/np	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <small>(See instructions for definition of Small Contributor)</small>		<b>SUBTOTAL SECTION A</b> \$ 3885.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name McLean		First Dan	
Residential Street Address 69 Gough Rd		City Rustburg	State VA
Principal Occupation Regional Vender Mgr		Name of Employer Plastic Communications Group	
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 # 306423		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 6-4-23	Aggregate Contributions 20
Last Name Mori		First Daniel	
Residential Street Address 26 Hartman Ave		City East Haven	State CT
Principal Occupation Laparel		Name of Employer Town of E.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? If yes, list Event # 306423		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 6-4-23	Aggregate Contributions 50-
Last Name Spargo		First Michael	
Residential Street Address 42 Casella Rd		City East Haven	State CT
Principal Occupation Engineer		Name of Employer Mistress	
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 # 306423		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 6-4-23	Aggregate Contributions 50.-
<b>SUBTOTAL Section B — This Page</b>		120.00	
<b>TOTAL of additional Section B Pages</b>		660.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>		3885.00	

Section B ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>Califco Feb May</u>		TYPE OF REPORT <u>7-10-23 Filing</u>
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ <u>3885.60</u>

B. Itemized Contributions from Individuals

Last Name <u>Thompson</u>		First <u>Paul</u>	MI
Residential Street Address <u>849 Thompson St.</u>		City <u>East Haven</u>	State <u>CT</u> Zip Code <u>06512</u>
Principal Occupation <u>Blind Rehab Spec Supervisor</u>		Name of Employer <u>Dept VA med. Center</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 L1? If yes, list Event # <u>B060423</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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>6-8-23</u>	Aggregate Contributions <u>40.-</u>
Last Name <u>Pacelli</u>		First <u>Levis</u>	MI
Residential Street Address <u>107 Foxon 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	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>B060423</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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>6-3-23</u>	Aggregate Contributions <u>20.</u>
Last Name <u>Leonardi</u>		First <u>Peter</u>	MI
Residential Street Address <u>2 - South St.</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 L1? If yes, list Event # <u>B060423</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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>6-3-23</u>	Aggregate Contributions <u>200.-</u>
SUBTOTAL Section B — This Page			<u>240.00</u>
TOTAL of additional Section B Pages			<u>540.00</u>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			<u>3885.00</u>

Section B ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Carolina For Major		7-10-23 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ 3885.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Ginsberg		First Deborah MI H	
Residential Street Address 21 Hickory CT		City Wallingford CT Zip Code 06492	
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	
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: 8003 <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 4-1-23 Aggregate Contributions 100.00	
Last Name Sabatino		First Edward MI M	
Residential Street Address 7 Deadfield Street		City East Haven CT Zip Code 06512	
Principal Occupation Human Resources		Name of Employer Town of East Haven	
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: 1010 <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 4-3-23 Aggregate Contributions 150.00	
Last Name Puczycki		First Alfred MI Z	
Residential Street Address 106 Borrelli Rd		City East Haven CT Zip Code 06512	
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 #		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: 1919 <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 5-1-23 Aggregate Contributions 50.00	
SUBTOTAL Section B — This Page		300.00	
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)		3885.00	



# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
						7-10-23 Filing	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
Together for Tomorrow PAC				Lisa Kelly			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
1898 Jennifer Dr			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			150.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
Gulfport	CT	06437	4-30-23	150.00			
Name of Committee				Name of Treasurer			
Power of Women PAC				Robert Bourne			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
17 Red Orange Rd			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			1000.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
Middletown	CT	06457	5-15-23	1000.00			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
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						1150.00	
TOTAL of additional Section C Pages						0	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)						1150.00	

**I. MONETARY RECEIPTS (Sections A—K)**

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>				<b>TYPE OF REPORT</b>	
<b>D. Loans Received this Period</b>					
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 <i>(if applicable)</i>				Amount Received	
Street Address	City	State	Zip Code		
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 <i>(if applicable)</i>				Amount Received	
Street Address	City	State	Zip Code		
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 <i>(if applicable)</i>				Amount Received	
Street Address	City	State	Zip Code		
<b>TOTAL SECTION D</b>					
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>					
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		
<b>TOTAL SECTION E</b>					

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
<b>F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)</b>		
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Amount
<b>TOTAL SECTION F</b>		
<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b>		
Date of Receipt <div style="font-size: 1.5em; margin-top: 5px;">4-20-23</div>	Date of Receipt	Date of Receipt
Amount <div style="font-size: 1.5em; margin-top: 5px;">1500.00</div>	Amount	Amount
<b>TOTAL SECTION G</b>		1500.00
<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>		
Date of Receipt	Method of payment: <div style="display: flex; justify-content: space-around; margin-top: 5px;"><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card</div>	Amount
Date of Receipt	Method of payment: <div style="display: flex; justify-content: space-around; margin-top: 5px;"><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card</div>	Amount
Date of Receipt	Method of payment: <div style="display: flex; justify-content: space-around; margin-top: 5px;"><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card</div>	Amount
Date of Receipt	Method of payment: <div style="display: flex; justify-content: space-around; margin-top: 5px;"><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card</div>	Amount
<b>TOTAL SECTION H</b>		
<b>I. Anonymous Contributions</b>		
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	
<b>J. Interest from Deposits in Authorized Accounts</b>					
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
<b>TOTAL SECTION J</b>					
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>					
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					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>TOTAL SECTION K</b>					
<b>SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)</b>					
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)					+
<b>Total of Other Monetary Receipts</b> (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?
760423	JB	Fried Dough Fundraise 6	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Addman George Street		East Haven	CT 06512

#### Subpart 1: (All Committees)

Was this event hosted at a personal residence?

- ☐ 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.)
- ☒ 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?

- ☒ Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
- ☐ No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?

- ☐ Yes (If yes, enter Total Receipts here.)

☒ No

\$

#### Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?

- ☐ Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
- ☒ 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?

- ☐ Yes (If yes, enter Total Receipts here.)

☒ No

\$

Event # Date of Event	Letter	Description	Was this a fundraising event?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code

#### Subpart 1: (All Committees)

Was this event hosted at a personal residence?

- ☐ 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.)
- ☐ 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?

- ☐ Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
- ☐ No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?

- ☐ Yes (If yes, enter Total Receipts here.)

☐ No

\$

#### Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?

- ☐ Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
- ☐ No

☐ 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?

- ☐ Yes (If yes, enter Total Receipts here.)

☐ No

\$

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	
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>						
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		
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		
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		
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		
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		
<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>						
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>						
<b>TOTAL of additional Section L3 Pages</b>						
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> (Enter total on Line 16c, 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	
<b>L4. In-Kind Donations Not Considered Contributions</b>					
Name of Donor <i>East Haven DTC</i>					
Street Address <i>P.O. Box 2148</i>		City <i>East Haven</i>		State <i>CT</i>	Zip Code <i>06512</i>
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation <i>Same Cars for Fried Dough Party</i>			Fair Market Value of Donation <i>55.90</i>	
	Date Received <i>6-4-23</i>	Event # <i>B060423</i>	Aggregate Value for this Event <i>55.90</i>		
Name of Donor					
Street Address		City		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
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
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				<i>55.90</i>	
TOTAL of additional Section L4 Pages				<i>0</i>	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21, Column A of Summary Page Totals)				<i>55.90</i>	

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
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 <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>				



### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
<b>M. In-Kind Contributions</b>					
Name					
Street Address			City		State    Zip Code
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			<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Name					
Street Address			City		State    Zip Code
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			<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Name					
Street Address			City		State    Zip Code
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			<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Name					
Street Address			City		State    Zip Code
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			<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<b>SUBTOTAL Section M — This Page</b>					
<b>TOTAL of additional Section M Pages</b>					
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS</b> (Enter total on Line 23, Column A of Summary Page Totals)					
<b>N. Refundable Deposit to Telephone Company</b>					
Last Name of Individual			First		MI    Date Deposit Made
Residential Street Address			City		State    Zip Code
Name of Telephone Company					<b>Amount of Deposit</b>
Street Address			City		
<b>TOTAL SECTION N</b> (Enter total on Line 24, Column A of Summary Page Totals)					

SEEC FORM 20  
Revised January 2015

# IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
		7-10-23 Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
Bradford Manor Post Company #4		6-4-23	<input checked="" type="checkbox"/> Check # 02384
Street Address		City	State Zip Code
Beage Street		East Haven	CT 06512
Purpose of Expenditure (by code)	Description	Event #	Amount
RM	Fried Dough Fund Raiser	BOB04 23	375.00
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		Date of Payment	Method of Payment:
Tina Marie Hedley		6-4-23	<input checked="" type="checkbox"/> Check # 02366
Street Address		City	State Zip Code
312 Thompson Ave		East Haven	CT 06512
Purpose of Expenditure (by code)	Description	Event #	Amount
RM	Pizza Fundraising Party Supplies	BOB04 23	464.27
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:
AneDOT		6-30-23	<input checked="" type="checkbox"/> Check # 02366
Street Address		City	State Zip Code
1920 McKinney Ave		Dallas	TX 75201
Purpose of Expenditure (by code)	Description	Event #	Amount
RM	Fees for Electronic Deposit	—	22.40
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:
			<input type="checkbox"/> Check #
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"/> Coordinated without reimbursement sought (in-kind contribution)		
SUBTOTAL Section P — This Page		861.67	
TOTAL of additional Section P Pages		0	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE		861.67	
(Enter total on Line 19, Column A of Summary Page Totals)			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<b>Q. Campaign Expenses Paid by Candidate</b>			
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
<b>SUBTOTAL Section Q — This Page</b>			
<b>TOTAL of additional Section Q Pages</b>			
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> (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	
<b>R. Expenses Incurred on Committee Credit Card</b>					
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 #		<b>Amount</b>	
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 #		<b>Amount</b>	
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 #		<b>Amount</b>	
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 #		<b>Amount</b>	
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				
<b>SUBTOTAL Section R — This Page</b>					
<b>TOTAL of additional Section R Pages</b>					
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> (Enter total on Line 27, Column A of Summary Page Totals)					



# IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <div style="display: flex; justify-content: space-between;"> <div> <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)         </div> <div> <input type="checkbox"/> Independent  <input type="checkbox"/> Organization: <input type="radio"/> A   <input type="radio"/> B   <input type="radio"/> C   <input type="radio"/> D         </div> </div>				
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <div style="display: flex; justify-content: space-between;"> <div> <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)         </div> <div> <input type="checkbox"/> Independent  <input type="checkbox"/> Organization: <input type="radio"/> A   <input type="radio"/> B   <input type="radio"/> C   <input type="radio"/> D         </div> </div>				
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <div style="display: flex; justify-content: space-between;"> <div> <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)         </div> <div> <input type="checkbox"/> Independent  <input type="checkbox"/> Organization: <input type="radio"/> A   <input type="radio"/> B   <input type="radio"/> C   <input type="radio"/> D         </div> </div>				
<b>SUBTOTAL Section S-This Page</b>					
<b>TOTAL of additional Section S Pages</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>					
<b>Previously reported Expenses Unpaid and still Outstanding</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>					

# IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
<b>T. Itemization of Reimbursements and Secondary Payees</b>					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
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) <span style="margin-left: 100px;"><input type="checkbox"/> Independent</span> <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <span style="margin-left: 100px;"><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D</span>				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
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) <span style="margin-left: 100px;"><input type="checkbox"/> Independent</span> <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <span style="margin-left: 100px;"><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D</span>				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
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) <span style="margin-left: 100px;"><input type="checkbox"/> Independent</span> <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <span style="margin-left: 100px;"><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D</span>				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
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) <span style="margin-left: 100px;"><input type="checkbox"/> Independent</span> <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <span style="margin-left: 100px;"><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D</span>				
<b>SUBTOTAL Section T — This Page</b>					
<b>TOTAL of additional Section T Pages</b>					
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>					