SEEC FORM 20

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

RECEIVED FOR FILING OCT 3 1 2023 TOWN CLERK'S OFFICE EAST HAVEN, CONN.

Page 1 of 17

Clisa Balt

Do Not Mark in This Space For Official Use, Only

COVER PAGE

V	COVE	R PAGE		
1. NAME OF COMMITTEE		Henrica political constitution		
Casfasa	Fol Mo	2/61		
2. TREASURER NAME			The same Man	
First Richard	\mathcal{A}	Last DePalma		Suffix
3. TREASURER ADDRESS				
Street Address 10 Segvien	Ae City	East Haven	State	Zip Code 06512.
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11-7-23	Ma	406		(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			
Josaph	MI	C564065		Suffix
8. TYPE OF REPORT (Check One Box)				
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Cont	ribution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendmen	t to
☐ July 10 filing	7th day preceding election	☐ Deficit	Type of Rep	ort:
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November			
9. PERIOD COVERED				
	Beginning Date	Ending Date		
	10-1-23	thru 10-31-23	_	
10. CERTIFICATION				
I hereby certify and state, under p Disclosure Statement for the pe		all of the information set forth on than and complete.	is Itemized Car	npaign Finance
Jo A	W K	ctrad DePslms		16-31-23
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE) PRIN	IT NAME OF SIGNER		DATE (mm/dd/yyyy)
	. RESVENIENCE			
A person who is	found to have knowingly and wi	illfully violated any provisions of the	e campaign fina	ince 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)	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT	
	COLLINDIA	COLLBAID
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		1792.80
12. Balance on hand at the beginning of Reporting Period	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.co	1900.00
15. Other Monetary Receipts (Sections D through K)	0	Bacc
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		4
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	5415.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	45558015	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	25156.76
21. In-Kind Donations not Considered Contributions Received (Section L4)	29.23	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	\mathcal{C}
25c Payments on Loan	C	C
25d. Total Outstanding Loan Amount	C	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	C	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	resident from the second
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

0		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository).	TYPE OF REPORT	
Castega Fel Majel	They Ho carling Ekolim	
A. Total Contributions from Small Contributors-Received this Period ONI (See instructions for definition of Small Contributor) SUBTOTAL SECTION		
	N	
B. Itemized Contributions from In	dividuals	
Schum, tz First Robb	Dec X	
Residential Street Address City East	Harry - State Zip Code CF 06512	
Principal Occupation Name of Employer	coe Co.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief ex does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample of the contributor or business he/she is a sample		
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Last Name Di Di Cola Kaca	MI	
Residential Street Address Southampton Are Column	State Zip Code H 42 204	
Principal Occupation Rame of Employer Ketical		
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?		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Contractor Legislative Legislative Contractor Legislative Contractor Legislative Legislati		
Method of Contribution: Date Received Aggregate Contributions		
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TIES NAN LE	State Zip Code	
Residential Street Address 9 Beachs; OP Are City East	Havon State Zip Code	
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sect (Enter total on Line 13, Column A of Summary	fons A + B) 6-2(-C)	
psinorable on sine eg. committee of	0,00	

NAME OF COMMITTIEE (Provide Complete Name as Registered with Filing Repository).	TYPE OF REPORT	
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A. Total Contributions from Small Contributors-Received this Period ONLY	1	C C C C C C C C C C C C C C C C C C C
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 839	60.0
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B. Itemized Contributions from Indivi	idnale	
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190 Cloton Vile to Deith	Haven-	CT 089/3
Principal Occupation Name of Employer		
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valued at more than \$5,000?	te contractor?	_
event reported in Section L1? No If yes, indicate which branch or branches	™ X No	
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Residential Street Address City 1		State Zip Code
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Principal Occupation Name of Employer		, ,
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	Aggregate Contributions	
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R_{10}	0.0	1
Residential Street Address City	1	State Zip Code
85 Jeffey Ko Esst H	larn	01 06512
Principal Occupation Name of Employer	N N	
Lp/180/	-/	
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Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective star	te contractor?	7 _
event reported in Section L1? If yes, indicate which branch or branches	☐ Legislative	50.00
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SUBTOTAL Section B — This	Page 5	90.00
TOTAL of additional Section B I	Pages	7820.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Eine 13; Column A of Summary Page		380.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository).	TYPE OF REPORT	
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A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s 8380le	
	1	
B. Itemized Contributions from Indiv	iduals	
Last Name Pack	be MI	
Residential Street Address 17 Day atvak 346 City Easy H	Javen - G Ch5D	
Principal Occupation Name of Employer	Hscf Colintis	
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Residential Street Address Residential Street Address	State Zip Code	
Principal Occupation Principal Occupation Name of Employer,	Haven CT 065D	
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Method of Contribution: 319 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 10-18-33	Aggregate Contributions 180.00	
Last Name Pace 1/i First Lon	MI	
Residential Street Address 107 For Roll City Cast Ho	State Zip Code Of D6512	
Principal Occupation 21504/		
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 10 18-33	Aggregate Contributions	
SUBTOTAL Section B — This	s Page 140,00	
TOTAL of additional Section B Pages 7230.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13; Column A of Summary Page	A+B) $C = 2 C C = 2$	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)).	TYPE OF REPORT		
Confora Fol Mak	m) of Kecady, dation		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 8360.0		
B. Itemized Contributions from Individual Last Name	idnals MI		
Monrecla KoDa			
Principal Occupation (City Early He	100 - State Zip Code 06372		
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Method of Contribution: 57 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10-18 P	Aggregate Contributions		
SUBTOTAL Section B — This Page 3 20:00			
TOTAL of additional Section B	Pages. 7090.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A. of Summary Page	A+B) 838C-00		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository).	TYPE OF REPORT	
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(a64060 tol 1) a/o6.	I'VA INCEPE IN CHECKINI	
A. Total Contributions from Small Contributors-Received this Period ONLY	\$ 83600	
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	0)80	
B. Itemized Contributions from Indivi	dwala	
Last Name First	MI	
Leenal Mari		
Residential Street Address City	State Zip Code	
R2 Test Heb DV Dow He	in a com	
Principal Occupation Name of Employer	100012	
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Is contributor a lobbyist, spouse,	e officer of a municipality, Amount of Contribution	
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract	with said municipality	
valued at more than \$5,000?		
event reported in Section L1? No If yes, indicate which branch or branches	No No	
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Method of Contribution: Date Received	Aggregate Contributions	
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Last Name First	MI	
La John PEGOL	<u></u>	
Residential Street Address City	State Zip Code	
Principal Occupation Name of Employer	Gard () 06911	
Principal Occupation Name of Employer	lua P	
Kerice 4P/)60	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract		
valued at more than \$5,000?		
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? No If yes, indicate which branch or branches		
If yes, list Event # No If yes, indicate which branch or branches of government the contract is with: Executive Legislative		
Method of Contribution: 2723 Date Received	Aggregate Contributions	
□ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 10 16 -18	1000.00	
Last Name First	MI	
Damper, Kevin	,	
Residential Street Address City	State Zip Code	
	va (1) (6117)	
Principal Occupation Name of Employer	01/1	
Dest Chief Town o	t Harden	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract	officer of a municipality, Amount of Contribution	
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	Aggregate Contributions 5	
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	10 ==	
SUBTOTAL Section B — This	Page 1250,00	
TOTAL of additional Section B P	ages. 6720.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13; Column 4 of Summary Page 1		

NAME OF COMMUTATE A STATE OF THE STATE OF TH	I was a second of the second o		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository).	TYPE OF REPORT		
Cacked Folliaga	Troof Harrow Election		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 83800		
B. Itemized Contributions from Indivi	duals		
Last Name First	MI		
Residential Street Address Copy	XX		
53 Edden Dr. Gist Ha	ren - ET Obs 12		
Principal Occupation Ret. 1800 Name of Employer Poti	co d		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality Amount of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of the state of	e contractor? Yes No		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 10 18 - 37	Aggregate Contributions ICCCC		
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S6 Not San Al City East Have	1 State Zip Code 0 06512		
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SUBTOTAL Section B — This	Page 80.00		
TOTAL of additional Section B P	ages 5470.00°		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13; Column A of Summary Page 1			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository).	TYPE OF REPORT
Car Las a Ed Malel	7th Dal Digger In Elector
A. Total Contributions from Small Contributors-Received this Period ONLY	s con
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	3 8780,00
B. Itemized Contributions from Indix	
Last Name First	MI
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96 High land Ave East	Haven - 0 06512.
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event reported in Section I 12	e 🗆 Legislative No
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Method of Contribution: Of government the contract is with: Date Received	Aggregate Contributions
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Residential Street Address	State Zip Code
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contributor or valued at more than \$5,000?	act with said municipality
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches	state contractor?
If yes, list Event # #101833 of government the contract is with:	ve Legislative Aggregate Contributions
Method of Contribution: Date Received Date Received	Aggregate Controllious 9200
Cash Dersonal Check Credit/Debit Card Payroll Deduction Money Order 1048-33	CT CO
SUBTOTAL Section B — T	nis gage 03.00
TOTAL of additional Section	B Pages 5 290.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A. of Summary Pt.	ins A + B) 8380
(Enter total on Ente 13, Column Adjisummary Fe	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository).	TYPE OF REPORT	
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A. Total Contributions from Small Contributors-Received this Period ONLY	6-2-6	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository).	TYPE OF REPORT
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A. Total Contributions from Small Contributors-Received this Period ONLY	1 Day wires 12 chaples
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	Name and an all the state of th	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository).	TYPE OF REPORT	
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A. Total Contributions from Small Contributors-Received this Period ONLY	7	
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections	A+B) G266	
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NAME OF COMMUTTEE OF	Transition of the state of the
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository).	TYPE OF REPORT
Lastaca Fab Naja	Day generaling Election
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 8380.00
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B. Itemized Contributions from Indivi	duals
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Residential Street Address 25 Columbs Ave City East Ho	aven - CT 06312
Principal Occupation Public wolks Spaidlendant Name of Employer	of EH.
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository))	TYPE OF REPORT
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A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 8380 00
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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A. Total Contributions from Small Contributors-Received Sections for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A \$ 780
B. Itemized Co	ontributions from Individuals First MI MI
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esidential Street Address 2 Chidsay Ale	East Haven OT C16512-
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Residential Street Address 642 CCEGO AVE	City West Haven of 65-16
Principal Occupation Attack	Name of Employer Malgne Ewast-UC
s contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	On to a candidate for a chief executive officer of a municipality. Amount of Contribution she is associated with have a contract with said municipality. No
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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A. Total Contributions from Small Contributors-Received this Period ONLY) by mail of free son
(See instructions: for definition of Small Contributor) SUBTOTAL SECTION A	\$ 8380
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B. Itemized Contributions from Indivi-	duals
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Residential Street Address Soshua's TGOIN City East the	9ver - State Zip Code 8 85 D
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality Amount of Contribution
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TOTAL of additional Section B I	Pages 2190,00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections / Enter total on Line 13, Column A of Summary Page	A + B): 8380. CT

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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B. Itemized Contributions from Inc	dividuals
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or dependent child of a lobbyist? Mo does contributor or business he/she is associated with have a convalued at more than \$5,000?	htract with said municipality
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If yes, list Event #	
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SUBTOTAL Section B —	This Page 13000
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section of Contracted on Line 12, Column 4 of Suppression	ons A + B)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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A. Total Contributions from Small Contributors-Received this Period ONI	CZCO
(See instructions for definition of Small Contributor). SUBTOTAL SECTION	
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B. Itemized Contributions from It	ndividuals
Last Name First	/ MI
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Residential Street Address 130 5446 540. C-35 City Nath	Haven - of 06473
Principal Occupation S Adm A A555 Vant Name of Employed	University
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$400 to a candidate for a chief ex does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or bus	Amount of Contribution ontract with said municipality
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Method of Contribution: Date Received Payrol! Deduction Money Order 10 - 1 - 2	Aggregate Contributions 2.3 40.00
Last Name CrisaC First Sue	MI
Residential Street Address 173 - 7 Cosay Boach Ave City East 1	Haven State Zip Code O6512
Principal Occupation Name of Employed	Univ.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief exdose contributor or business he/she is associated with have a convalued at more than \$5,000?	Recutive officer of a municipality, ontract with said municipality No
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches of government the contract is with:	cutive \(\text{Legislative} \) Legislative
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Last Parity	Da Marie
Residential Street Address & City East	Haven State Zip Code
Principal Occupation Name of Employer	n of EH.
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Is this contribution associated with an event reported in Section L1? If yes, list Event # IVC773 Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches of government the contract is with:	cutive Legislative
Method of Contribution: Date Received	Aggregate Contributions
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 1074	120.00
SUBTOTAL Section B TOTAL of additional Section	10 - 0 -
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sec (Enter total on Eine 13, Column A of Summar)	y Page Totals) 838C.Co

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NAME OF COMMITTIES (Builde C.)	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
(actola For Maje)	The Day Heroedia Eletion
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 8380.de
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B. Itemized Contributions from Indiv	iduals
De Cicce Dicak	MI
Residential Street Address Street Address Sev thing	TC) State Zip Code
Principal Occupation Name of Employer JGP Name of Employer	H Hosize
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ve officer of a municipality, t with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event #	te contractor? Yes No Legislative
Method of Contribution: Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order Date Received Payroll Deduction □ Money Order	Aggregate Contributions CC.cc
Last Name Amate First Mile	MI
Residential Street Address 200 Cosey Boach City East Ho	onen State Zip Code TO 06512"
Principal Occupation Name of Employer	14.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality
	te contractor? Yes Legislative
Method of Contribution: Date Received Personal Check	Aggregate Contributions
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Residential Street Address City BCgn fcod	State Zip Code
Principal Occupation Principal Occupation Principal Occupation Name of Employer Town	CEH.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes Volume 1 Yes Volume 2 Yes Volume 2 Yes Volume 3 Yes Yes Volume 3 Yes Yes Volume 3 Yes	e officer of a municipality, with said municipality
	e contractor? Yes 50.00
Method of Contribution: □ Date Received Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 10 → 23	Aggregate Contributions
SUBTOTAL Section B — This	Page 230.00
FOTAL of additional Section B P	ages 1770
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 7)	

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Section D ADDITIONAL TARGE	
WAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 838C.C
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B. Itemized Contributions from Indivi	duals
Last Name Mustash First Thomas	5 MI
Residential Street Address 7 Ticescs This is a series of the series o	ven State Zip Code CT 06312
Principal Occupation Radiation Thecapst Name of Employer 1 Nt.	Hospits 1
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ve officer of a municipality, with said municipality
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state event reported in Section L1? If yes, indicate which branch or branches	te contractor? Yes
Method of Contribution: 346 □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 1 C - 2 - 8	Aggregate Contributions / CC. CC
Last Name Lesco First Ash la	, MI
Residential Street Address 73 Tayki All Egist Have	State Zip Code CT 06512.
Principal Occupation Pa GC 18161 Name of Employer Law 441	a of Mana-Softe
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes Yes Yes Valued at more than \$5,000?	ve officer of a municipality, Amount of Contribution
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Method of Contribution: Date Received Payroll Deduction	Aggregate Contributions
Last Name Challes	MI
Residential Street Address Columbia Al East Ho	aven State Zip Code (7) 065 12
Principal Occupation Specintendent Robbin welks Name of Employer Town of	FEH.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	ve officer of a municipality, t with said municipality Amount of Contribution
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NAME OF COMMITTEE	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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A. Total Contributions from Small Contributors-Received this Period (See instructions for definition of Small Contributor) SUBTOTAL SE	
B. Itemized Contributions fr	om Individuals
Last Name WZZi First Cl	aice MI
Residential Street Address 434 Thomas 546. City Fost	Haven CT C6517
Principal Occupation Rame of En	etice/
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? No life contribution is in excess of \$400 to a candidate for a does contributor or business he/she is associated with revalued at more than \$5,000?	ave a contract with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # [1008] If yes, indicate which branch or branches of government the contract is with:	rospective state contractor? Yes No Executive Legislative / CC.CO
Method of Contribution: □ Date Receive Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Credit/Debit Card □ Payroll Deduction □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Credit/Debit Card □ Credit/Debit	Aggregate Contributions 100.00
East Name Sabatine First Ka	odence E
Residential Street Address The City For	t Haven CT O63 D.
Principal Occupation Stocket Name of En	Sun, New Patte
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is associated with he valued at more than \$5,000?	ave a contract with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # F/06773 Is contributor a principal of a state contractor or p If yes, indicate which branch or branches of government the contract is with:	rospective state contractor? Yes Executive Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Aggregate Contributions SO. CO
Last Name Egingine Square Square	nd(a
Residential Street Address 434 Thomason And East	Haven State Zip Code OF ST
Principal Occupation Patient Name of Em	ployer pt 100
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is associated with he valued at more than \$5,000?	ave a contract with said municipality
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 10 0 733 No If yes, list Event # 10 0 733 No No No No No No No No No	ospective state contractor?
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 8380.0
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B. Itemized Contributions from Indivi	duals
East Name Santa	MI
Residential Street Address 388 Cap Auc City 895 + Ho	State Zip Code OT 065 12
Principal Occupation Rame of Employer Let 101	/
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of the section of the section of the section L1? No If yes, indicate which branch or branches	ce contractor?
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Last Name Kikosicki Lovoi	MI
Residential Street Address 103 Leich Daile City East Ha	ven CI O6512
Principal Occupation Name of Employer Manage Manage Name of Employer	Carric
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
	Legislative No 50. CC
Method of Contribution: Date Received Payroll Deduction	Aggregate Contributions
Last Name Kikcuck 56- First 5cho) MI
Residential Street Address 10. Massacret Couch East Haw.	State Zip Code CT C65-12
Principal Occupation Rame of Employer SAF	C.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Place 78 Method of Contribution: Is contributor a principal of a state contractor or prospective state of government the contract is with: Date Received	te contractor?
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	50.00
SUBTOTAL Section B This	Page 140.00
TOTAL of additional Section B I	Pages 1040,00
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cactala Fol Majel	. The Day Kereefing Election
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 8380.00
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B. Itemized Contributions from Indiv	riduals
Last Name Tasd uce: 50hn	МІ
Residential Street Address 25 Batt Lane City East Ho	State Zip Code Of C63-12.
Principal Occupation Reg (3 + 5+7). Name of Employer, William	Pares RestEstate.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contravalued at more than \$5,000?	ct with said municipality
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective st If yes, indicate which branch or branches	
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Last Name Pirst Steve	MI
Residential Street Address 124 Bennett Pd Est Han	State Zip Code Of OGS 12.
Principal Occupation General Contractal Name of Employer Sel-	F.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contravalued at more than \$5,000?	et with said municipality
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Last Name Santiala First Frika	MI
Residential Street Address Flan Street City Fast Ha	ven State Zip Code
Principal Occupation Name of Employer Flower Plane 1 Plane 1 Plane 1	63 BY L156
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? Yes of S400 to a candidate for a chief execut does contributor or business he/she is associated with have a contravalued at more than \$5,000?	ct with said municipality
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A. Total Contributions from Small Contributors-Rece	eived this Period ONLY		ecom FA /100
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$ 83	8800
Last Name B. Itemized C	ontributions from Indivi	duals	
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Residential Street Address	City — /		State Zip Code
Principal Occupation Ave.	East Have	20	0/ 06512.
	Name of Employer	>	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40	0 to a candidate for a chief executiv	e officer of a municipality	T
valued at more than \$5 000?	te is associated with have a contract	with said municipality	Amount of Contribution
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ast Name	First	110.00	MI
esidential Street Address	Katie		1711
116 Travia Lates Rol	City Fast 1/a	S	State Zip Code
incipal Occupation	Name of Employer	m I	01 06512
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dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract v	officer of a	Amount of Contribution
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fyes, list Event # 100777 No If yes, indicate which bra of government the contra	nch or branches ct is with: Executive	☐ Legislative No	100.00
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ot Name	Order 167-23	100,00	MI
idential Street Address	Chasta	DAS-(1111
17 Dave stuck Str.	City FGST Have	St	ate Zip Code
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ontributor a lobbyist, spouse,	Kni chts	er (c/yn?	25
does contributor or business he/she ivalued at more than \$5,000?	is associated with have a contract w. Yes	officer of a municipality, th said municipality	Amount of Contribution
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the reported in Section 1? No If yes, indicate which bran of government the contract		Legislative No	76,00
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	of additional Section B Pag	/ /	0.00
TOTAL OF ALL CONTRIBUTIONS FROM Enter total on Line 13	INDIVIDUALS (Sections A + 3, Column A of Summary Page Tot	B) 83	80.00

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NAME OF COMMUNICATION		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Lactora Fol Majd	my Day Ren	erding Election
A. Total Contributions from Small Contributors-Received this Period ON (See instructions for definition of Small Contributor) SUBTOTAL SECTION	LY	
(See instructions for aeginition of Small Contributor) SUBTOTAL SECTION	NA TO	8000
Last Name B. Itemized Contributions from In	ndividuals	
Residential Street Address Deni	5C	MI
Principal Occupation Str. By East Ho	laven	State Zip Code
HR Admo. Name of Employer	shee 1 Cal	7.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief of does contributor or business he/she is associated with have a contributor of the second state of the seco	secutive officer of a municipality, ontract with said municipality	Amount of Contribution
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Aggregate Contributions	00,00
Last Name De Ko	2/2	MI
Residential Street Address 147 Salegne Auf East	Haven	State Zip Code
Principal Occupation Name of Employer	of C	1005 12
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief exe does contributor or business he/she is associated with have a convalued at more than \$5,000?	ntract with said municipality	Amount of Contribution
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Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	86	Ç, 6
Deko First Susar Address	2	MI
131 Safeline Are City East		tate Zip Code
rincipal Occupation Name of Employer		, 00317
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a convalued at more than \$5,000?	tract with said municipality	Amount of Contribution
this contribution associated with an vent reported in Section L1? Is contributor a principal of a state contractor or prospective of yes, list Event # If yes, indicate which branch or branches of government the contract is with:	e state contractor?	40.00
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SUBTUTAL Section B T	his Page 200	.00
TOTAL of additional Section	B Pages 52	0.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Pa	ns A + B) age Fotals)	380. co

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	TWIND ON BROOM
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cachaca For Majel	T'Day Kareeling Election
A. Total Contributions from Small Contributors-Received this Period ONLY See Instructions for definition of Small Contributor) SUBTOTAL SECTION A	s 838C.60
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B. Itemized Contributions from Indiv	
Less Name Birmte A. First Gyy	MI
Residential Street Address 53 Edden Deive City East Have	un CI Cht D
Principal Occupation ReTixed Name of Employer ReTixed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executi does contributor or business he/she is associated with have a contract valued at more than \$5,000?	st with said municipality
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 100723 Is contributor a principal of a state contractor or prospective state of government the contract is with:	Legislative 4C.CC
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received	Aggregate Contributions 80.00
Last Name First / G664	Mt
Residential Street Address) 1197 Stocman Ave City Handen	State Zip Code (7) Of 5 14
Principal Occupation Po Tispel Letilo	od
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ct with said municipality
1) yes, not broken	e Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 16 7-33	Aggregate Contributions
Des beches: First Robes	T A
Residential Street Address 57 Forte Rd City Fast Ha	ven To State Zip Code 7 O6512.
Principal Occupation Rume of Employer Rotine	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of sometimes of some in excess of some in exce	ct with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # FNO 773 We had a Contribution associated with an event reported in Section L1? If yes, list Event # FNO 773 Balance Contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective states of government the contract or prospective states of government the contract is with: Date Received	No
Method of Contribution: 3059 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 1733	140.00
SUBTOTAL Section B — Thi	is Page 190.00
TOTAL of additional Section B	7001
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections	S(A+B)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Olffic For Make	7th day Receeding Chatrie
A. Total Contributions from Small Contributors-Received this Period ONLY	1000-1
(See: instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 8380.80
B. Itemized Contributions from Individual	duals
Last Name First Liss?	\mathcal{A}
Residential Street Address 22 Phills 54. City Fast Have	State Zip Code CI C6512
Principal Occupation Name of Employer Self-	LCSN 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 does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality Amount of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of the section L1? No If yes, indicate which branch or branches	e contractor?
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 10-3-73	SC. —
Last Name Vallana First Albert	MI
Residential Street Address 43 Eddon D6. City FG57 Ha	State Zip Code (1 Ch512
Principal Occupation Collection Manage Name of Employer 506	2
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000? Yes Yes Valued at more than \$5,000?	c officer of a municipality, with said municipality Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # F16723 Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive	e contractor? Yes Legislative
Method of Contribution: ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ → → → → → → → → → → → → → → → → → → →	Aggregate Contributions
Last Name Vin olo 5 First Raihh	МІ
Residential Street Address QO Dwight PL East Have	State Zip Code (1) (1651)
Principal Occupation Anymal Control of Cofficial Name of Employer	of EH.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000? Yes Yes Valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? If yes, list Event # F10 6733 Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	contractor? Yes Usegislative YC.CC
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Date Received	Aggregate Contributions
SUBTOTAL Section B — This I	Page 13000
TOTAL of additional Section B Pa	ages O
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Eine 13, Column 4 of Summary Page T	

NAME OF COM	MITTEE m it a					TYPE OF BI	PODT	
NAME OF COM	MMITTEE (Provide Comple	te Name as Registere	d with Filing Reposito	-10/		TYPE OF RE		Policelia Electro
			Contribution	ns from O	ther Commi	ittees	,	0
Name of Committee				400	Name of Treasur			
	Heat a	Frost	TASV		ecal 33 VI			coope
Address	616 Color	by Ro	/ /	Is this contri event report	cd in Section L1?	lwith an □ Yes 🐧 tEvent#	№o	Amount of Contribution
City	14.6.18	State	Zip Code	Date Rece	ived	Aggregate Contribution		200,00
Name of Committee	1)	. 9	0617	/	Name of Treasur	200.		
	Capital	City	DAC		(Hulle	7	
Address <i>9</i>	1 Elm	St.			ed in Section I 12	with an Sees		Amount of Contribution
City	H /	State	Zip Code	Date Rece	ived	Aggregate Contribution	S	300.00
7/6	14000	OT	06/00	10		300,0		
Name of Committee					Name of Treasur	er		
Address	7				ed in Section L1?	with an Yes	No	Amount of Contribution
City		State	Zip Code	Date Recei	If yes, list	Aggregate Contribution	s	
						N.		
= 151 114	C2. F	eimburseme	nts or Surplu	s Distribu	itions from	other Committ	ees	
Name of Committee			or buypre		Name of Treasur			
Address				City				State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type						Amount of Receipt
		☐ Reimburse	ment for shared ex	pense S	urplus Distributio	n		6
Description	201							
Name of Committee					Name of Treasure	er		
Address				City				State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type			C. Iva Distribut	·		Amount of Receipt
Description		LI Reimbur	sement for shared e	expense \Box	Surplus Distribu			
		SH State				4.14		
				100	n C — This F	age	- J W	000 000
. 15		director de le			Section C Pa	ages		water and w
The state of			TTEE CONTR total on Line 14,			otals)	500,	00

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Reposit				OF REPORT	
	D. Loans	Recei	ved this Period			
Name of Lender			Source of Loan:	didate 🗌 Individ	ual	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	Cîty			State	Zip Code	
Name of Lender	,		Source of Loan: Bank Cane	didate [Individ	ual	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					,	Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan:	didate 🗌 Individ	ual Other	Date of Receipt
Street Address	City		o!-	State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	-				ia.	Amount Received
Street Address	City			State	Zip Code	
			TOTAL SECT	ION D		
E. Receipts from Entit	ies other than Indiv	iduals	or Other Comi	nittees (Refer	endum Committe	ees ONLY)
Name of Entity	,					
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Cont	ributions	
Name of Entity			- V			
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Cont	ributions	
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Cont	ributions	
			TOTAL SECT	ION E		L

Page 6 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Regis	tered with Filing Repository)		TYPE OF RE	PORT
	F. Amount Transferred	from Affiliated Bu	isiness Treasury (R	usiness Entity Com	mittees ONLY)
ate of Receipt	Is this transaction assoc event reported in Section	iated with an Yes	If yes, list Event #		Amount
ate of Receipt	Is this transaction assoc event reported in Sectio		If yes, list Event#		Amount
te of Receipt	Is this transaction associevent reported in Section		If yes, list Event#		Amount
ate of Receipt	Is this transaction associ		If yes, list Event #		Amount
			TOTAL SECT	ION F	
G. Amount	Fransferred from Affilia	ted Labor Union o	r Other Organizati	on Tressury (6)	Prganization Committees ONLY)
te of Receipt		Date of Receipt	Other Organizati	Date of Receipt	rgunization Committees ONL1)
	Amount	A	mount		Amount
		To may	TOTAL SECTIO	ON G	
	H. Personal Funds of	the Candidate Rec	eived this Period (Candidate Commit	tees ONLY)
e of Receipt	Method of payment:				Amount
	☐ Cash	☐ Personal Che	ck 🗖 Credit/De	bit Card	
of Receipt	Method of payment:				Amount
	☐ Cash	☐ Personal Che	ck	bit Card	
of Receipt	Method of payment:				Amount
	☐ Cash	☐ Personal Che	ck	bit Card	
of Receipt	Method of payment:				Amount
	☐ Cash	Personal Che	ck 🔲 Credit/Del	oit Card	
			TOTAL SECT	TION H	
		I. Anonymous	Contributions		

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

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)		OF REPORT	
	J. Interest from Deposits in Authorized Accou			
Name of Institution		Date Rec	ceived	Amount
Street Address	City	State	Zip Code	
Name of Institution	I.	Date Red	peived	Amount
Street Address	City	State	Zip Code	
	TOTAL SECTION	ON J		
K. Misce	ellaneous Monetary Receipts not Considered C	ontribu	tions	
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zìp Code	
Description		- 40		
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description		-		
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
THE WAY TO SEE	TOTAL SECTION K	30		- Li
SUMMARY	OF OTHER MONETARY RECEIPTS (Section	ns D th	rough K)	
Total Loans Received this Period (Section	D)			
Total Receipts from Entities other than Inc	ividuals or Other Committees (Section E)	+		
Total Amount Transferred from Affiliated	Business Treasury (Section F)	+		
Fotal Amount Transferred from Affiliated	Labor Union or Other Organization Treasury (Section G	S) +		
Total Amount of Personal Funds of the Ca	ndidate Received this Period (Section H)	+		
Total Amount of Interest from Deposits in	Authorized Accounts (Section J)	+		
Fotal Miscellaneous Monetary Receipts no	Considered Contributions (Section K)	+		
(Add Secti	Total of Other Monetary ons D through K) (Enter total on Line 15, Column A of Summar,			

Luuran on a second	II. EVEIVINET	`	Sections 121			
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository))		TYPE OF REPORT		
SELLE SELECT	L1. Even	t Informa	tion	7		
Event #	Description	t Intol mu	tion			
Date of Event Letter	Beschpion				Was this a fu ☐ Yes	ndraising event?
Location: Street Address	-11	City			State	Zip Code
Subpart 1: (All Committee Was this event hosted at	•	As	sociated with a Hous	In-Kind Donations n be Party and complete s) for food, beverage a	e required info	rmation for any
	le goods or services donated by a business entity nated by an individual of up to \$100?		"yes, go to Section L4 d complete required in	In-Kind Donations nations nations.)	ot Considered	Contributions
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items adividual of up to \$100?	☐ Yes (If.	yes, enter Total Recei	ipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	☐ Yes (If	yes, go to Section L3	Committees) Purchases of Adverti ete required informa		Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	☐ Yes (If	<i>yes</i> , enter Total Rece	ipts here.)	\$	
Event # Date of Event Letter	Description	1 2			Was this a fu	ndraising event?
Location: Street Address	!	City			State	Zip Code
Subpart 1: (All Committee Was this event hosted at a		Ass	sociated with a Hous	In-Kind Donations no e Party and complete s) for food, beverage a	required infor	
	e goods or services donated by a business entity nated by an individual of up to \$100?		<i>yes</i> , go to Section L4 d complete required in	In-Kind Donations nations.)	ot Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	☐ Yes (If:	yes, enter Total Recei	ipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this f	ittees, Municipal Candidates and Political Comn dvertising space in a program book or on a fundraiser?	☐ Yes (If)	ves, go to Section L3	Committees) Purchases of Adverti ete required informa		Program Book
Subpart 3: (Town Comm Did your committee sell for gathering held within the	ood or beverage at a fair or similar mass	☐ Yes (If)	ves, enter Total Recei	pts here.)	\$	
SUBTOTAL Section	L1—Subpart 1 (All Committees) Total Receipts fro	om Sale of D	onated Items — T	his Page		
	SUBTOTAL Secti Total Recei		rt 3 <i>(Town Committe</i> od Purchases — T			
		TOTAL of a	dditional Section	L1 Pages		
	TOTAL OF ALL RECE		M SMALL PURG			

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE	(Provide Complete Name as Registe	red with Filing Reposite	ory)		TYPE OF REPOR	RT		
	L3. Purchase	es of Advertisi	ng in a Progra	am Book or	on a Sign			
Name of Purchaser						Purchas	e Made By:	
						☐ Bus	siness Entity	☐ Other
						☐ Ind	ividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se A	Amount of Sig	gn Purchase
Name of Purchaser		1				Purchase	e Made By:	
							siness Entity	☐ Other
							ividual/Sole P	roprietorship
Street Address			City		-		State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se A	Amount of Sig	gn Purchase
Name of Purchaser		S				Purchase	e Made By:	
						☐ Bus	siness Entity	☐ Other
						☐ Ind	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se 2	Amount of Sig	gn Purchase
Name of Purchaser	ļ-					Purchase	e Made By:	
						☐ Bus	siness Entity	☐ Other
						☐ Ind	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se l	l Amount of Sig	on Purchase
200 10001100		1.2881.08010 X monapos	20111121110	Amount of 11	ogram isa i di cha	1	imount of Si	5m 1 di Unaso
Name of Purchaser						Purchase	e Made By:	
							siness Entity	Other
						☐ Ind	ividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	n Purchase
					8			,
	SUBTOTAL Section L ₃ T	otal Purchases of	Advertising in I	rogram Book -	— This Page			
YE STORY THE	SUBTOTAL Secti	ion L3 Total Purc	hases of Adverti	sing on a Sign -	— This Page			
			TOTAL of	additional Secti	on La Pages			
		an a second		W N H H				
TOTAL	OF ALL PURCHASES O		G IN A PROGR Line 16c. Column					

NAME OF COMMITTI	EE (Provide Complete Name	as Registered with Filing Repo	sitory)		TYPE OF REP	ORT		i,≣"″µa,īi, ≗
	4 - V = L	4. In-Kind Donatio	ns Not Cons	idered Contribut	tions			
ame of Donor								
treet Address			City			S	tate	Zip Code
onation Given By:] Business Entity	Description of Donation							lue of Donatio
☐ Individual☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
ame of Donor								
rect Address			City			S	tate	Zip Code
onation Given By:	Description of Donation				Fair Ma	rket Va	lue of Donatio	
☐ Individual ☐ Sole Proprietorship	Date Received	Event#		Aggregate Value for	this Event			
ame of Donor		J.		1				
reet Address			City			S	tate	Zip Code
onation Given By: Business Entity	Description of Donation		- I			Fair Ma	rket Va	lue of Donatio
Individual Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
me of Donor								
reet Address			City			S	tate	Zip Code
onation Given By:	Description of Donation					Fair Ma	rket Va	 ue of Donatio
l Individual l Sole Proprietorship	Date Received	Event #		Aggregate value for t	his Event			
		su	BTOTAL Sect	ion L4 — This Page				
		TO	TAL of addition	nal Section L4 Pages				
тот	'AL OF ALL IN-KIN	D DONATIONS NOT ((Enter total on Line 21						

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing R	epository)		TYPE OF R	EPORT		
	Callison For	mayel		7th day Belevin, Fi			
	L5. In-Kind Donations Not Consid	lered Contributions Ass	ociated with a	House Par		1	
lame of Host			committee?	supporting n Yes 1 omplete Itemiz	No		
reet Address		City	29 900, 0		State	Zip Code	
escription of Donation		!		Fair Ma	rket Value	e of Donation	
vent #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	this host/candidate				
ame of Host				supporting n		one candidate	
			If yes, c	omplete Itemiz	zation in A	ddendum L5	
rect Address		City			State	Zip Code	
escription of Donation				Fair Ma	rket Value	of Donation	
	T						
ent #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	this host/candidate				
ime of Host			committee?	supporting n	10		
reet Address		City	If yes, co	omplete Itemiz	State	Zip Code	
cet Address		City			State	Zip Code	
escription of Donation				Fair Ma	rket Value	of Donation	
vent #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	this host/candidate				
ame of Host			Is this event committee?	supporting m	ore than o	one candidate	
			I	omplete Itemiz		ddendum L5	
reet Address		City	•		State	Zip Code	
escription of Donation				Fair Ma	rket Value	of Donation	
 ent #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—t	this host/candidate	-			
		SUBTOTAL Section L5	This Page				
		TOTAL of additional Sect	ion L5 Pages				
	AL OF ALL IN-KIND DONATIONS N ITH A HOUSE PARTY (Enter total on	OT CONSIDERED CONT 1 Line 22, Column A of Summ					
			,				

Revised January 2015	II. NONMO	ONETARY RE	CEIPTS (Secti	ons M—O)	Page 12 of 17
NAME OF COMMITTEE (Provide Complete	e Name as Roguered v	vith Filing Repository)		TYPE OF REPORT	7
Castola F	16 May	101		Joh day	1 Ke Cooding Charles
		M. In-Kind Co	ntributions		
Tina	na hic	Hodlar			
Street Address & LGn()	da P	lace.	City East	Haven	State Zip Code
Type of contributor:	Day Received	Aggregate Contributions 3 2925	Description of In-Kir	Cloths -	Decol Follownt
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		in excess of \$400 to a cand or business he/she is association \$5,000?			ty, Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section 11? If yes, list Event # 100723	□ No If y	ributor a principal of a state es, indicate which branch covernment the contract is w	or branches		79.25 J. 29.25
Name				15	
Street Address			City		State Zip Code
Type of contributor: □Committee □ Individual / Sole Proprietorship □Other	Date Received	Aggregate Contributions	Description of In-Kin	d Contribution	
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	doog oomtwikusto-	s in excess of \$400 to a cand r or business he/she is associ than \$5,000?			ity, Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes Is contri ☐ No If ye	ibutor a principal of a state of state	contractor or prospective : r branches]Yes]No
Name				*	
Street Address			City		State Zip Code
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Received	Aggregate Contributions	Description of In-Kin	d Contribution	
Is contributor a lobbyist, spouse,		s in excess of \$400 to a cancer or business he/she is associ			ity, Fair Market Value of this Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	☐ Yes Is contri ☐ No If ye	butor a principal of a state cas, indicate which branch or vernment the contract is with	contractor or prospective s r branches	state contractor?	Yes No
y yes, list Evelit #	or go	voil but in a literature	Section M — This Pa		
		TOTAL of add	litional Section M Pa	ges	
TOTAL OF ALL IN-KIND CON	TRIBUTIONS	(Enter total on Line 23, Coli	umn A of Summary Page T	Totals)	¥
	N. Refu	ndable Deposit to T	Telephone Compa	ny	
Last Name of Individual		First		MI	Date Deposit Made
Residential Street Address		City		State Zip Code	Amount of Deposit
Name of Telephone Company					10
Street Address		City		State Zip Code	
TOTAL SE	ECTION N (Ente	er total on Line 24, Column	A of Summary Page To	tals)	

SEEC FORM 20

IV. EXPENDITURES (Sections P-F)

evised January 1015				TYPE OF REPORT	2
NAME OF COMMITTEE	Provide Complete Name as Regize=ea	With Filling Repository)		17th Day	Cecedil Status
/	astoba Fol	04/2/61		1 10-1	or creen precise
C		P. Expenses Paid I	by Committee	مستورك كراكن	Value of Providence
Name of Payee Pay	Link E	E Mano. D.	NA Campain	Date of Payment 1049-23	Method of Payment: Check # 02362 Debit Card
Street Address	90 Village 1	Velle City	Gulfara	101	CT 06437
Purpose of Expenditure [by code)	Lawn SIGNS	a Consult	Event	#	Amount
(i) applicable)	be of Expenditure (Itemization in Add		Tone of the below" is checke	ed)	10,88851
Name of Payce	Coordinated with reimbursement Coordinated without reimbursement	ent sought (in-kind contribution)		A O B O C O D Date of Payment	Method of Payment:
Street Address	Inedol	City	\sim \prime /	10-27-23	Debit Card CFT State Zip Code
196	Description McKin	pr/ Ar	1/6/195 Event	#	1× 9520 Amount
(by code)	400 5	Fol Clarke	Vana of the holow is check	ed)	10430
(if applicable)	pe of Expenditure (Itemization in Adda) None of the below Coordinated with reimbursement Coordinated without reimbursement	sought (joint expenditure)	☐ Independent	OA OB OC OD	10 %
Name of Payee	Coordinated without reinibursem	165 Pizz		Date of Payment	Method of Payment: Check # Debit Card
Street Address	SC Farce 1	City	East Have	n :	State Zip Code
Purpose of Expenditure (by code)	Description FOC O Pizza	Fund Egise	C. F	-101873	Amount
(if applicable)	Type of Expenditure (Itemization in A None of the below	ddendum P Required unless	"None of the below" is che		401.96
Name of Payee	Coordinated with out reimburse	ment sought (in-kind contribution	on)	Date of Payment 1 6 -23 -27	Method of Payment: Check #
Street Address	20/19(C	City	East Hau	en	State Zip Code C J OGS P
Purpose of Expenditure (by code)	Description OFF	L. J	Eve	ent#	Amount
OFFICE Expenditure # (if applicable)	Type of Expenditure (Itemization in A				2012
	Coordinated with reimburseme	ement sought (in-kind contribution	☐ Independen On) ☐ Organization TOTAL Section P — T	n:oA oB oC o	1306.01
			L of additional Section		101,39
Eliga-	FOT	AL OF ALL EXPENS		IITTEE 20	10439

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

NAME OF COMMI	THEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	Criscia Fel March	7dy Fly	Hare In Chotin
	P. Expenses Paid by Committee	1 11/1	The of the les
Name of Payee		Date of Payment	Method of Payment:
-	Trans Moria Hadler	100-00	☑ Check #
Street Address	1110 119610 1760189	10-25-3	☐ Debit Card ☐ EFT
Direct Address	Ol City		State Zip Code
	84 Landia Place East Have.	\cap	06512
Purpose of Expenditure	Description Event	#	Amount
(by code)	pay 5th dents Phone Book Holdson	-	
Expenditure #	7 7 7 1		
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checke	(d)	50,00
	None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		
	Coordinated without painshappament cought (i. b)	A O B O C O D	14
Name of Payee		Date of Payment	Method of Payment:
1 9) elle () · L1	14-23.22	☐ Check #
Street Address	City	1	State Zip Code
71			Charle Sup Code
25	16 Homingway Aug Est Howa	<i>i</i> n	01 0651
Purpose of Expenditure (by code)	Description Event:	¥	Amount
OFTE	OFFICE Symples		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checke.	d)	122
(if applicable)	None of the below	,	13.77
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o	A O B O C O D	
Name of Payee		Date of Payment	Method of Payment: ☐ Check #
ζ.	Henre Designs 1923 Faiber Age Den Han	10-16-83	Debit Card DEFT
Street Address	City		State Zip Code
	1973 Forber Aug Non Have	n	CT CBB
Purpose of Expenditure	Description Event		Amount
(by code)			Amount
515/15	31/13 4 3 TICLE (S)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checken	ed)	190,00
	None of the below	3.5	1 / 00 / 1
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ○	AOBOCOD	2
Name of Payee	Organization. U	Date of Payment	Method of Payment:
	Lan- 7-1-		☐ Check #
Street Address	Pave vc-44	10-10	State Zip Code
5.100t / tdd1055			
	Meple 16(12 San Flanse	1500	CA
Purpose of Expenditure (by code)	Description Event i	‡	Amount
(Noh	Face Book Ad.		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checke	d)	10007
(if applicable)	None of the below	10/	1 50.01
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		1
	l = a	A OB OC OD	
	SUBTOTAL Section P — This	Page	723.84
	TOTAL of additional Section P P	ages 8	704,48
7 100	TOTAL OF ALL EXPENSES PAID BY COMMIT	TEE 2	101 20
	(Enter total on Line 10 Column d of Summary Page 7	atale)	101.39

SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
	Pacifics III male		1	coaso Octory
	P. Expenses	Paid by Committee	1 15.11.0	/
Name of Payee	1 - /	<u> </u>	Date of Payment	Method of Payment:
5	have Phylispin		10-4-23	☐ Check #
Street Address	17000 100) 113hiry.	City	10-9-00	Debit Card EFT State Zip Code
724	Bosto Post Pd.	Madison		State Zip Code C/ O/443
Purpose of Expenditure	Description	Eve	nt#	Amount
A nows	Mons Dazol	Ade		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und	less "None of the below" is chec	ked)	1565.00
	None of the below Coordinated with reimbursement sought (joint expenditure	i) Independent		
	Coordinated with termodracinent sought (in-kind contril		OA OB OC OD	ii .
Name of Payee	211,		Date of Payment	Method of Payment:
	Stace holishing		10-12-23	☐ Check #EFT
Street Address		City		State Zip Code
72	1 Boston Vost Rd	Madi son		0) 0641 5
Purpose of Expenditure (by code)	Description	Eve	nt#	Amount
ADONS	Dens Desel	Ads		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Bequired unl		ked)	1665 m
ly approacts	None of the below			1005.00
	☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contribution)		OA OB OC OD	
Name of Payee		_ 5.8	Date of Payment	Method of Payment:
114	Shop Philip		10-17-23	Check #
Street Address	19760 100 113019	City	11.11.03	Debit Card EFT State Zip Code
2	724 Boston Dost Rd	Madison		UT OPHYS
Purpose of Expenditure	Description	Eve		Amount
(by code) A Res	Dows Dasot An	4		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is che	cked)	11100
(if applicable)	None of the below	,	_*	1507.00
	Coordinated with reimbursement sought (joint expenditur			\$
Nama a C Davis	Coordinated without reimbursement sought (in-kind contr	Organization	Date of Payment	Method of Payment:
Name of Payee	$\sigma = \sigma / I / I$			☐ Check #
	Mar 1/2 3/15/11/2			Debit Card DEFT
Street Address	= 1 = 1 = 1	City		State Zip Code
	121 poster last 4	May, 501	? 	0) 08445
Purpose of Expenditure	Description	Eve	nt#	Amount
(by code) Pons	Devis Pape 6 Ho	1.	_	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is chec	cked)	395,00
(if applicable)	None of the below	•		
	☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contri		OA OB OC OD	
		UBTOTAL Section P — Th		090.00
70 TOST = 200	TO	TAL of additional Section F	Pages 70	250.64
				10000
	TOTAL OF ALL EXPE	NSES PAID BY COMM 19. Column A of Summary Page		

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P-T)

NAME OF COMM	MITTEE (Provide Complete, Name as Registered with Filing Repository)	TYPE OF REPORT	
	Colfoli Fol March	~91 · 7	acondo data
	P. Expenses Paid by Committee	1 00/ 10	coading Charter,
Name of Payee	2 O O I	Date of Payment	Method of Payment:
1	Jame 1) alt	10.00	Check #
Street Address	70114 / 101	16-16 33	Debit Card DEFT
	Tracta 70 Cost 1/2		State Zip Code
Purpose of Expenditure	Description Esst Have		(1) (651)
(by code)	metal states Fol Lace Sins Event		Amount
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unless None of the bolow" is checke	d)	(0001
	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O	A O B O C O D	503,69
Name of Payee		Date of Payment	Method of Payment:
	13) /	10-7-23	☐ Check # Debit Card ☐ EFT
Street Address	City	7	State Zip Code
	95 Universal De Dorth H	aven	01
Purpose of Expenditure (by code)			Amount
tad	Cookers Fol Fund Raisel E	10723	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked		63,95
	None of the below Coordinated with reimbursement sought (joint expenditure) Independent		0),,,
		A O B O C O D	
Name of Payee		Date of Payment	Method of Payment: ☐ Check # EFT
Street Address	City		State Zip Code
5	CO TECH FRANKISCO ZNA SON FRA	DSC13C	CA
Purpose of Expenditure (by code)	Description Event #		Amount
WED	Ind desvo		
Expenditure #	Type of Expenditure (Itemization in Addendum P Regaired unless "None of the below" is checke	d)	
(if applicable)	☐ None of the below	· · ·	15 31
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ○		7. 27
Name of Payee	1 Organization. 0	A O B O C O D Date of Payment	Method of Payment:
<i>/</i> -			☐ Check #
Street Address	1 M 6700 City	10-6-93	Debit Card DEFT State Zip Code
4,	110 Te su sue noth Se-	He	WA 96/09
Ourpose of Expenditure by code)	Description Event #		Amount
OFFIR	Carrain office sypis	_	
Expenditure #	Type of Expenditure Attentization in Addendum P Required unless "None of the below" is checked)	7000
у пррисцоге)	None of the below		7/12/
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: O. d.	<u> </u>	/ /-•- /
	SUBTOTAL Section P This I	8	TUI
			0001
4.0	TOTAL of additional Section P Pa	ges 280	10.69
3	TOTAL OF ALL EXPENSES PAID BY COMMITT (Enter total on Line 19, Column A of Summary Page To		G1.39

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P-T)

NAME OF COMM	ITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	a selection of the
	laxera Fol Majol	77 Oaly	opposin Electron
Lange Par	P/Expenses Paid by Committee		1
Name of Payee		Date of Payment	Method of Payment:
/	10 Ciston Costier	11/22	☐ Check #
Street Address	(V) (V) (City	10000	Debit Card DEFT State Zip Code
2	Man + 1 / CL /		State Zip Code
	1/WPS/ HUPDUR TIGHTON	0	0 06911
Purpose of Expenditure (by code)	e Description Even	ι#	Amount
A-OTh	(ampaiso 1-Spicts	_	
Expenditure #	Type of Expenditure (Hemization in Addendum P Required unless "None of the below" is check	ad)	1000 10
(if applicable)	None of the below	<i>cu)</i>	209.61
	Coordinated with reimbursement sought (joint expenditure)		
St CP	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization:	AOBOCOD	
Name of Payee	Λ	Date of Payment	Method of Payment:
1	4m (1ZE)	104-23	Check #
Street Address	City	11	Debit Card ☐ EFT State Zip Code
24	a Tessy Ave Down Se	2. He	NA 01-00
Purpose of Expenditure		5//	11 7889
(by code)	Event	# •>	Amount
OFFICE	TODE LEG 16 intel		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	ed)	11837
24	None of the below		.9000
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee	Organization: o	A O B O C O D Date of Payment	Method of Payment:
	star Caha	1177	☐ Check #
Street Address	1.0/4 1/1/1.	10-3-15	Debit Card DEFT
01	City		State Zip Code
	16 HPDINGWALTHE YEST HAL	en	01 005 6
Purpose of Expenditure (by code)	Description	# 2.4	Amount
Fred	Dink Tel Consider hades		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ad)	2001
(if applicable)	None of the below	euj	30.96
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		
		AOBOCOD	721
Name of Payce	- 211 / 1-	Date of Payment	Method of Payment:
\mathcal{O}	(PGN State Joh Lel	10-3-23	☐ Check # Debit Card ☐ EFT
Street Address	City	10)	State Zip Code
/	113 Falas VI Cut Haven		CT 065/2
Purpose of Expenditure	Description Event	н	1 4000
by code)	Ald of the second		Amount
OFFICE	LOW MICHAICO & SUNVIPS FILHERING	3	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below is checke	d)	12/06
	None of the below		177/80
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ○	A 100 AN 100 AND 100	
K W S S	- Creation of	A O B O C O D	
3 1 3	SUBTOTAL Section P — This	Page 5	20,81
	TOTAL of additional Section P P	ages 19	35.23
	TOTAL OF ALL EXPENSES PAID BY COMMIT (Enter total on Line 19, Column A of Summary Page 1		91.39
	(2.11. tolai on Line 17, Column A by Summary Page 1	// /	

SEEC FORM 20 Revised January 2015,

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository),	TYPE OF REPORT	OSAN PARE TO SE
lastoca Fol Makes	7th Day Kare	eelin Ekelin
P. Expenses Paid by Committee		1)
Name of Payee Cas/ Perez.	Date of Payment 10-7-23	Method of Payment: Check #U2 360 Debit Card
Street Address 63 Talls Ave East Haven) N	State Zip Code CT 0650
Purpose of Expenditure (by code) Description Description Event of Expenditure (by code) FOCOL THE NEW BOOK TO STORE (EVENT OF THE PURPOSE OF EXPENDITURE)	100733	Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: 9.4	A OB OC OD	56.40
Restadores Rostquesont DePot	Date of Payment	Method of Payment: Check # Debit Card
181 massh Hill 71 Crange		State Zip Code CT 06477
Food Food TSigily Fol Por Ketti Pastidani	E100723	Amount
(If applicable) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: O.A.	OB OCOD	999.02
Street Address Inglish Impartia.	Date of Payment	Method of Payment: Check #_07361 Debit Card DEFT
779 Gogne Are Non Hiner		State Zip Code CT CF //
Food Postetta For Dine 6. E10	00723	Amount
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O. 4.	A OB OC OD	154,00
Extreme Designs	Date of Payment	Method of Payment: ☐ Check # Debit Card ☐ EFT
330 main Steed East Haven	1	State Zip Code CT COTI
H-CISO SIGNS (STICTERS	_	Amount
Type of Expenditure (technization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A		205,00
SUBTOTAL Section P — This Pa	(SOLE)	4.12
TOTAL of additional Section P Pag		
TOTAL OF ALL EXPENSES PAID BY COMMITTE (Enter total on Line 19, Column A of Summary Page Total	EE 201	01.39

Revised January 2015	IV. EAPENI	DITURES (Sect	ions P—1)		1 age 14 01 17
NAME OF COMMIT	F COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPOR				
	O Composing	E-manage Daid by C	landidata		
N CD (N		Expenses Paid by C		1	
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment		oursement claimed?
					Yes 🗆 No
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #	Amount	
(by code)					
Name of Payer (Name - C	Vendor, Person or Entity who candidate paid directly)		Date of Payment	To reign	oursement claimed?
Ivaille of Fayee (Ivame of	renait, reson or Linky who canadate paid unecity)		Date of Fayment		
\					
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #		Amount
(by code)					
Name of Payce (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·				Yes No
S (1)		La:			
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
(by code)					
Name of Payce (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reim!	bursement claimed?
					Yes 🔲 No
Street Address		City		State	Zip Code
O OF 111	Ta		Event #		Amount
Purpose of Expenditure (by code)	Description		Event #		Amount
		_			
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?
					Yes 🗆 No
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #		Amount
(by code)					
NI CD (NI C	Vendor, Person or Entity who candidate paid directly)		Date of Payment	To roint	oursement claimed?
Name of Payee (Name of	v endor, Person or Entity who canadate paid directly)		Date of Layment		
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #		Amount
(by code)					
VIII		UNITED IN THE			
		SUBTOTAL Section	n Q — This Page		
		momat a succession	0 41 .00		
		TOTAL of additional	Section Q Pages		
100000	TOTAL OF ALL F	EXPENSES PAID BY	CANDIDATE		
		n Line 26, Column A of Su			

IV. EXPENDITURES (Sections P—T)

	EE (Provide Complete Name as Registered with Filing Repository	9	TYPE OF REPORT				
	R. Expenses Incurre	ed on Committee Cro	edit Card				
Name of Issuing Instit		Type of Credit Card:					
		☐ Visa ☐ Master (Card ☐ Discover ☐ Am	erican Express			
Name of Vendor, Person o	r Entity			Date of T	Date of Transaction		
Street Address		I cit.		State	Zip Code		
Speci Address		City		State	Zip Code		
Purpose of Expenditure by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend	liture) 🔲 Indep) D			
Name of Vendor, Person o	r Entity			Date of T	'ransaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend	diture) 🔲 Indep		э Б			
Name of Vendor, Person o	r Entity			Date of T	ransaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend	diture)		э Б			
	s	UBTOTAL Section R —	This Page				
		UBTOTAL Section R —					

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	לינ	TYPE OF REPORT				
	S. Expenses Incurred by Con	imittee but Not Paid Du	ring this Period				
Name of Creditor				Date Incur	red		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	Ev	vent #		Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	☐ Independe		D			
Name of Creditor				Date Incur	red		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	Ev	ent#		ount Incurred imate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend	☐ Independe		D			
Name of Creditor				Date Incum	red		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	Ev	ent#		ount Incurred imate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend	☐ Independe	•	D			
		SUBTOTAL Section S-T	his Page				
		TOTAL of additional Section	1 S Pages				
TOTAL OF ALL E	EXPENSES INCURRED BY COMMITTEE DUR (Enter total on I	ING THIS PERIOD BUT NO Line 28, Column A of Summary I			4		
	Previously reported Ex	penses Unpaid and still Outs	tanding				
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Li	D BY COMMITTEE BUT N ine 28a, Column A of Summary F					
			•				

NAME OF COAD OFFI	TE (D.) I G. I V		l max e		N 40 Y2 411		
NAME OF COMMITTI	EE (Provide Complete Name as Registered with Filing Reposito	לעד	TY	PE OF RE	PORT		
	T. Itemization of Reim	hursamente and Sacon	dam Do	VOCE			
Last Name of Worker/Cons		First	uary ra	yees	Lve	Date of I	Payment to Vendor,
Last Name of Worker/Cons	suitant	First			MI	Person o	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				o Reimburse Section P:	Committee \	Worker/Consultant as
				☐ Chec	k #	_	bit Card
Street Address of Vendor, I	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 Requir None of the below Coordinated with reimbursement sought (joint expe	enditure)		о в о	СОД		
Last Name of Worker/Cons	ultant	First			МІ	Date of F Person or	Payment to Vendor, r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Section P:		Worker/Consultant as
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description	,	Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind)	nditure) 🔲 Indepe		ов о	СОВ		
Last Name of Worker/Cons	ultant	First			MI	Date of F Person or	Payment to Vendor, r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Section P:		Worker/Consultant as
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description		Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind)	nditure) 🔲 Indepe		о в о	C o D		
		SUBTOTAL Section T -	– This Pag	ge			
		TOTAL of additional Sect	ion T Pag	es			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKERS AND CONS	ULTANI	rs			