

# SEEC FORM 20

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



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TOWN CLERK'S OFFICE  
EAST HAVEN, CONN.

*Lisa Balth*  
TOWN CLERK  
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Page 1 of 17

## COVER PAGE

|   |  |   |   |
|---|--|---|---|
| <b>1. NAME OF COMMITTEE</b><br><i>Casfags For Mayor</i>   |  |   |   |
| <b>2. TREASURER NAME</b>  |  |   |   |
| First<br><i>Richard</i>   | MI<br><i>A</i>   | Last<br><i>DePalma</i>                                | Suffix  |
| <b>3. TREASURER ADDRESS</b>   |  |   |   |
| Street Address<br><i>10 Sparrow Ave</i>   | City<br><i>East Haven</i>  | State<br><i>CT</i>                                    | Zip Code<br><i>06512</i>  |
| <b>4. ELECTION/REFERENDUM DATE</b><br>(mm/dd/yyyy)<br><i>11-7-23</i>  | <b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee)<br><i>Mayor</i>       |   | <b>6. DISTRICT NUMBER</b><br>(if applicable)                              |
| <b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)  |  |   |   |
| First<br><i>Joseph</i>  | MI   | Last<br><i>Casfags</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 type="checkbox"/> July 10 filing   | <input checked="" 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<br><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<br><i>10-1-23</i>  |  | Ending Date<br><i>10-31-23</i>                        |   |
| <b>10. CERTIFICATION</b>  |  |   |   |
| I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. |  |   |   |
| <i>[Signature]</i><br>TREASURER OR DEPUTY TREASURER (SIGNATURE)   |  | <i>Richard DePalma</i><br>PRINT NAME OF SIGNER        | <i>10-31-23</i><br>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

## 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<br>This Period | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for ongoing and party committees OR<br>Balance on hand from day committee was formed for all other committees |                         | 1792.80               |
| 12. Balance on hand at the beginning of Reporting Period  | 36678.15                |                       |
| 13. Contributions Received from Individuals (Sections A and B)  | 8380.00                 | 38615.00              |
| 14. Receipts from Other Committees (Sections C1 and C2)   | 500.00                  | 1900.00               |
| 15. Other Monetary Receipts (Sections D through K)  | 0                       | 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                       | 12400                 |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c)   | 8880.00                 | 54115.00              |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)   | 45558.15                | 56207.80              |
| 19. Expenses Paid by Committee (Section P)  | 20101.39                | 30751.04              |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)  | 25456.76                | 25456.76              |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)  | 29.25                   | 270.15                |
| 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)<br><div style="font-size: 1.2em; font-family: cursive;">Castro Fed Majd</div>   |  | TYPE OF REPORT<br><div style="font-size: 1.2em; font-family: cursive;">7th Day Recording Election</div>   |  |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor)   |  | \$ <div style="font-size: 1.5em; font-family: cursive;">8380</div>  |  |
| B. Itemized Contributions from Individuals   |  |   |  |
| Last Name<br><div style="font-size: 1.2em; font-family: cursive;">Schultz</div>  |  | First<br><div style="font-size: 1.2em; font-family: cursive;">Robert</div>  |  |
| Residential Street Address<br><div style="font-size: 1.2em; font-family: cursive;">173 Barman Rd</div>   |  | City<br><div style="font-size: 1.2em; font-family: cursive;">East Haven</div> State<br><div style="font-size: 1.2em; font-family: cursive;">CT</div> Zip Code<br><div style="font-size: 1.2em; font-family: cursive;">06512</div>   |  |
| Principal Occupation<br><div style="font-size: 1.2em; font-family: cursive;">Manager</div>   |  | Name of Employer<br><div style="font-size: 1.2em; font-family: cursive;">Rone Co.</div>   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # _____<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>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:<br><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<br><div style="font-size: 1.2em; font-family: cursive;">10-8-23</div>   | Aggregate Contributions<br><div style="font-size: 1.2em; font-family: cursive;">40.00</div>  |
| Last Name<br><div style="font-size: 1.2em; font-family: cursive;">DiNicola</div>   |  | First<br><div style="font-size: 1.2em; font-family: cursive;">Karen</div>   |  |
| Residential Street Address<br><div style="font-size: 1.2em; font-family: cursive;">86 Southampton Ave</div>  |  | City<br><div style="font-size: 1.2em; font-family: cursive;">Columbus</div> State<br><div style="font-size: 1.2em; font-family: cursive;">OH</div> Zip Code<br><div style="font-size: 1.2em; font-family: cursive;">43204</div>   |  |
| Principal Occupation<br><div style="font-size: 1.2em; font-family: cursive;">Retired</div>   |  | Name of Employer<br><div style="font-size: 1.2em; font-family: cursive;">Retired</div>  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # _____<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>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:<br><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<br><div style="font-size: 1.2em; font-family: cursive;">10-9-23</div>   | Aggregate Contributions<br><div style="font-size: 1.2em; font-family: cursive;">20.00</div>  |
| Last Name<br><div style="font-size: 1.2em; font-family: cursive;">Tiegan</div>   |  | First<br><div style="font-size: 1.2em; font-family: cursive;">Lee</div>   |  |
| Residential Street Address<br><div style="font-size: 1.2em; font-family: cursive;">9 Beachside Ave</div>   |  | City<br><div style="font-size: 1.2em; font-family: cursive;">East Haven</div> State<br><div style="font-size: 1.2em; font-family: cursive;">CT</div> Zip Code<br><div style="font-size: 1.2em; font-family: cursive;">06512</div>   |  |
| Principal Occupation<br><div style="font-size: 1.2em; font-family: cursive;">Attorney</div>  |  | Name of Employer<br><div style="font-size: 1.2em; font-family: cursive;">Law Office Cohen + Associates</div>  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # _____<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>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:<br><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<br><div style="font-size: 1.2em; font-family: cursive;">10-19-23</div>  | Aggregate Contributions<br><div style="font-size: 1.2em; font-family: cursive;">500.00</div> |
| SUBTOTAL Section B.— This Page   |  |   | <div style="font-size: 1.5em; font-family: cursive;">562.00</div>                            |
| TOTAL of additional Section B Pages  |  |   | <div style="font-size: 1.5em; font-family: cursive;">8380.00</div>                           |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)  |  |   | <div style="font-size: 1.5em; font-family: cursive;">8380</div>                              |

# I. MONETARY RECEIPTS (Sections A—K)

|  |  |   |  |  |                          |
|--|--|---|--|--|--------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)<br><b>Cagfco Fed Mark</b>   |  |   |  | TYPE OF REPORT<br><b>7th day Receipt Station</b> |                          |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor)<br><b>SUBTOTAL SECTION A</b>  |  |   |  | \$ <b>8380.00</b>                                |                          |
| <b>B. Itemized Contributions from Individuals</b>  |  |   |  |  |                          |
| Last Name<br><b>Mulqueen</b>   |  | First<br><b>Susan</b>   |  | MI   |                          |
| Residential Street Address<br><b>196 Clintonville Rd</b>   |  | City<br><b>North Haven</b>  |  | State<br><b>CT</b>                               | Zip Code<br><b>06473</b> |
| Principal Occupation<br><b>Rickshaw</b>  |  | Name of Employer  |  |  |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution                           |                          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |  | 500.00   |                          |
| Method of Contribution: <b>9596</b><br><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<br><b>9-21-23</b>   |  | Aggregate Contributions<br><b>500.00</b>         |                          |
| Last Name<br><b>Lupo</b>   |  | First<br><b>Gabriel</b>   |  | MI   |                          |
| Residential Street Address<br><b>45 Chestnut St</b>  |  | City<br><b>Hamden</b>   |  | State<br><b>CT</b>                               | Zip Code<br><b>06514</b> |
| Principal Occupation<br><b>Rep. Chief of Police</b>  |  | Name of Employer<br><b>Retired</b>  |  |  |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution                           |                          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>FR 1823</b>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |  | 40.00  |                          |
| Method of Contribution:<br><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<br><b>10-18-23</b>  |  | Aggregate Contributions<br><b>40.00</b>          |                          |
| Last Name<br><b>Bye</b>  |  | First<br><b>Suzanne</b>   |  | MI   |                          |
| Residential Street Address<br><b>85 Jeffrey Rd</b>   |  | City<br><b>East Haven</b>   |  | State<br><b>CT</b>                               | Zip Code<br><b>06512</b> |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |  |  |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution                           |                          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |  | 50.00  |                          |
| Method of Contribution:<br><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<br><b>11-7-23</b>   |  | Aggregate Contributions<br><b>50.00</b>          |                          |
| <b>SUBTOTAL Section B — This Page:</b>   |  |   |  | <b>590.00</b>                                    |                          |
| <b>TOTAL of additional Section B Pages</b>   |  |   |  | <b>7820.00</b>                                   |                          |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B):</b><br>(Enter total on Line 13, Column A of Summary Page Totals)  |  |   |  | <b>8380.00</b>                                   |                          |



# I. MONETARY RECEIPTS (Sections A—K)

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)<br><i>Casag Fel Mark</i>  |  |   |  | TYPE OF REPORT<br><i>7th Day of January Election</i> |  |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor)<br><b>SUBTOTAL SECTION A</b>  |  |   |  | \$ <i>8380.00</i>                                    |  |
| <b>B. Itemized Contributions from Individuals</b>  |  |   |  |  |  |
| Last Name<br><i>Pacella</i>  |  | First<br><i>Christopher</i>   |  | MI<br><i>MI</i>                                      |  |
| Residential Street Address<br><i>17 Dayatrock St</i>   |  | City<br><i>East Haven - CT</i>  |  | State<br><i>CT</i> Zip Code<br><i>06512</i>          |  |
| Principal Occupation<br><i>Audit Clerk</i>   |  | Name of Employer<br><i>Knights of Columbus</i>  |  |  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution                               |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <i>7/10/1823</i>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                    |  | 20.00  |  |
| Method of Contribution:<br><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<br><i>10-18-23</i>  |  | Aggregate Contributions<br><i>310.00</i>             |  |
| Last Name<br><i>Matthew Limancelli</i>   |  | First<br><i>Matthew</i>   |  | MI   |  |
| Residential Street Address<br><i>245 Mansfield St</i>  |  | City<br><i>East Haven</i>   |  | State<br><i>CT</i> Zip Code<br><i>06512</i>          |  |
| Principal Occupation<br><i>Retired</i>   |  | Name of Employer<br><i>Retired</i>  |  |  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution                               |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <i>7/10/1823</i>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                    |  | 100.00   |  |
| Method of Contribution:<br><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<br><i>10-18-23</i>  |  | Aggregate Contributions<br><i>180.00</i>             |  |
| Last Name<br><i>Pacelli</i>  |  | First<br><i>Lon</i>   |  | MI   |  |
| Residential Street Address<br><i>107 Foxon Rd</i>  |  | City<br><i>East Haven</i>   |  | State<br><i>CT</i> Zip Code<br><i>06512</i>          |  |
| Principal Occupation<br><i>Retired</i>   |  | Name of Employer<br><i>Retired</i>  |  |  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution                               |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <i>7/10/1823</i>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                    |  | 20.00  |  |
| Method of Contribution:<br><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<br><i>10-18-23</i>  |  | Aggregate Contributions<br><i>140.00</i>             |  |
| <b>SUBTOTAL Section B — This Page:</b>   |  |   |  | <i>140.00</i>  |  |
| <b>TOTAL of additional Section B Pages</b>   |  |   |  | <i>7230.00</i>                                       |  |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B):</b><br>(Enter total on Line 13, Column A of Summary Page Totals)  |  |   |  | <i>8380.00</i>                                       |  |

# I. MONETARY RECEIPTS (Sections A—K)

|   |  |  |                         |                           |          |
|---|--|--|-------------------------|---------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |  |                         | TYPE OF REPORT            |          |
| Cassara Feb May   |  |  |                         | 7th Day Receding Election |          |
| A. Total Contributions from Small Contributors Received this Period ONLY<br>(See instructions for definition of Small Contributor)  |  |  |                         | SUBTOTAL SECTION A        |          |
|   |  |  |                         | \$ 8380.00                |          |
| B. Itemized Contributions from Individuals  |  |  |                         |                           |          |
| Last Name   |  | First  |                         | MI                        |          |
| Monaco  |  | Robert   |                         |                           |          |
| Residential Street Address  |  | City   |                         | State                     | Zip Code |
| 103 Paul St.  |  | 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<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><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, list Event # F101823  |  | 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 |  | 10-18-23   | 20.00                   |                           |          |
| Last Name   |  | First  |                         | MI                        |          |
| Spargo  |  | Mary   |                         | E                         |          |
| Residential Street Address  |  | City   |                         | State                     | Zip Code |
| 42 Caroline Rd  |  | East Haven   |                         | CT                        | 06512    |
| Principal Occupation  |  | Name of Employer   |                         |                           |          |
| Accreditation Manager   |  | Town of EH.  |                         |                           |          |
| 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<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         | 100.00                    |          |
| 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, list Event # F101823  |  | 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 |  | 10-18-23   | 100.00                  |                           |          |
| Last Name   |  | First  |                         | MI                        |          |
| Pete Jr.  |  | Donnie   |                         | C                         |          |
| Residential Street Address  |  | City   |                         | State                     | Zip Code |
| 1622 Strickland Ct  |  | Presque  |                         | CT                        | 06410    |
| Principal Occupation  |  | Name of Employer   |                         |                           |          |
| Security  |  | Protect Security 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<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         | 25.00                     |          |
| 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, list Event # F101823  |  | 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 |  | 10-18-23   | 250.00                  |                           |          |
| SUBTOTAL Section B — This Page  |  |  |                         | 370.00                    |          |
| TOTAL of additional Section B Pages   |  |  |                         | 7090.00                   |          |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |  |                         | 8380.00                   |          |

# I. MONETARY RECEIPTS (Sections A—K)

|  |  |   |  |   |                          |
|--|--|---|--|---|--------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)<br><i>Carlson Fed Mtd</i>   |  |   |  | TYPE OF REPORT<br><i>7th Day Hearing Election</i> |                          |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor)<br><b>SUBTOTAL SECTION A</b>  |  |   |  | \$ <i>8380</i>                                    |                          |
| <b>B. Itemized Contributions from Individuals</b>  |  |   |  |   |                          |
| Last Name<br><i>Looney</i>   |  | First<br><i>Martin</i>  |  | MI<br><i>M</i>                                    |                          |
| Residential Street Address<br><i>B 2 Fort Hsk Rd</i>   |  | City<br><i>North Haven</i>  |  | State<br><i>CT</i>                                | Zip Code<br><i>06457</i> |
| Principal Occupation<br><i>Attorney</i>  |  | Name of Employer<br><i>CT General Assembly Legislative</i>  |  |   |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>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                       |  |   | 200.00                   |
| Method of Contribution: <i>4385</i><br><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<br><i>10-12-23</i>  |  | Aggregate Contributions<br><i>200.00</i>          |                          |
| Last Name<br><i>Coppe</i>  |  | First<br><i>Frank</i>   |  | MI  |                          |
| Residential Street Address<br><i>20 Twin Lakes Rd unit 5</i>   |  | City<br><i>North Branford</i>   |  | State<br><i>CT</i>                                | Zip Code<br><i>06471</i> |
| Principal Occupation<br><i>Retired</i>   |  | Name of Employer<br><i>Retired</i>  |  |   |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>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                       |  |   | 1000.00                  |
| Method of Contribution: <i>2783</i><br><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<br><i>10-16-18</i>  |  | Aggregate Contributions<br><i>1000.00</i>         |                          |
| Last Name<br><i>Simpson</i>  |  | First<br><i>Kevin</i>   |  | MI  |                          |
| Residential Street Address<br><i>129 South Ave.</i>  |  | City<br><i>North Haven</i>  |  | State<br><i>CT</i>                                | Zip Code<br><i>06473</i> |
| Principal Occupation<br><i>Dept Chief</i>  |  | Name of Employer<br><i>Town of Haddam</i>   |  |   |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <i>10182</i>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>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                       |  |   | 50.00                    |
| Method of Contribution:<br><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<br><i>10-18-23</i>  |  | Aggregate Contributions<br><i>50.00</i>           |                          |
| <b>SUBTOTAL Section B — This Page</b>  |  |   |  | <i>1250.00</i>                                    |                          |
| <b>TOTAL of additional Section B Pages</b>   |  |   |  | <i>6720.00</i>                                    |                          |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |   |  | <i>8380.00</i>                                    |                          |

# I. MONETARY RECEIPTS (Sections A—K)

|  |  |   |  |   |                          |
|--|--|---|--|---|--------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)<br><b>Casaca For Mayor</b>  |  |   |  | TYPE OF REPORT<br><b>7th day preceding Election</b> |                          |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor)<br><b>SUBTOTAL SECTION A</b>  |  |   |  | \$ <b>8380.00</b>                                   |                          |
| <b>B. Itemized Contributions from Individuals</b>  |  |   |  |   |                          |
| Last Name<br><b>Bimonte</b>  |  | First<br><b>Guy</b>   |  | MI  |                          |
| Residential Street Address<br><b>53 Edmon Dr.</b>  |  | City<br><b>East Haven</b>   |  | State<br><b>CT</b>                                  | Zip Code<br><b>06512</b> |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |  |   |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>FD1823</b>  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>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                       |  |   | 20.00                    |
| Method of Contribution:<br><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<br><b>10-18-23</b>  |  | Aggregate Contributions<br><b>100.00</b>            |                          |
| Last Name<br><b>Esposito</b>   |  | First<br><b>Richard</b>   |  | MI  |                          |
| Residential Street Address<br><b>56 Morgan Ave</b>   |  | City<br><b>East Haven</b>   |  | State<br><b>CT</b>                                  | Zip Code<br><b>06512</b> |
| Principal Occupation<br><b>Financial Analyst</b>   |  | Name of Employer<br><b>Yale</b>   |  |   |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>FD1823</b>  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>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                       |  |   | 20.00                    |
| Method of Contribution:<br><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<br><b>10-18-23</b>  |  | Aggregate Contributions<br><b>20.00</b>             |                          |
| Last Name<br><b>Panpano</b>  |  | First<br><b>Raymond</b>   |  | MI<br><b>D</b>                                      |                          |
| Residential Street Address<br><b>30 Mariae Court</b>   |  | City<br><b>East Haven</b>   |  | State<br><b>CT</b>                                  | Zip Code<br><b>06512</b> |
| Principal Occupation<br><b>Teacher</b>   |  | Name of Employer<br><b>New Haven BOE</b>  |  |   |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>FD1823</b>  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>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                       |  |   | 40.00                    |
| Method of Contribution:<br><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<br><b>10-18-23</b>  |  | Aggregate Contributions<br><b>90.00</b>             |                          |
| <b>SUBTOTAL Section B — This Page</b>  |  |   |  | <b>80.00</b>  |                          |
| <b>TOTAL of additional Section B Pages</b>   |  |   |  | <b>5470.00</b>                                      |                          |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |   |  | <b>8380.00</b>                                      |                          |



# I. MONETARY RECEIPTS (Sections A—K)

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)<br><b>Carlosa Ed. Majal</b>   |  |   |  | TYPE OF REPORT<br><b>7th Dist. General Election</b> |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)  |  |   |  | \$ <b>8380.00</b>                                   |  |
| <b>B. Itemized Contributions from Individuals</b>  |  |   |  |   |  |
| Last Name<br><b>Dolan</b>  |  | First<br><b>Dennis</b>  |  | MI<br><b>M</b>                                      |  |
| Residential Street Address<br><b>96 Highland Ave</b>   |  | City<br><b>East Haven - CT</b>  |  | State<br><b>CT</b> Zip Code<br><b>06517</b>         |  |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Police</b>   |  |   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><b>25.00</b>              |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>#101823</b>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>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:<br><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<br><b>10-18-23</b>  |  | Aggregate Contributions<br><b>25.00</b>             |  |
| Last Name<br><b>Thompson</b>   |  | First<br><b>Paul</b>  |  | MI  |  |
| Residential Street Address<br><b>843 Thompson St.</b>  |  | City<br><b>East Haven</b>   |  | State<br><b>CT</b> Zip Code<br><b>06517</b>         |  |
| Principal Occupation<br><b>Doctor</b>  |  | Name of Employer<br><b>SSP</b>  |  |   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><b>40.00</b>              |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>#101823</b>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>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:<br><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<br><b>10-18-23</b>  |  | Aggregate Contributions<br><b>250.00</b>            |  |
| Last Name<br><b>Vitale</b>   |  | First<br><b>Ann</b>   |  | MI  |  |
| Residential Street Address<br><b>18 John's Trail</b>   |  | City<br><b>East Haven</b>   |  | State<br><b>CT</b> Zip Code<br><b>06512</b>         |  |
| Principal Occupation<br><b>Receptionist</b>  |  | Name of Employer<br><b>Yale Univ.</b>   |  |   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><b>20.00</b>              |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>#101823</b>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>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:<br><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<br><b>10-18-23</b>  |  | Aggregate Contributions<br><b>420.00</b>            |  |
| <b>SUBTOTAL Section B — This Page:</b>   |  |   |  | <b>85.00</b>  |  |
| <b>TOTAL of additional Section B Pages:</b>  |  |   |  | <b>5390.00</b>                                      |  |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B):</b><br>(Enter total on Line 13, Column A of Summary Page Totals)  |  |   |  | <b>8380.00</b>                                      |  |

# I. MONETARY RECEIPTS (Sections A—K)

|  |  |  |  |   |                          |
|--|--|--|--|---|--------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)<br><b>Congress For Man</b>  |  |  |  | TYPE OF REPORT<br><b>7th day Reporting Election</b> |                          |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor)<br><b>SUBTOTAL SECTION A</b>  |  |  |  | \$ <b>8380.00</b>                                   |                          |
| <b>B. Itemized Contributions from Individuals</b>  |  |  |  |   |                          |
| Last Name<br><b>Deko</b>   |  | First<br><b>Susan</b>  |  | MI  |                          |
| Residential Street Address<br><b>131 Selene Ave</b>  |  | City<br><b>East Haven</b>  |  | State<br><b>CT</b>                                  | Zip Code<br><b>06512</b> |
| Principal Occupation<br><b>Div</b>   |  | Name of Employer<br><b>Town of North Branford</b>  |  |   |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | Amount of Contribution                              |                          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>FR1823</b>  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |  | 60.00   |                          |
| Method of Contribution:<br><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<br><b>10-18-23</b>   |  | Aggregate Contributions<br><b>100.00</b>            |                          |
| Last Name<br><b>Dekins</b>   |  | First<br><b>Patricia</b>   |  | MI  |                          |
| Residential Street Address<br><b>10 Seaview Ave</b>  |  | City<br><b>East Haven</b>  |  | State<br><b>CT</b>                                  | Zip Code<br><b>06512</b> |
| Principal Occupation<br><b>Teacher</b>   |  | Name of Employer<br><b>Retired</b>   |  |   |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | Amount of Contribution                              |                          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>FR1823</b>  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |  | 20.00   |                          |
| Method of Contribution:<br><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<br><b>10-18-23</b>   |  | Aggregate Contributions<br><b>70</b>                |                          |
| Last Name<br><b>Aggertine</b>  |  | First<br><b>Cynthia</b>  |  | MI  |                          |
| Residential Street Address<br><b>8 Sunset Rd</b>   |  | City<br><b>East Haven</b>  |  | State<br><b>CT</b>                                  | Zip Code<br><b>06512</b> |
| Principal Occupation<br><b>Admin Asst</b>  |  | Name of Employer<br><b>Town of EH</b>  |  |   |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | Amount of Contribution                              |                          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>FR1823</b>  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |  | 20.00   |                          |
| Method of Contribution:<br><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<br><b>10-18-23</b>   |  | Aggregate Contributions<br><b>20.00</b>             |                          |
| <b>SUBTOTAL Section B— This Page:</b>  |  |  |  | <b>100.00</b>                                       |                          |
| <b>TOTAL of additional Section B Pages:</b>  |  |  |  | <b>5305.00</b>                                      |                          |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B):</b><br>(Enter total on Line 13, Column A of Summary Page Totals)  |  |  |  | <b>8380.00</b>                                      |                          |

# I. MONETARY RECEIPTS (Sections A—K)

|  |  |  |  |
|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)<br><b>Casa Fd Map</b>   |  | TYPE OF REPORT<br><b>7th Day Reporting Election</b>  |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)  |  | SUBTOTAL SECTION A \$ <b>8380.00</b>   |  |
| <b>B. Itemized Contributions from Individuals</b>  |  |  |  |
| Last Name<br><b>Torella</b>  |  | First<br><b>Anthony</b> MI   |  |
| Residential Street Address<br><b>1 mill st.</b>  |  | City<br><b>East Haven</b> State<br><b>CT</b> Zip Code<br><b>06512</b>  |  |
| Principal Occupation<br><b>Domestic Engineer</b>   |  | Name of Employer<br><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           |  |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>F101823</b>   |  | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>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 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<br><b>10-18-23</b> Aggregate Contributions<br><b>40.00</b>   |  |
| Last Name<br><b>Dactachd</b>   |  | First<br><b>Ann</b> MI   |  |
| Residential Street Address<br><b>57 Foote Rd</b>   |  | City<br><b>East Haven</b> State<br><b>CT</b> Zip Code<br><b>06512</b>  |  |
| Principal Occupation<br><b>Optician Technician</b>   |  | Name of Employer<br><b>The Eye Care Group</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           |  |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>F101822</b>   |  | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>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 checked="" 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<br><b>10-18-23</b> Aggregate Contributions<br><b>85.00</b>   |  |
| Last Name<br><b>Kicqk</b>  |  | First<br><b>Bo</b> MI  |  |
| Residential Street Address<br><b>220 High woods Dr.</b>  |  | City<br><b>Av. Road</b> State<br><b>CT</b> Zip Code<br><b>06437</b>  |  |
| Principal Occupation<br><b>Refined</b>   |  | Name of Employer<br><b>Refined</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           |  |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>F101823</b>   |  | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>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 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<br><b>10-18-23</b> Aggregate Contributions<br><b>60.00</b>   |  |
| SUBTOTAL Section B — This Page   |  | <b>120.00</b>  |  |
| TOTAL of additional Section B Pages  |  | <b>5205</b>  |  |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)  |  | <b>8380.00</b>   |  |

# I. MONETARY RECEIPTS (Sections A—K)

|   |  |  |  |                          |          |
|---|--|--|--|--------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |  |  | TYPE OF REPORT           |          |
| Costa Feb Majd  |  |  |  | 7th Day Reading Election |          |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor)  |  |  |  | SUBTOTAL SECTION A       |          |
|   |  |  |  | \$ 8380.00               |          |
| B. Itemized Contributions from Individuals  |  |  |  |                          |          |
| Last Name   |  | First  |  | MI                       |          |
| Tarducci  |  | John   |  |                          |          |
| Residential Street Address  |  | City   |  | State                    | Zip Code |
| 25 Batt Lane  |  | East Haven   |  | CT                       | 06513    |
| Principal Occupation  |  | Name of Employer   |  |                          |          |
| Real Estate   |  | William Raves Real Estate  |  |                          |          |
| 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<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | 40.00                    |          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   |  |                          |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>F101822   |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>Executive Legislative  |  |                          |          |
| Method of Contribution:   |  | Date Received  |  | Aggregate Contributions  |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 10-18-23   |  | 100.00                   |          |
| Last Name   |  | First  |  | MI                       |          |
| Puczek  |  | Alfred   |  |                          |          |
| Residential Street Address  |  | City   |  | State                    | Zip Code |
| 106 Baccelli Rd   |  | East Haven   |  | CT                       | 06512    |
| Principal Occupation  |  | Name of Employer   |  |                          |          |
| Ret, sev  |  | Ret, sev   |  |                          |          |
| 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<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | 40.00                    |          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   |  |                          |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>F101823   |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>Executive Legislative  |  |                          |          |
| Method of Contribution:   |  | Date Received  |  | Aggregate Contributions  |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 10-18-23   |  | 160.00                   |          |
| Last Name   |  | First  |  | MI                       |          |
| Lescio  |  | Anthony  |  |                          |          |
| Residential Street Address  |  | City   |  | State                    | Zip Code |
| 23 Tappa Ave  |  | East Haven   |  | CT                       | 06512    |
| Principal Occupation  |  | Name of Employer   |  |                          |          |
| Bridge Tender   |  | City of NH   |  |                          |          |
| 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<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | 40.00                    |          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   |  |                          |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>F101823   |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>Executive Legislative  |  |                          |          |
| Method of Contribution:   |  | Date Received  |  | Aggregate Contributions  |          |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 10-18-23   |  | 40.00                    |          |
| SUBTOTAL Section B — This Page  |  |  |  | 120.00                   |          |
| TOTAL of additional Section B Pages   |  |  |  | 5085.00                  |          |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |  |  | 8380.00                  |          |



# I. MONETARY RECEIPTS (Sections A—K)

|   |  |   |  |
|---|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  | TYPE OF REPORT  |  |
| Cafeca Fed Mayd   |  | 1st Day Recording Election  |  |
| A. Total Contributions from Small Contributors Received this Period ONLY<br>(See instructions for definition of Small Contributor)  |  | \$ 8380.00  |  |
| SUBTOTAL SECTION A  |  |   |  |
| B. Itemized Contributions from Individuals  |  |   |  |
| Last Name<br>Coyle  |  | First<br>Charles  |  |
| Residential Street Address<br>25 Columbus Ave   |  | City<br>East Haven - CT   |  |
| Principal Occupation<br>Public Works Superintendent   |  | State<br>CT   |  |
| Name of Employer<br>Town of E.H.  |  | Zip Code<br>06512   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # F101823   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |  |
| Method of Contribution: 1793<br><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<br>10-18-23   |  |
|   |  | Aggregate Contributions<br>440.00   |  |
| Last Name<br>Hennay   |  | First<br>Alicia   |  |
| Residential Street Address<br>57 Hobson St.   |  | City<br>East Haven  |  |
| Principal Occupation  |  | State<br>CT   |  |
| Name of Employer  |  | Zip Code<br>06512   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # F101823   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |  |
| Method of Contribution: 221<br><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<br>10-18-23   |  |
|   |  | Aggregate Contributions<br>330.00   |  |
| Last Name<br>Cesace   |  | First<br>Marianne   |  |
| Residential Street Address<br>8 Felicia Dr.   |  | City<br>East Haven  |  |
| Principal Occupation<br>Retired   |  | State<br>CT   |  |
| Name of Employer<br>Retired   |  | Zip Code<br>06512   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # F101823   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |  |
| Method of Contribution:<br><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<br>10-18-23   |  |
|   |  | Aggregate Contributions<br>45.  |  |
| SUBTOTAL Section B — This Page:   |  | 290.00  |  |
| TOTAL of additional Section B Pages:  |  | 4965.00   |  |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)   |  | 8380.00   |  |

# I. MONETARY RECEIPTS (Sections A—K)

|  |  |   |  |   |                          |
|--|--|---|--|---|--------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)<br><b>Cable &amp; Feb Mayel</b>   |  |   |  | TYPE OF REPORT<br><b>7th Day Reporting Election</b> |                          |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor)<br><b>SUBTOTAL SECTION A</b>  |  |   |  | \$ <b>8380.00</b>                                   |                          |
| <b>B. Itemized Contributions from Individuals</b>  |  |   |  |   |                          |
| Last Name<br><b>Hargraves</b>  |  | First<br><b>Linda</b>   |  | MI<br><b>C</b>                                      |                          |
| Residential Street Address<br><b>521 Thompson Ave</b>  |  | City<br><b>East Haven</b>   |  | State<br><b>CT</b>                                  | Zip Code<br><b>06512</b> |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |  |   |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution                              |                          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |  | 25.00   |                          |
| Method of Contribution: <b>742</b><br><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<br><b>10-9-27</b>   |  | Aggregate Contributions<br><b>25.00</b>             |                          |
| Last Name<br><b>Hargraves</b>  |  | First<br><b>Frank</b>   |  | MI<br><b>M</b>                                      |                          |
| Residential Street Address<br><b>521 Thompson Ave</b>  |  | City<br><b>East Haven</b>   |  | State<br><b>CT</b>                                  | Zip Code<br><b>06512</b> |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |  |   |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution                              |                          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |  | 20.00   |                          |
| Method of Contribution:<br><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<br><b>10-8-23</b>   |  | Aggregate Contributions<br><b>20.00</b>             |                          |
| Last Name<br><b>Crotella</b>   |  | First<br><b>Nicholas</b>  |  | MI  |                          |
| Residential Street Address<br><b>91 Kimberly Ave</b>   |  | City<br><b>East Haven</b>   |  | State<br><b>CT</b>                                  | Zip Code<br><b>06512</b> |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |  |   |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution                              |                          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>FK1023</b>  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |  | 100.00  |                          |
| Method of Contribution: <b>2185</b><br><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<br><b>10-18-20</b>  |  | Aggregate Contributions<br><b>100.00</b>            |                          |
| <b>SUBTOTAL Section B — This Page</b>  |  |   |  | <b>145.00</b>                                       |                          |
| <b>TOTAL of additional Section B Pages</b>   |  |   |  | <b>4675</b>   |                          |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |   |  | <b>8380.00</b>                                      |                          |

# I. MONETARY RECEIPTS (Sections A—K)

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)<br><b>Caldera Fed Mayol</b>   |  |   |  | TYPE OF REPORT<br><b>7th Day Reporting Election</b> |   |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor)   |  |   |  | SUBTOTAL SECTION A<br><b>\$ 8380.00</b>             |   |
| B. Itemized Contributions from Individuals   |  |   |  |   |   |
| Last Name<br><b>Crotella</b>   |  | First<br><b>Michael</b>   |  | MI  |   |
| Residential Street Address<br><b>91 Kimberly Ave</b>   |  | City<br><b>East Haven</b>   |  | State<br><b>CT</b>                                  | Zip Code<br><b>06512</b>                |
| Principal Occupation<br><b>Refined</b>   |  | Name of Employer<br><b>Refined</b>  |  |   |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   | Amount of Contribution<br><b>100.00</b> |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>F101823</b>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>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: <b>4383</b><br><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<br><b>10-18-23</b>  |  | Aggregate Contributions<br><b>100.00</b>            |   |
| Last Name<br><b>Lieto</b>  |  | First<br><b>Don</b>   |  | MI  |   |
| Residential Street Address<br><b>14 Shoreham Rd</b>  |  | City<br><b>East Haven</b>   |  | State<br><b>CT</b>                                  | Zip Code<br><b>06512</b>                |
| Principal Occupation   |  | Name of Employer  |  |   |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   | Amount of Contribution<br><b>100.00</b> |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>F101823</b>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>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:<br><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<br><b>10-18-23</b>  |  | Aggregate Contributions<br><b>100.00</b>            |   |
| Last Name<br><b>Crotella</b>   |  | First<br><b>Dominic</b>   |  | MI  |   |
| Residential Street Address<br><b>10 Burgess St</b>   |  | City<br><b>East Haven</b>   |  | State<br><b>CT</b>                                  | Zip Code<br><b>06512</b>                |
| Principal Occupation<br><b>Fresh Start Homes LLC</b>   |  | Name of Employer<br><b>Self employer</b>  |  |   |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   | Amount of Contribution<br><b>100.00</b> |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>F101823</b>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>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:<br><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<br><b>10-18-23</b>  |  | Aggregate Contributions<br><b>100.00</b>            |   |
| SUBTOTAL Section B — This Page   |  |   |  | <b>300.00</b>                                       |   |
| TOTAL of additional Section B Pages  |  |   |  | <b>4530</b>   |   |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)  |  |   |  | <b>8380.00</b>                                      |   |

# I. MONETARY RECEIPTS (Sections A—K)

|   |  |                            |
|---|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  | TYPE OF REPORT             |
| Calkins For Mayor   |  | 7th Day Reporting Election |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br><i>(See instructions for definition of Small Contributor)</i> |  | \$ 8380                    |
| SUBTOTAL SECTION A  |  |                            |

## B. Itemized Contributions from Individuals

|   |  |  |                         |  |          |
|---|--|--|-------------------------|--|----------|
| Last Name   |  | First  |                         | MI   |          |
| Clough  |  | Doran  |                         | E  |          |
| Residential Street Address  |  | City   |                         | State  | Zip Code |
| 320 Chidsey Ave   |  | East Haven   |                         | CT   | 06512    |
| Principal Occupation  |  | Name of Employer   |                         |  |          |
| Accounting mgr.   |  | R.C. Bigelow 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<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         | 40.00  |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |          |
| If yes, list Event # E100223  |  | 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 |  | 10-2-23  | 205                     |  |          |

|   |  |  |                         |  |          |
|---|--|--|-------------------------|--|----------|
| Last Name   |  | First  |                         | MI   |          |
| Milano  |  | Mark   |                         |  |          |
| Residential Street Address  |  | City   |                         | State  | Zip Code |
| 642 Ocean Ave   |  | West Haven   |                         | CT   | 06516    |
| Principal Occupation  |  | Name of Employer   |                         |  |          |
| Attorney  |  | Milano & Wicket 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<br><input checked="" type="checkbox"/> No  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                         | 1000.00  |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |          |
| If yes, list Event #  |  | 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 10-4-23  | 1000.00                 |  |          |

|   |  |  |                         |  |          |
|---|--|--|-------------------------|--|----------|
| Last Name   |  | First  |                         | MI   |          |
| Wanat   |  | Chris  |                         |  |          |
| Residential Street Address  |  | City   |                         | State  | Zip Code |
| 161 Old Salt Works Rd   |  | Westbrook  |                         | CT   | 06498    |
| Principal Occupation  |  | Name of Employer   |                         |  |          |
| Attorney  |  | Milano + Wanat 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<br><input checked="" type="checkbox"/> No  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                         | 1000.00  |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |          |
| If yes, list Event #  |  | 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 10-2-23  | 1000.00                 |  |          |

SUBTOTAL Section B — This Page

2040.00

TOTAL of additional Section B Pages

4230.00

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

8380.00



# I. MONETARY RECEIPTS (Sections A—K)

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)<br><b>California Fed Model</b>  |  |   |  | TYPE OF REPORT<br><b>7th day Primary Election</b> |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)  |  |   |  | SUBTOTAL SECTION A<br><b>\$ 8380</b>              |  |
| <b>B. Itemized Contributions from Individuals</b>  |  |   |  |   |  |
| Last Name<br><b>Benington</b>  |  | First<br><b>Ann</b>   |  | MI  |  |
| Residential Street Address<br><b>18 Joshua's Trail</b>   |  | City<br><b>East Haven - CT</b>  |  | State<br><b>CT</b> Zip Code<br><b>06512</b>       |  |
| Principal Occupation<br><b>Receptionist</b>  |  | Name of Employer<br><b>Yale Univ.</b>   |  |   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><b>40.00</b>            |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>E100723</b>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |  |   |  |
| Method of Contribution:<br><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<br><b>10-7-23</b>   |  | Aggregate Contributions<br><b>140.00</b>          |  |
| Last Name<br><b>Heenan</b>   |  | First<br><b>Alicia</b>  |  | MI  |  |
| Residential Street Address<br><b>57 Hobson St.</b>   |  | City<br><b>East Haven</b>   |  | State<br><b>CT</b> Zip Code<br><b>06512</b>       |  |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |  |   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><b>40.00</b>            |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>E100720</b>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |  |   |  |
| Method of Contribution:<br><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<br><b>10-7-23</b>   |  | Aggregate Contributions<br><b>80.00</b>           |  |
| Last Name<br><b>Pacelli</b>  |  | First<br><b>Louis</b>   |  | MI<br><b>G</b>                                    |  |
| Residential Street Address<br><b>107 Foxon Rd</b>  |  | City<br><b>East Haven</b>   |  | State<br><b>CT</b> Zip Code<br><b>06512</b>       |  |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |  |   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><b>80.00</b>            |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>E100723</b>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |  |   |  |
| Method of Contribution:<br><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<br><b>10-7-23</b>   |  | Aggregate Contributions<br><b>125.</b>            |  |
| SUBTOTAL Section B — This Page   |  |   |  | <b>160.00</b>                                     |  |
| TOTAL of additional Section B Pages  |  |   |  | <b>2190.00</b>                                    |  |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)  |  |   |  | <b>8380.00</b>                                    |  |

# I. MONETARY RECEIPTS (Sections A—K)

Page 3 of 17

|   |  |                            |
|---|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  | TYPE OF REPORT             |
| Cactus For Paul   |  | 7th day Reporting Election |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br><i>See Instructions for definition of Small Contributor</i> |  | \$ 8380.00                 |
| SUBTOTAL SECTION A  |  |                            |

## B. Itemized Contributions from Individuals

|  |  |                    |                               |
|--|--|--------------------|-------------------------------|
| Last Name<br>D Palms                         |  | First<br>Richard   | MI<br>A                       |
| Residential Street Address<br>10 Seaview Ave |  | City<br>East Haven | State<br>CT Zip Code<br>06512 |

|                                 |                             |
|---------------------------------|-----------------------------|
| Principal Occupation<br>Retiree | Name of Employer<br>Retiree |
|---------------------------------|-----------------------------|

|  |  |  |  |                        |
|--|--|--|--|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="checkbox"/> Yes<br><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<br><input checked="" type="checkbox"/> No | Amount of Contribution |
|--|--|--|--|------------------------|

|   |   |  |   |     |
|---|---|--|---|-----|
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>E100723 | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative | 40. |
|---|---|--|---|-----|

|   |               |                         |
|---|---------------|-------------------------|
| 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 | 10-7-73       | 80                      |

|   |  |                    |                               |
|---|--|--------------------|-------------------------------|
| Last Name<br>Dechachet                    |  | First<br>Amy       | MI<br>L                       |
| Residential Street Address<br>57 Foote Rd |  | City<br>East Haven | State<br>CT Zip Code<br>06512 |

|                                       |  |
|---------------------------------------|--|
| Principal Occupation<br>Optalmic Tech | Name of Employer<br>The Eye Care Group |
|---------------------------------------|--|

|  |  |  |  |                        |
|--|--|--|--|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="checkbox"/> Yes<br><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<br><input checked="" type="checkbox"/> No | Amount of Contribution |
|--|--|--|--|------------------------|

|   |   |  |   |    |
|---|---|--|---|----|
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>E100723 | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative | 40 |
|---|---|--|---|----|

|   |               |                         |
|---|---------------|-------------------------|
| 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 | 10-7-73       | 65                      |

|   |  |                    |                               |
|---|--|--------------------|-------------------------------|
| Last Name<br>Cassie                         |  | First<br>Deborah   | MI                            |
| Residential Street Address<br>2 Doan Street |  | City<br>East Haven | State<br>CT Zip Code<br>06512 |

|   |                                       |
|---|---------------------------------------|
| Principal Occupation<br>Admin Assistant | Name of Employer<br>Medical Insurance |
|---|---------------------------------------|

|  |  |  |  |                        |
|--|--|--|--|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="checkbox"/> Yes<br><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<br><input checked="" type="checkbox"/> No | Amount of Contribution |
|--|--|--|--|------------------------|

|   |   |  |   |       |
|---|---|--|---|-------|
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>E100723 | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative | 50.00 |
|---|---|--|---|-------|

|   |               |                         |
|---|---------------|-------------------------|
| 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 | 10-7-73       | 50.00                   |

|   |         |
|---|---------|
| SUBTOTAL Section B — This Page  | 130.00  |
| TOTAL of additional Section B Pages   | 2030.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals) | 8380.00 |

# I. MONETARY RECEIPTS (Sections A—K)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  | TYPE OF REPORT   |                                |
|---|--|--|--------------------------------|
| California Fed Motel  |  | 7th day Reporting Election   |                                |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br><small>(See instructions for definition of Small Contributor)</small>  |  | <b>SUBTOTAL SECTION A</b> \$ 8380.00   |                                |
| <b>B. Itemized Contributions from Individuals</b>   |  |  |                                |
| Last Name: Maleone  |  | First: Michele   |                                |
| Residential Street Address: 130 State St. C-35  |  | City: North Haven - CT Zip Code: 06473   |                                |
| Principal Occupation: S. Admin Assistant  |  | Name of Employer: Yale University  |                                |
| 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<br>If yes, list Event # E100723   |  | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>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 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: 10-7-23   | Aggregate Contributions: 40.00 |
| Last Name: Crisafi  |  | First: Sue   |                                |
| Residential Street Address: 173 - 7 Cosy Beach Ave  |  | City: East Haven - CT Zip Code: 06512  |                                |
| Principal Occupation: Ops Mgr.  |  | Name of Employer: Yale Univ.   |                                |
| 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<br>If yes, list Event # E100723   |  | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>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 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: 10-7-23   | Aggregate Contributions: 50.00 |
| Last Name: Hedley   |  | First: Tina Marie  |                                |
| Residential Street Address: 84 Landing Pl.  |  | City: East Haven - CT Zip Code: 06512  |                                |
| Principal Occupation: IT Support  |  | 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           |                                |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # E100723   |  | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>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 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: 10-7-23   | Aggregate Contributions: 40.00 |
| <b>SUBTOTAL Section B— This Page:</b>   |  | 1302.00  |                                |
| <b>TOTAL of additional Section B Pages:</b>   |  | 1900.00  |                                |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><small>(Enter total on Line 13, Column A of Summary Page Totals)</small>   |  | 8380.00  |                                |

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

|  |   |   |                                   |
|--|---|---|-----------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |   | TYPE OF REPORT                          |                                   |
| Cactalon For Mayor   |   | 7th Day Receding Station                |                                   |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)  |   | <b>SUBTOTAL SECTION A</b><br>\$ 8380.00 |                                   |
| <b>B. Itemized Contributions from Individuals</b>  |   |   |                                   |
| Last Name<br>DeCicco   |   | First<br>Nick                           |                                   |
| Residential Street Address<br>969 Shuttle Meadow   |   | City<br>Southampton                     | State<br>CT                       |
| Principal Occupation<br>Nurse  |   | Name of Employer<br>Yale NH Hosp. ?     |                                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution<br><br>100.00    |                                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>E100723</u>   | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |   |                                   |
| Method of Contribution:<br><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<br>10-7-23                | Aggregate Contributions<br>100.00 |
| Last Name<br>Amato   |   | First<br>Mike                           |                                   |
| Residential Street Address<br>200 Cosay Beach  |   | City<br>East Haven                      | State<br>CT                       |
| Principal Occupation   |   | Name of Employer<br>Self                |                                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution<br><br>80.00     |                                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>E100723</u>   | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |   |                                   |
| Method of Contribution:<br><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<br>10-7-23                | Aggregate Contributions<br>80.00  |
| Last Name<br>Thompson  |   | First<br>Dobbie                         |                                   |
| Residential Street Address<br>1013 Harbor Village  |   | City<br>Branford                        | State<br>CT                       |
| Principal Occupation<br>Secretary  |   | Name of Employer<br>Town CPEH           |                                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution<br><br>50.00     |                                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>E100723</u>   | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |   |                                   |
| Method of Contribution:<br><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<br>10-7-23                | Aggregate Contributions<br>50.00  |
| <b>SUBTOTAL Section B — This Page</b>  |   | 230.00                                  |                                   |
| <b>TOTAL of additional Section B Pages</b>   |   | 1770                                    |                                   |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)   |   | 8380.00                                 |                                   |



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

|  |  |   |   |
|--|--|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)<br><i>CACFORS For MGA/CL</i>  |  | TYPE OF REPORT<br><i>7th day Reporting Election</i>   |   |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor)<br><b>SUBTOTAL SECTION A</b>  |  | \$ <i>8380.00</i>   |   |
| <b>B. Itemized Contributions from Individuals</b>  |  |   |   |
| Last Name<br><i>McTigh</i>   |  | First<br><i>Thomas</i>  |   |
| Residential Street Address<br><i>33 Dicesse Dr.</i>  |  | City<br><i>East Haven</i>   | State<br><i>CT</i> Zip Code<br><i>06512</i> |
| Principal Occupation<br><i>Radiation Therapist</i>   |  | Name of Employer<br><i>Y.N.H. Hospital</i>  |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event #</i>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i>   |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |   |
| Method of Contribution:<br><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<br><i>10-7-23</i>   | Aggregate Contributions<br><i>100.00</i>    |
| Last Name<br><i>Lesco</i>  |  | First<br><i>Ashley</i>  |   |
| Residential Street Address<br><i>23 Taylor Ave</i>   |  | City<br><i>East Haven</i>   | State<br><i>CT</i> Zip Code<br><i>06512</i> |
| Principal Occupation<br><i>Page Legal</i>  |  | Name of Employer<br><i>Law Office of Maria-Sch</i>  |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event #</i>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i>   |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |   |
| Method of Contribution:<br><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<br><i>10-7-23</i>   | Aggregate Contributions<br><i>40.00</i>     |
| Last Name<br><i>Coyle</i>  |  | First<br><i>Charles</i>   |   |
| Residential Street Address<br><i>24 Columbus Ave</i>   |  | City<br><i>East Haven</i>   | State<br><i>CT</i> Zip Code<br><i>06512</i> |
| Principal Occupation<br><i>Superintendent Public works</i>   |  | Name of Employer<br><i>Town of E.H.</i>   |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event #</i>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i>   |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |   |
| Method of Contribution:<br><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<br><i>10-7-23</i>   | Aggregate Contributions<br><i>420.00</i>    |
| <b>SUBTOTAL Section B — This Page</b>  |  | <i>220.00</i>   |   |
| <b>TOTAL of additional Section B Pages</b>   |  | <i>1540</i>   |   |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><small>(Enter total on Line 13, Column A of Summary Page Totals)</small>  |  | <i>8380.00</i>  |   |

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

|  |  |  |
|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)<br><u>Catco Feb May 11</u>                          |  | TYPE OF REPORT<br><u>7th Day Receding Election</u> |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor) |  | SUBTOTAL SECTION A                                 |
|  |  | \$ <u>8380.</u>                                    |

| B. Itemized Contributions from Individuals   |   |   |   |
|--|---|---|---|
| Last Name<br><u>LuZZi</u>  |   | First<br><u>Clairce</u>                   |   |
| Residential Street Address<br><u>434 Thompson St.</u>  |   | City<br><u>East Haven</u>                 | State<br><u>CT</u> Zip Code<br><u>06517</u> |
| Principal Occupation<br><u>Retired</u>   |   | Name of Employer<br><u>Retired</u>        |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution<br><br><u>100.00</u> |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>E100723</u>   | Is contributor a principal of a state contractor or prospective state contractor?<br>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:<br><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<br><u>10-7-23</u>           |   |
|  |   | Aggregate Contributions<br><u>100.00</u>  |   |
| Last Name<br><u>Sabatino</u>   |   | First<br><u>Kadence</u>                   |   |
| Residential Street Address<br><u>7 Deepfield St.</u>   |   | City<br><u>East Haven</u>                 | State<br><u>CT</u> Zip Code<br><u>06517</u> |
| Principal Occupation<br><u>Student</u>   |   | Name of Employer<br><u>Sunx New Paltz</u> |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution<br><br><u>80.00</u>  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>E100723</u>   | Is contributor a principal of a state contractor or prospective state contractor?<br>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:<br><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<br><u>10-7-23</u>           |   |
|  |   | Aggregate Contributions<br><u>80.00</u>   |   |
| Last Name<br><u>Ramano</u>   |   | First<br><u>Sandra</u>                    |   |
| Residential Street Address<br><u>434 Thompson Ave</u>  |   | City<br><u>East Haven</u>                 | State<br><u>CT</u> Zip Code<br><u>06517</u> |
| Principal Occupation<br><u>Retired</u>   |   | Name of Employer<br><u>Retired</u>        |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution<br><br><u>100.00</u> |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>E100723</u>   | Is contributor a principal of a state contractor or prospective state contractor?<br>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:<br><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<br><u>10-7-23</u>           |   |
|  |   | Aggregate Contributions<br><u>200.00</u>  |   |
| SUBTOTAL Section B — This Page   |   |   | <u>280.00</u>                               |
| TOTAL of additional Section B Pages  |   |   | <u>1320.00</u>                              |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)  |   |   | <u>8380.00</u>                              |

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

|   |  |  |                         |                            |  |
|---|--|--|-------------------------|----------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |  |                         | TYPE OF REPORT             |  |
| Cafca Feb Mayd  |  |  |                         | 7th Day Reporting Election |  |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor) SUBTOTAL SECTION A   |  |  |                         | \$ 8380.00                 |  |
| <b>B. Itemized Contributions from Individuals</b>   |  |  |                         |                            |  |
| Last Name   |  | First  |                         | MI                         |  |
| Santora   |  | Joseph   |                         |                            |  |
| Residential Street Address  |  | City   | State                   | Zip Code                   |  |
| 388 Cap Ave   |  | East Haven   | CT                      | 06512                      |  |
| Principal Occupation  |  | Name of Employer   |                         |                            |  |
| Retired   |  | Retired  |                         |                            |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | Amount of Contribution     |  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                         | 40.00                      |  |
| 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<br>If yes, list Event # E100722   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>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 |  | 10-7-23  | 40.00                   |                            |  |
| Last Name   |  | First  |                         | MI                         |  |
| Kikosicki   |  | Lauri  |                         |                            |  |
| Residential Street Address  |  | City   | State                   | Zip Code                   |  |
| 103 Leigh Drive   |  | East Haven   | CT                      | 06512                      |  |
| Principal Occupation  |  | Name of Employer   |                         |                            |  |
| Manager   |  | MECA Conic   |                         |                            |  |
| 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  |                         | 50.00                      |  |
| 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<br>If yes, list Event # E100723   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>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 |  | 10-9-23  | 50.00                   |                            |  |
| Last Name   |  | First  |                         | MI                         |  |
| Kikosicki   |  | John   |                         |                            |  |
| Residential Street Address  |  | City   | State                   | Zip Code                   |  |
| 10 Margaret Court   |  | East Haven   | CT                      | 06512                      |  |
| Principal Occupation  |  | Name of Employer   |                         |                            |  |
| Construction  |  | Self   |                         |                            |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive 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  |                         | 50.00                      |  |
| 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<br>If yes, list Event # E100723   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>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 |  | 10-7-23  | 50.00                   |                            |  |
| SUBTOTAL Section B This Page  |  |  |                         | 140.00                     |  |
| TOTAL of additional Section B Pages   |  |  |                         | 1040.00                    |  |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |  |                         | 8380.00                    |  |

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

|   |  |   |  |                            |                        |
|---|--|---|--|----------------------------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |   |  | TYPE OF REPORT             |                        |
| Cactus For Mayh   |  |   |  | 7th Day Receiving Election |                        |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)   |  |   |  | <b>SUBTOTAL SECTION A</b>  |                        |
|   |  |   |  | \$ 8380.00                 |                        |
| <b>B. Itemized Contributions from Individuals</b>   |  |   |  |                            |                        |
| Last Name   |  | First   |  | MI                         |                        |
| Tarducci  |  | John  |  |                            |                        |
| Residential Street Address  |  | City  |  | State                      | Zip Code               |
| 25 Batt Lane  |  | East Haven  |  | CT                         | 06512                  |
| Principal Occupation  |  | Name of Employer  |  |                            |                        |
| Real Estate   |  | William Raves Real Estate   |  |                            |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                            | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |  |                            |                        |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>E1007B   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><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 |  | 10-7-23   |  | 60.00                      | 40.00                  |
| Last Name   |  | First   |  | MI                         |                        |
| Mancuso   |  | Steve   |  |                            |                        |
| Residential Street Address  |  | City  |  | State                      | Zip Code               |
| 124 Bennett Rd  |  | East Haven  |  | CT                         | 06512                  |
| Principal Occupation  |  | Name of Employer  |  |                            |                        |
| Genesys / Contractor  |  | Self  |  |                            |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                            | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |  |                            |                        |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>E1007B   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><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 |  | 10-7-23   |  | 80.00                      | 80.00                  |
| Last Name   |  | First   |  | MI                         |                        |
| Santiago  |  | Erika   |  |                            |                        |
| Residential Street Address  |  | City  |  | State                      | Zip Code               |
| 52 Elm Street   |  | East Haven  |  | CT                         | 06512                  |
| Principal Occupation  |  | Name of Employer  |  |                            |                        |
| Adams / Abganger  |  | Flowers By Lisa   |  |                            |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                            | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |  |                            |                        |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>E1007B   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><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 |  | 10-7-23   |  | 40.-                       | 40.00                  |
| SUBTOTAL Section B — This Page  |  |   |  | 160.00                     |                        |
| TOTAL of additional Section B Pages   |  |   |  | 900.00                     |                        |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  |  |   |  | 8380.00                    |                        |
| (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)<br><u>Coffee For Mayor</u>                          | TYPE OF REPORT<br><u>Mayor/Recording Election</u> |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor) | \$ <u>8380.00</u>                                 |
| SUBTOTAL SECTION A   |   |

**B. Itemized Contributions from Individuals**

|  |  |   |  |                    |  |
|--|--|---|--|--------------------|--|
| Last Name<br><u>Thompson</u>   |  | First<br><u>Paul</u>  |  | MI<br><u>R</u>     |  |
| Residential Street Address<br><u>843 Thompson Ave.</u>   |  | City<br><u>East Haven</u>   |  | State<br><u>CT</u> | Zip Code<br><u>06512</u>                   |
| Principal Occupation   |  | Name of Employer<br><u>SSP</u>  |  |                    |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                    | Amount of Contribution<br><br><u>80.00</u> |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>E100723</u>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                    |  |                    |  |
| Method of Contribution:<br><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<br><u>10-7-23</u>   | Aggregate Contributions<br><u>170.00</u> |                    |  |
|  |  |   |  |                    |  |

|  |  |   |  |                    |   |
|--|--|---|--|--------------------|---|
| Last Name<br><u>Gimetti</u>  |  | First<br><u>Katie</u>   |  | MI                 |   |
| Residential Street Address<br><u>116 Twin Lakes Rd</u>   |  | City<br><u>East Haven</u>   |  | State<br><u>CT</u> | Zip Code<br><u>06512</u>                    |
| Principal Occupation   |  | Name of Employer<br><u>Gimetti Trucking LLC</u>   |  |                    |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                    | Amount of Contribution<br><br><u>100.00</u> |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>E100723</u>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                    |  |                    |   |
| Method of Contribution:<br><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<br><u>10-7-23</u>   | Aggregate Contributions<br><u>100.00</u> |                    |   |
|  |  |   |  |                    |   |

|  |  |   |   |                    |  |
|--|--|---|---|--------------------|--|
| Last Name<br><u>Pecora</u>   |  | First<br><u>Christopher</u>   |   | MI                 |  |
| Residential Street Address<br><u>17 Dugstock Str.</u>  |  | City<br><u>East Haven</u>   |   | State<br><u>CT</u> | Zip Code<br><u>06512</u>                   |
| Principal Occupation<br><u>Audit Clerk</u>   |  | Name of Employer<br><u>Knight's PC/Consulting</u>   |   |                    |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                    | Amount of Contribution<br><br><u>40.00</u> |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>E100723</u>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                    |   |                    |  |
| Method of Contribution:<br><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<br><u>10-7-23</u>   | Aggregate Contributions<br><u>20.00</u> |                    |  |
|  |  |   |   |                    |  |

SUBTOTAL Section B — This Page

220.00

TOTAL of additional Section B Pages

740.00

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

8380.00

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

|  |   |   |   |
|--|---|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)<br><u>Cartera For May</u>   |   | TYPE OF REPORT<br><u>17th Day Receding Election</u> |   |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor)   |   | SUBTOTAL SECTION A<br>\$ <u>8380.00</u>             |   |
| <b>B. Itemized Contributions from Individuals</b>  |   |   |   |
| Last Name<br><u>Gritzbach</u>  |   | First<br><u>Denise</u>                              |   |
| Residential Street Address<br><u>55 Thompson St. Bk</u>  |   | City<br><u>East Haven</u>                           | State<br><u>CT</u> Zip Code<br><u>06512</u> |
| Principal Occupation<br><u>HR Admin.</u>   |   | Name of Employer<br><u>Amphard Corp.</u>            |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution<br><br><u>80.00</u>  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>E100723</u>   | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative   |   |   |
| Method of Contribution:<br><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<br><u>10-7-23</u>  |   | Aggregate Contributions<br><u>80.-</u>              |   |
| Last Name<br><u>Deko</u>   |   | First<br><u>Joseph</u>                              |   |
| Residential Street Address<br><u>147 Saleone Ave</u>   |   | City<br><u>East Haven</u>                           | State<br><u>CT</u> Zip Code<br><u>06512</u> |
| Principal Occupation<br><u>Fire Fighter</u>  |   | Name of Employer<br><u>Town of Guilford</u>         |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution<br><br><u>80.-</u>   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>E100723</u>   | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative   |   |   |
| Method of Contribution:<br><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<br><u>10-7-23</u>  |   | Aggregate Contributions<br><u>80.-</u>              |   |
| Last Name<br><u>Deko</u>   |   | First<br><u>Susan</u>                               |   |
| Residential Street Address<br><u>131 Saleone Ave</u>   |   | City<br><u>East Haven</u>                           | State<br><u>CT</u> Zip Code<br><u>06512</u> |
| Principal Occupation   |   | Name of Employer                                    |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution<br><br><u>40.00</u>  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>E100723</u>   | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative   |   |   |
| Method of Contribution:<br><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<br><u>10-7-23</u>  |   | Aggregate Contributions<br><u>40.00</u>             |   |
| SUBTOTAL Section B -- This Page  |   |   | <u>200.00</u>                               |
| TOTAL of additional Section B Pages  |   |   | <u>520.00</u>                               |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)  |   |   | <u>8380.00</u>                              |

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

|   |                                       |
|---|---------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  | TYPE OF REPORT                        |
| Cachaca For Mayor   | 7 <sup>th</sup> Day Receding Election |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br><small>See Instructions for definition of Small Contributor</small> | \$ 8380.00                            |
| SUBTOTAL SECTION A  |                                       |

## B. Itemized Contributions from Individuals

|   |  |  |                         |  |          |
|---|--|--|-------------------------|--|----------|
| Last Name   |  | First  |                         | MI   |          |
| Bimonte   |  | Guy  |                         |  |          |
| Residential Street Address  |  | City   |                         | State  | Zip Code |
| 53 Eddon Drive  |  | 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<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         | 40.00  |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |          |
| If yes, list Event # E100723  |  | 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 |  | 10-7-23  | 80.00                   |  |          |
| Last Name   |  | First  |                         | MI   |          |
| Esposito  |  | Lagby  |                         |  |          |
| Residential Street Address  |  | City   |                         | State  | Zip Code |
| 1195 Spelman Ave  |  | Hartford   |                         | CT   | 06514    |
| 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<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         | 50.00  |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |          |
| If yes, list Event # E100723  |  | 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 |  | 10-7-23  | 50.00                   |  |          |
| Last Name   |  | First  |                         | MI   |          |
| DeBachegi   |  | Robert   |                         | A  |          |
| Residential Street Address  |  | City   |                         | State  | Zip Code |
| 57 Forte Rd   |  | 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<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         | 100.00   |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |          |
| If yes, list Event # E100723  |  | 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 |  | 10-7-23  | 140.00                  |  |          |

SUBTOTAL Section B — This Page

190.00

TOTAL of additional Section B Pages

320.00

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

8380.00

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  | TYPE OF REPORT   |                         |                        |
|---|--|--|-------------------------|------------------------|
| Cal Fed For Mayor   |  | 7th day preceding election   |                         |                        |
| <b>A. Total Contributions from Small Contributors—Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)   |  | <b>SUBTOTAL SECTION A</b>  |                         |                        |
|   |  | \$ 8380.00   |                         |                        |
| <b>B. Itemized Contributions from Individuals</b>   |  |  |                         |                        |
| Last Name   |  | First  | MI                      |                        |
| Mazzocco  |  | Lisa   | A                       |                        |
| Residential Street Address  |  | City   | State Zip Code          |                        |
| 22 Philip St.   |  | East Haven   | CT 06512                |                        |
| Principal Occupation  |  | Name of Employer   |                         |                        |
| Clinical Social worker  |  | SPF - LCSW BCD   |                         |                        |
| 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<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><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?  |                         | 30.00                  |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |
| If yes, list Event #  |  | If yes, indicate which branch or branches of government the contract is with:  |                         |                        |
| E100723   |  | <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 |  | 10-5-23  | 50.00                   |                        |
| Last Name   |  | First  | MI                      |                        |
| Vallone   |  | Aldo   | L                       |                        |
| Residential Street Address  |  | City   | State                   | Zip Code               |
| 43 Eddon Dr.  |  | East Haven   | CT                      | 06512                  |
| Principal Occupation  |  | Name of Employer   |                         |                        |
| Collection Manager  |  | SCA  |                         |                        |
| 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<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><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<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |
| If yes, list Event #  |  | If yes, indicate which branch or branches of government the contract is with:  |                         |                        |
| E100723   |  | <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 |  | 10-7-23  | 80                      |                        |
| Last Name   |  | First  | MI                      |                        |
| Vucolo - 5  |  | Ralph  |                         |                        |
| Residential Street Address  |  | City   | State                   | Zip Code               |
| 80 Dwight Pl.   |  | East Haven   | CT                      | 06512                  |
| Principal Occupation  |  | Name of Employer   |                         |                        |
| Animal Control Officer  |  | Town of EH.  |                         |                        |
| 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<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><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<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |
| If yes, list Event #  |  | If yes, indicate which branch or branches of government the contract is with:  |                         |                        |
| E100723   |  | <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 |  | 10-7-23  | 65                      |                        |
| <b>SUBTOTAL Section B — This Page</b>   |  |  |                         | 130.00                 |
| <b>TOTAL of additional Section B Pages</b>  |  |  |                         | 0                      |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line E3, Column A of Summary Page Totals)  |  |  |                         | 8380.00                |



# I. MONETARY RECEIPTS (Sections A—K)

|  |                               |   |  |                         |  |                            |          |
|--|-------------------------------|---|--|-------------------------|--|----------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |                               |   |  |                         |  | TYPE OF REPORT             |          |
| Cotton for MAF   |                               |   |  |                         |  | 7th day Following Election |          |
| <b>C1. Contributions from Other Committees</b>   |                               |   |  |                         |  |                            |          |
| Name of Committee  |                               |   |  | Name of Treasurer       |  |                            |          |
| Heat & Frost Insulators Local 33 PAC   |                               |   |  | Don Scocpe              |  |                            |          |
| Address  |                               |   | Is this contribution associated with an event reported in Section L1?                                      |                         |  | Amount of Contribution     |          |
| 616 Colony Rd  |                               |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event # _____          |                         |  | 200.00                     |          |
| City   | State                         | Zip Code  | Date Received  | Aggregate Contributions |  |                            |          |
| Wallingford CT   | CT                            | 06492   | 10-23-23   | 200.00                  |  |                            |          |
| Name of Committee  |                               |   |  | Name of Treasurer       |  |                            |          |
| Capital City PAC   |                               |   |  | C. Hurley               |  |                            |          |
| Address  |                               |   | Is this contribution associated with an event reported in Section L1?                                      |                         |  | Amount of Contribution     |          |
| 91 Elm St  |                               |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>F101823</u> |                         |  | 300.00                     |          |
| City   | State                         | Zip Code  | Date Received  | Aggregate Contributions |  |                            |          |
| Hartford   | CT                            | 06106   | 10-18-23   | 300.00                  |  |                            |          |
| 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<br>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  |                               |   |  |                         |  |                            |          |
|  |                               |   |  |                         |  |                            |          |
| <b>SUBTOTAL Section C — This Page</b>  |                               |   |  |                         |  | 500.00                     |          |
| <b>TOTAL of additional Section C Pages</b>   |                               |   |  |                         |  | 0                          |          |
| <b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b><br>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals) |                               |   |  |                         |  | 500.00                     |          |

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

|  |  |  |  |                 |  |
|--|--|--|--|-----------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                           |  |  |  | TYPE OF REPORT  |  |
| <b>D. Loans Received this Period</b>   |  |  |  |                 |  |
| Name of Lender   |  | Source of Loan:<br><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   |
| Name of Cosigner/Guarantor (if applicable)   |  |  |  |                 | Is there a Cosigner or Guarantor of this loan?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address   |  |  |  |                 | City   |
| State  |  |  |  |                 | Zip Code   |
| Amount Received  |  |  |  |                 |  |
| Name of Lender   |  | Source of Loan:<br><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   |
| Name of Cosigner/Guarantor (if applicable)   |  |  |  |                 | Is there a Cosigner or Guarantor of this loan?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address   |  |  |  |                 | City   |
| State  |  |  |  |                 | Zip Code   |
| Amount Received  |  |  |  |                 |  |
| Name of Lender   |  | Source of Loan:<br><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   |
| Name of Cosigner/Guarantor (if applicable)   |  |  |  |                 | Is there a Cosigner or Guarantor of this loan?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address   |  |  |  |                 | City   |
| State  |  |  |  |                 | Zip Code   |
| Amount Received  |  |  |  |                 |  |
| Name of Lender   |  | Source of Loan:<br><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   |
| Name of Cosigner/Guarantor (if applicable)   |  |  |  |                 | Is there a Cosigner or Guarantor of this loan?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address   |  |  |  |                 | City   |
| State  |  |  |  |                 | Zip Code   |
| Amount Received  |  |  |  |                 |  |
| <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   |  |
| City   |  |  |  | State           | Zip Code   |
| Aggregate Contributions  |  |  |  | Amount Received |  |
| Name of Entity   |  |  |  |                 |  |
| Street Address   |  |  |  | Date Received   |  |
| City   |  |  |  | State           | Zip Code   |
| Aggregate Contributions  |  |  |  | Amount Received |  |
| Name of Entity   |  |  |  |                 |  |
| Street Address   |  |  |  | Date Received   |  |
| City   |  |  |  | State           | Zip Code   |
| Aggregate Contributions  |  |  |  | Amount Received |  |
| <b>TOTAL SECTION E</b>   |  |  |  |                 |  |

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

|   |                |
|---|----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
|   |                |

**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

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

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

|                        |                 |                 |
|------------------------|-----------------|-----------------|
| Date of Receipt        | Date of Receipt | Date of Receipt |
|                        |                 |                 |
| Amount                 | Amount          | Amount          |
|                        |                 |                 |
| <b>TOTAL SECTION G</b> |                 |                 |

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

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

**I. Anonymous Contributions**

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

# I. MONETARY RECEIPTS (Sections A—K)

|  |                |
|--|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|  |                |

## J. Interest from Deposits in Authorized Accounts

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

### TOTAL SECTION J

## K. Miscellaneous Monetary Receipts not Considered Contributions

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

### TOTAL SECTION K

## SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

|   |   |
|---|---|
| Total Loans Received this Period (Section D)  |   |
| Total Receipts from Entities other than Individuals or Other Committees (Section E)   | + |
| Total Amount Transferred from Affiliated Business Treasury (Section F)  | + |
| Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)                                 | + |
| Total Amount of Personal Funds of the Candidate Received this Period (Section H)  | + |
| Total Amount of Interest from Deposits in Authorized Accounts (Section J)   | + |
| Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  | + |
| <b>Total of Other Monetary Receipts</b><br>(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 <i>(Provide Complete Name as Registered with Filing Repository)</i>  |        | TYPE OF REPORT |   |
| <b>L1. Event Information</b>   |        |                |   |
| <b>Event #</b><br>Date of Event  | Letter | Description    | Was this a fundraising event?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address   |        | City           | State      Zip Code   |
| <b>Subpart 1: (All Committees)</b><br>Was this event hosted at a personal residence? <div style="float: right;"> <input type="checkbox"/> Yes <i>(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.)</i><br/> <input type="checkbox"/> No         </div>   |        |                |   |
| 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? <div style="float: right;"> <input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i><br/> <input type="checkbox"/> No         </div>   |        |                |   |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span><br/> <input type="checkbox"/> No         </div>  |        |                |   |
| <b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b><br>Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <div style="float: right;"> <input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i><br/> <input type="checkbox"/> No         </div> |        |                |   |
| <b>Subpart 3: (Town Committees ONLY)</b><br>Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <div style="float: right;"> <input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span><br/> <input type="checkbox"/> No         </div>                       |        |                |   |
| <b>Event #</b><br>Date of Event  | Letter | Description    | Was this a fundraising event?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address   |        | City           | State      Zip Code   |
| <b>Subpart 1: (All Committees)</b><br>Was this event hosted at a personal residence? <div style="float: right;"> <input type="checkbox"/> Yes <i>(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.)</i><br/> <input type="checkbox"/> No         </div>   |        |                |   |
| 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? <div style="float: right;"> <input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i><br/> <input type="checkbox"/> No         </div>   |        |                |   |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span><br/> <input type="checkbox"/> No         </div>  |        |                |   |
| <b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b><br>Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <div style="float: right;"> <input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i><br/> <input type="checkbox"/> No         </div> |        |                |   |
| <b>Subpart 3: (Town Committees ONLY)</b><br>Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <div style="float: right;"> <input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span><br/> <input type="checkbox"/> No         </div>                       |        |                |   |
| <b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>  |        |                |   |
| <b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>   |        |                |   |
| <b>TOTAL of additional Section L1 Pages</b>  |        |                |   |
| <b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b><br><i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>   |        |                |   |

## 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

### L3. Purchases of Advertising in a Program Book or on a Sign

|                   |         |                                    |                               |   |          |
|-------------------|---------|------------------------------------|-------------------------------|---|----------|
| Name of Purchaser |         |                                    |                               | Purchase Made By:<br><input type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><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:<br><input type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><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:<br><input type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><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:<br><input type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><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:<br><input type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><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:<br><input type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><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:<br><input type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |          |
| Street Address    |         | City                               |                               | State   | Zip Code |
| Date Received     | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase   |          |

  

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page   |  |  |  |  |  |
| SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page   |  |  |  |  |  |
| TOTAL of additional Section L3 Pages   |  |  |  |  |  |
| TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN<br>(Enter total on Line 16c, Column A of Summary Page Totals) |  |  |  |  |  |

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

| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>   |                         |         |                                | TYPE OF REPORT                |                     |
|---|-------------------------|---------|--------------------------------|-------------------------------|---------------------|
| <b>L4. In-Kind Donations Not Considered Contributions</b>   |                         |         |                                |                               |                     |
| Name of Donor   |                         |         |                                |                               |                     |
| Street Address  |                         |         | City                           |                               | State      Zip Code |
| Donation Given By:<br><input type="checkbox"/> Business Entity<br><input type="checkbox"/> Individual<br><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:<br><input type="checkbox"/> Business Entity<br><input type="checkbox"/> Individual<br><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:<br><input type="checkbox"/> Business Entity<br><input type="checkbox"/> Individual<br><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:<br><input type="checkbox"/> Business Entity<br><input type="checkbox"/> Individual<br><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:<br><input type="checkbox"/> Business Entity<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Sole Proprietorship | Description of Donation |         |                                | Fair Market Value of Donation |                     |
|   | Date Received           | Event # | Aggregate value for this Event |                               |                     |
| <b>SUBTOTAL Section L4 — This Page</b>  |                         |         |                                |                               |                     |
| <b>TOTAL of additional Section L4 Pages</b>   |                         |         |                                |                               |                     |
| <b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b><br><i>(Enter total on Line 21, Column A of Summary Page Totals)</i>                |                         |         |                                |                               |                     |
|   |                         |         |                                |                               |                     |

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

|  |   |   |   |                     |
|--|---|---|---|---------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>            |   |   | TYPE OF REPORT  |                     |
| <i>Carlson For Mayor</i>   |   |   | <i>7th day Reporting Election</i>   |                     |
| <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<br><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<br><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<br><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<br><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<br><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 |   |                     |
| <b>SUBTOTAL Section L5 — This Page</b>   |   |   |   |                     |
| <b>TOTAL of additional Section L5 Pages</b>  |   |   |   |                     |
| <b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> |   |   |   |                     |
| <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           |   |
| Castroa Feb Mayor   |  |                         |                                     | 7th day Recording Office |   |
| <b>M. In-Kind Contributions</b>   |  |                         |                                     |                          |   |
| Name  |  |                         |                                     |                          |   |
| Tina Marie Hedley   |  |                         |                                     |                          |   |
| Street Address  |  |                         | City                                | State                    | Zip Code  |
| 84 Landing Place  |  |                         | East Haven                          | CT                       | 06512   |
| Type of contributor: <input type="checkbox"/> Committee<br><input type="checkbox"/> Individual / Sole Proprietorship <input checked="" type="checkbox"/> Other            | Date Received  | Aggregate Contributions | Description of In-Kind Contribution |                          |   |
|   | 10-10-23   | 29.25                   | Table Cloth - Dec 6 Event           |                          |   |
| 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           |                         |                                     |                          | Fair Market Value of this Contribution<br><br>29.25 |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # E100723 | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>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<br><input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other                       | Date Received  | Aggregate Contributions | Description of In-Kind Contribution |                          |   |
|   |  |                         |                                     |                          |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No   | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |                         |                                     |                          | Fair Market Value of this Contribution              |
| Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #                    | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br><input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other                       | Date Received  | Aggregate Contributions | Description of In-Kind Contribution |                          |   |
|   |  |                         |                                     |                          |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No   | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |                         |                                     |                          | Fair Market Value of this Contribution              |
| Is this contribution associated with an event reported listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #             | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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                 | Amount of Deposit                                   |
|   |  |                         |                                     |                          |   |
| Name of Telephone Company   |  |                         |                                     |                          |   |
| Street Address  |  | City                    | State                               | Zip Code                 |   |
|   |  |                         |                                     |                          |   |
| <b>TOTAL SECTION N</b> (Enter total on Line 24, Column A of Summary Page Totals)  |  |                         |                                     |                          |   |

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# IV. EXPENDITURES (Sections P-F)

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| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |  |             |                 | TYPE OF REPORT              |   |
|--|--|-------------|-----------------|-----------------------------|---|
| Castro Fed Maj   |  |             |                 | 7th Day Proceeding Election |   |
| P. Expenses Paid by Committee  |  |             |                 |                             |   |
| Name of Payee  |  |             | Date of Payment |                             | Method of Payment:  |
| Patrick Romano. DNA Campaign   |  |             | 10-19-23        |                             | <input checked="" type="checkbox"/> Check # 02362<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address   |  | City        | State           | Zip Code                    |   |
| 800 Village Walk   |  | Gulfport CT | CT              | 06437                       |   |
| Purpose of Expenditure (by code)   | Description  | Event #     |                 | Amount                      |   |
| Assign   | Lawn signs & Consult.  | -           |                 | 10,888.51                   |   |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |             |                 |                             |   |
| Name of Payee  |  |             | Date of Payment |                             | Method of Payment:  |
| Anedot   |  |             | 10-27-23        |                             | <input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT       |
| Street Address   |  | City        | State           | Zip Code                    |   |
| 1920 McKinney Ave  |  | Dallas      | TX              | 75201                       |   |
| Purpose of Expenditure (by code)   | Description  | Event #     |                 | Amount                      |   |
| Bank Fee   | Fee's for Electronic Deposit   | -           |                 | 104.30                      |   |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D            |             |                 |                             |   |
| Name of Payee  |  |             | Date of Payment |                             | Method of Payment:  |
| John E. Maria's Pizzeria   |  |             | 10-18-23        |                             | <input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT       |
| Street Address   |  | City        | State           | Zip Code                    |   |
| 280 Foxon Rd.  |  | East Haven  | CT              | 06510                       |   |
| Purpose of Expenditure (by code)   | Description  | Event #     |                 | Amount                      |   |
| Food   | Food Pizza Fundraise   | F101823     |                 | 401.96                      |   |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |             |                 |                             |   |
| Name of Payee  |  |             | Date of Payment |                             | Method of Payment:  |
| Deller City  |  |             | 10-23-23        |                             | <input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT                  |
| Street Address   |  | City        | State           | Zip Code                    |   |
| 346 Hemingway Ave  |  | East Haven  | CT              | 06520                       |   |
| Purpose of Expenditure (by code)   | Description  | Event #     |                 | Amount                      |   |
| Office   | Office Supply  | -           |                 | 20.12                       |   |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D            |             |                 |                             |   |
| SUBTOTAL Section P — This Page   |  |             |                 | 11396.91                    |   |
| TOTAL of additional Section P Pages  |  |             |                 | 20101.39                    |   |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE  |  |             |                 | 20104.39                    |   |
| (Enter total on Line 19, Column A of Summary Page Totals)                      |  |             |                 |                             |   |

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## IV. EXPENDITURES (Sections P—T)

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| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                       |   | TYPE OF REPORT                 |   |
|--|---|--------------------------------|---|
| Crisis Fcl Mapp  |   | 7day Filing Period by Election |   |
| <b>P. Expenses Paid by Committee</b>   |   |                                |   |
| Name of Payee  |   | Date of Payment                | Method of Payment:  |
| Tina Marie Hedley  |   | 10-25-23                       | <input checked="" type="checkbox"/> Check # _____<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address   |   | City                           | State Zip Code  |
| 84 Landing Place   |   | East Haven                     | CT 06512  |
| Purpose of Expenditure (by code)   | Description   | Event #                        | Amount  |
| Misc   | pay Students Phone Book / Holders   | —                              | 500.00  |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                                |   |
| Name of Payee  |   | Date of Payment                | Method of Payment:  |
| Della City   |   | 10-23-23                       | <input type="checkbox"/> Check # _____<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address   |   | City                           | State Zip Code  |
| 346 Hemingway Ave  |   | East Haven                     | CT 06512  |
| Purpose of Expenditure (by code)   | Description   | Event #                        | Amount  |
| Office   | Office Supplies   | —                              | 13.77   |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  |                                |   |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                                |   |
| Name of Payee  |   | Date of Payment                | Method of Payment:  |
| Extreme Designs  |   | 10-16-23                       | <input type="checkbox"/> Check # _____<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address   |   | City                           | State Zip Code  |
| 1923 Forbes Ave  |   | New Haven                      | CT 06512  |
| Purpose of Expenditure (by code)   | Description   | Event #                        | Amount  |
| Signs  | signs & stickers  | —                              | 180.00  |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D            |                                |   |
| Name of Payee  |   | Date of Payment                | Method of Payment:  |
| Face Book  |   | 10-3-23                        | <input type="checkbox"/> Check # _____<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address   |   | City                           | State Zip Code  |
| Merle Park   |   | San Francisco                  | CA  |
| Purpose of Expenditure (by code)   | Description   | Event #                        | Amount  |
| web  | Face Book Ad.   | —                              | 30.07   |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D            |                                |   |
| SUBTOTAL Section P — This Page   |   |                                | 723.84  |
| TOTAL of additional Section P Pages  |   |                                | 8704.48   |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE<br>(Enter total on Line 19, Column A of Summary Page Totals) |   |                                | 20101.39  |

## IV. EXPENDITURES (Sections P—T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   | TYPE OF REPORT             |   |
|--|---|----------------------------|---|
| Chiefs For Mail  |   | 7th Day Recurring Donation |   |
| <b>P. Expenses Paid by Committee</b>   |   |                            |   |
| Name of Payee  |   | Date of Payment            | Method of Payment:  |
| Share Publishing   |   | 10-4-23                    | <input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address   |   | City                       | State Zip Code  |
| 721 Boston Post Rd.  |   | Madison                    | CT 06443  |
| Purpose of Expenditure (by code)   | Description   | Event #                    | Amount  |
| A News   | News Page Ads   | -                          | 1565.00   |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                            |   |
| Name of Payee  |   | Date of Payment            | Method of Payment:  |
| Share Publishing   |   | 10-12-23                   | <input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address   |   | City                       | State Zip Code  |
| 721 Boston Post Rd   |   | Madison                    | CT 06443  |
| Purpose of Expenditure (by code)   | Description   | Event #                    | Amount  |
| A News   | News Paper Ads  | -                          | 1565.00   |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                            |   |
| Name of Payee  |   | Date of Payment            | Method of Payment:  |
| Share Publishing   |   | 10-17-23                   | <input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address   |   | City                       | State Zip Code  |
| 721 Boston Post Rd   |   | Madison                    | CT 06443  |
| Purpose of Expenditure (by code)   | Description   | Event #                    | Amount  |
| A News   | News Paper Ads  | -                          | 1565.00   |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                            |   |
| Name of Payee  |   | Date of Payment            | Method of Payment:  |
| Share Publishing   |   |                            | <input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address   |   | City                       | State Zip Code  |
| 721 Boston Post Rd   |   | Madison                    | CT 06443  |
| Purpose of Expenditure (by code)   | Description   | Event #                    | Amount  |
| A-News   | News Paper Ad   | -                          | 395.00  |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                            |   |
| SUBTOTAL Section P — This Page   |   |                            | 5090.00   |
| TOTAL of additional Section P Pages  |   |                            | 7980.64   |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE  |   |                            |   |
| (Enter total on Line 19, Column A of Summary Page Totals)                      |   |                            |   |

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# IV. EXPENDITURES (Sections P—T)

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| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                       |   | TYPE OF REPORT             |   |
|--|---|----------------------------|---|
| Collegi For Majr   |   | 7th day Receding Quarter   |   |
| P. Expenses Paid by Committee  |   |                            |   |
| Name of Payee<br>Home De Pot   |   | Date of Payment<br>10-6-23 | Method of Payment:<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address<br>75 Frontage Rd   |   | City<br>East Haven         | State<br>CT Zip Code<br>06510   |
| Purpose of Expenditure (by code)<br>ASIS   | Description<br>metal stakes for large sign  | Event #<br>—               | Amount<br>503.91  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                            |   |
| Name of Payee<br>B J's   |   | Date of Payment<br>10-7-23 | Method of Payment:<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address<br>555 Universal Dr   |   | City<br>North Haven        | State<br>CT Zip Code  |
| Purpose of Expenditure (by code)<br>Food   | Description<br>Cookies for Food Raiser  | Event #<br>E10723          | Amount<br>63.95   |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                            |   |
| Name of Payee<br>Wix, Com  |   | Date of Payment            | Method of Payment:<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address<br>500 Terry Francisco Blvd   |   | City<br>San Francisco      | State<br>CA Zip Code  |
| Purpose of Expenditure (by code)<br>WEB  | Description<br>web design   | Event #<br>—               | Amount<br>15.31   |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D            |                            |   |
| Name of Payee<br>Amazon  |   | Date of Payment<br>10-6-23 | Method of Payment:<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address<br>410 Terry Ave  |   | City<br>North Seattle      | State<br>WA Zip Code<br>98109   |
| Purpose of Expenditure (by code)<br>Office   | Description<br>Campaign office supplies   | Event #<br>—               | Amount<br>372.21  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                            |   |
| SUBTOTAL Section P — This Page   |   |                            | 955.41  |
| TOTAL of additional Section P Pages  |   |                            | 2890.64   |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE<br>(Enter total on Line 19, Column A of Summary Page Totals) |   |                            | 20161.39  |



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# IV. EXPENDITURES (Sections P—T)

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| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   |  |  | TYPE OF REPORT  |  |
|--|---|--|--|---|--|
| Carson Fols Major  |   |  |  | 7th day Primary Election  |  |
| <b>P. Expenses Paid by Committee</b>   |   |  |  |   |  |
| Name of Payee  |   | Date of Payment  |  | Method of Payment:  |  |
| Luz Custom Creations   |   | 10-6-23  |  | <input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |  |
| Street Address   |   | City   |  | State Zip Code  |  |
| 317 West Avenue  |   | Stamford   |  | CT 06911  |  |
| Purpose of Expenditure (by code)   | Description   | Event #  |  | Amount  |  |
| A-OTH  | Campaign T-shirts   | -  |  | 209.62  |  |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |  |  |   |  |
|  |   | <input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |  |   |  |
| Name of Payee  |   | Date of Payment  |  | Method of Payment:  |  |
| Amazon   |   | 10-4-23  |  | <input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |  |
| Street Address   |   | City   |  | State Zip Code  |  |
| 410 Tesby Ave  |   | North Seattle  |  | WA 98149  |  |
| Purpose of Expenditure (by code)   | Description   | Event #  |  | Amount  |  |
| Office   | Toner & Eco printed   | -  |  | 48.37   |  |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |  |  |   |  |
|  |   | <input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |  |   |  |
| Name of Payee  |   | Date of Payment  |  | Method of Payment:  |  |
| Stop & Shop  |   | 10-3-23  |  | <input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |  |
| Street Address   |   | City   |  | State Zip Code  |  |
| 370 Herringwayne   |   | East Haven   |  | CT 06512  |  |
| Purpose of Expenditure (by code)   | Description   | Event #  |  | Amount  |  |
| Food   | Drinks for Campaign workers   | -  |  | 30.96   |  |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |  |  |   |  |
|  |   | <input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |  |   |  |
| Name of Payee  |   | Date of Payment  |  | Method of Payment:  |  |
| Ocean State Job Lot  |   | 10-3-23  |  | <input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |  |
| Street Address   |   | City   |  | State Zip Code  |  |
| 713 Foxon Rd   |   | East Haven   |  | CT 06512  |  |
| Purpose of Expenditure (by code)   | Description   | Event #  |  | Amount  |  |
| Office   | Folding chairs & supplies for Handouts  | -  |  | 231.86  |  |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |  |  |   |  |
|  |   | <input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |  |   |  |
| SUBTOTAL Section P — This Page   |   |  |  | 520.91  |  |
| TOTAL of additional Section P Pages  |   |  |  | 1935.23   |  |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE  |   |  |  | 20101.39  |  |
| (Enter total on Line 19, 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              |   |
| Castro For Mass  |   | 7th Day Proceeding Election |   |
| <b>P. Expenses Paid by Committee</b>   |   |                             |   |
| Name of Payee  |   | Date of Payment             | Method of Payment:  |
| Carl Perez   |   | 10-7-23                     | <input checked="" type="checkbox"/> Check # 02360<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address   |   | City                        | State Zip Code  |
| 63 Talus Ave   |   | East Haven                  | CT 0652   |
| Purpose of Expenditure (by code)   | Description   | Event #                     | Amount  |
| Food   | Italian Bread For Dinner  | E100723                     | 56.40   |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                             |   |
| Name of Payee  |   | Date of Payment             | Method of Payment:  |
| Restaurant De P't  |   |                             | <input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT       |
| Street Address   |   | City                        | State Zip Code  |
| 181 Marsh Hill Rd  |   | Orange                      | CT 06477  |
| Purpose of Expenditure (by code)   | Description   | Event #                     | Amount  |
| Food   | Food + Supplies For Pocketta + Pasticcini   | E100723                     | 999.02  |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)            |                             |   |
| Name of Payee  |   | Date of Payment             | Method of Payment:  |
| Italian Importing  |   |                             | <input checked="" type="checkbox"/> Check # 02361<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address   |   | City                        | State Zip Code  |
| 1779 Grand Ave   |   | New Haven                   | CT 06511  |
| Purpose of Expenditure (by code)   | Description   | Event #                     | Amount  |
| Food   | Pocketta For Dinner   | E100723                     | 154.00  |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                             |   |
| Name of Payee  |   | Date of Payment             | Method of Payment:  |
| Extreme Designs  |   | 10-1-23                     | <input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT       |
| Street Address   |   | City                        | State Zip Code  |
| 330 main street  |   | East Haven                  | CT 06512  |
| Purpose of Expenditure (by code)   | Description   | Event #                     | Amount  |
| A-Sign   | Signs & Stickers  | -                           | 205.00  |
| 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<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                             |   |
| SUBTOTAL Section P — This Page   |   | 1414.42                     |   |
| TOTAL of additional Section P Pages  |   | 0                           |   |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE<br>(Enter total on Line 19, Column A of Summary Page Totals) |   | 20101.39                    |   |

# IV. EXPENDITURES (Sections P—I)

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

|  |  |  |                   |
|--|--|--|-------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                       |  | TYPE OF REPORT   |                   |
|  |  |  |                   |
| R. Expenses Incurred on Committee Credit Card  |  |  |                   |
| Name of Issuing Institution  |  | Type of Credit Card:<br><input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other: |                   |
| Name of Vendor, Person or Entity   |  | Date of Transaction  |                   |
| Street Address   |  | City   | State    Zip Code |
| Purpose of Expenditure (by code)   | Description  | Event #  | Amount            |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)<br><input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |  |                   |
| Name of Vendor, Person or Entity   |  | Date of Transaction  |                   |
| Street Address   |  | City   | State    Zip Code |
| Purpose of Expenditure (by code)   | Description  | Event #  | Amount            |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)<br><input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |  |                   |
| Name of Vendor, Person or Entity   |  | Date of Transaction  |                   |
| Street Address   |  | City   | State    Zip Code |
| Purpose of Expenditure (by code)   | Description  | Event #  | Amount            |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)<br><input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |  |                   |
| Name of Vendor, Person or Entity   |  | Date of Transaction  |                   |
| Street Address   |  | City   | State    Zip Code |
| Purpose of Expenditure (by code)   | Description  | Event #  | Amount            |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)<br><input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |  |                   |
| SUBTOTAL Section R — This Page   |  |  |                   |
| TOTAL of additional Section R Pages  |  |  |                   |
| TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD<br>(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<br>(by code)  | Description  |  | Event # |                | <b>Amount Incurred</b><br><i>(Estimate or Actual)</i> |
| Expenditure #<br><i>(if applicable)</i>  | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None of the below<br/> <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br/> <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)         </div> <div> <input type="checkbox"/> Independent<br/> <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<br>(by code)  | Description  |  | Event # |                | <b>Amount Incurred</b><br><i>(Estimate or Actual)</i> |
| Expenditure #<br><i>(if applicable)</i>  | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None of the below<br/> <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br/> <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)         </div> <div> <input type="checkbox"/> Independent<br/> <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<br>(by code)  | Description  |  | Event # |                | <b>Amount Incurred</b><br><i>(Estimate or Actual)</i> |
| Expenditure #<br><i>(if applicable)</i>  | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None of the below<br/> <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br/> <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)         </div> <div> <input type="checkbox"/> Independent<br/> <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><br><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><br><i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>                   |  |  |         |                |   |



|  |  |                |   |   |
|--|--|----------------|---|---|
| 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:<br><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 #        | Amount  |   |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)<br><input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                |   |   |
| 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:<br><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 #        | Amount  |   |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)<br><input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                |   |   |
| 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:<br><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 #        | Amount  |   |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)<br><input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                |   |   |
| 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:<br><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 #        | Amount  |   |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)<br><input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                |   |   |
| 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:<br><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 #        | Amount  |   |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)<br><input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="checkbox"/> Independent<br><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                |   |   |
| 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:<br><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                                    |
| SUBTOTAL Section T — This Page   |  |                |   |   |
| TOTAL of additional Section T Pages  |  |                |   |   |
| TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS                |  |                |   |   |