# **SEEC FORM 20**

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

RECEIVED EAST HAVEN, CT.

Page 1 of 17

2023 JUL 13 A 9: 29

Do Not Mark in This Space For Official Use Only

#### **COVER PAGE**

	COVI	LK FAGE		
1. NAME OF COMMITTEE				
Samunthe	_ = Sum' Pan	uto Sor Mayor		
2. TREASURER NAME			201 - 11	
First Joseph (	50er	Last (055)		Suffix
3. TREASURER ADDRESS				Lateral Const.
26 Rayons	Lane	tast Haven	State	Zip Code 06512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete on	ly if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) /1/07/2023		*1		(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)		A De S	
Saman than	МІ	Partato		Suffix
8. TYPE OF REPORT (Check One Box)				
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum ☐	Initial Con	tribution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	Amendmer	
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Rep	ort:
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	Termination	45	
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November			
9. PERIOD COVERED		7 243 VA 15 15 15 15 15 15 15 15 15 15 15 15 15		25 W 1.37 W 1
	Beginning Date	Ending Date		
-	7/11/2023	thru		
10. CERTIFICATION			K.R.	
I hereby certify and state, under por Disclosure Statement for the per TREASURER OR DEPUTY TREASURE	riod covered is true, accurate	t all of the information set forth on this It and complete.  NT NAME OF SIGNER	emized Car	mpaign Finance  13 323  DATE (mm/dd/yyyy)
A person who is j		villfully violated any provisions of the car enalty or imprisonment or both.	mpaign find	nce statutes

## **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) Samantha "Sam" Parlato for Mayor	TYPE OF REPORT Termination				
Samantha Sam Fanatorol Mayor	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		0.00			
12. Balance on hand at the beginning of Reporting Period	10,388.31				
13. Contributions Received from Individuals (Sections A and B)	300.00	15,240.00			
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00			
15. Other Monetary Receipts (Sections D through K)	0.00	0.00			
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00			
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed					
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00			
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	300.00	15,240.00			
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	10,688.31	300.00			
19. Expenses Paid by Committee (Section P)	10.00	4,561.69			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	10,678.31	10,678.31			
21. In-Kind Donations not Considered Contributions Received (Section L4)	О	О			
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	О				
25a. + Loans Received (Section D)	0	0			
25b. + Interest and Penalties on Loan	0	0			
25c Payments on Loan	0	0			
25d. Total Outstanding Loan Amount	0				
26. Campaign Expenses Paid by Candidate (Section Q)	0	0			
27. Expenses Incurred on Committee Credit Card (Section R)	0	0			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0				
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0				

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Summithe San' Pallato Por	Termination				
A. Total Contributions from Small Contributors-Receive		\$			
B. Itemized Con	ributions from Indivi	duals			
Last Name	First April 101		MI		
Residential Street Address IC	Anthony	State	Zip Code		
132 Bennett Rd	TGH Hu	iven C	T 06512		
Principal Occupation Retired	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	associated with have a contract	e 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 #  Wethod of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction Money Company Cardinal Payroll Deduction Company Cardinal Payroll Deduction Cardinal Payroll Payroll Deduction Cardinal Payroll Payr	te contractor or prospective state h or branches is with:  Date Received		\$100.00		
Last Name COSS	First OSIO	1 4(00)	MI		
Residential Street Address 26 Relphs Lune	Fast Ha	ven C	Zip Code 1 06512		
Principal Occupation Public Affairs	Name of Employer	e of ct			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive associated with have a contract Yes No	e officer of a municipality, with said municipality	mount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a state of government the contract of government the contract.	h or branches		\$200.00		
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney Contribution	rder 7/11/23	Aggregate Contributions \$275.00			
Last Name	First		MI		
Residential Street Address C	ty	State	Zip Code		
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executiv associated with have a contract Yes O No	e officer of a municipality, A	amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  Is contributor a principal of a state of government the contract of government the contract.	h or branches	e contractor? Yes No Legislative			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction OMoney Contribution	Date Received	Aggregate Contributions			
SUBTO	TAL Section B — This	Page \$300,00			
TOTAL	of additional Section B I	ages \$0			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13	INDIVIDUALS (Sections A Column A of Summary Page	A+B) + 24 A			

# I. MONETARY RECEIPTS (Sections A-K)

	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)							TYPE OF REPORT			
	Sahenthu	Sam" P	stuncto o	GT M	eyer		Termination				
		C1.	Contributio	ns from							
Name of Committee					Name of Trea	surer					
Address				Is this co	ontribution associa	ted with an Y	es 🗆 No	Amount o	f Contribution		
				event rep	oorted in Section L If yes,	list Event#		1			
City		State	Zip Code	Date I	Received	Aggregate Cont	ributions	_			
		1						1			
Name of Committee					Name of Trea	surer					
					8						
Address			W-100-2-15-	Tr. d.i		1 24		Amounto	f Contribution		
					ntribution associat ported in Section L	1?	_	Amount	Contribution		
City		Tetata	17: 0.1		If yes, I	list Event #		_			
City		State	Zip Code	Date F	teceivea	Aggregate Cont	noutions				
				l l							
Name of Committee		340			Name of Treas	surer					
Address		<del></del>			ntribution associat		es 🔲 No	Amount of	f Contribution		
				event rep	oorted in Section L If yes, I	1? list Event #					
City		State	Zip Code	Date R	Received	Aggregate Cont		=			
		l/									
	Ca	Reimburseme	ents on Suppl	ue Dietwi	ibutions from	a other Com	mittaaa	December 1			
Name of Committee	C2.	Keimpui seine	ints of Surpi	us Disti	Name of Treas		mittees				
Address				City				State	Zip Code		
7.000000000				City				State	Zip code		
Date Received	Expenditure #	Payment Type									
Date Received	(if applicable)	1			∃ Cumalua Diataihu	·i		Amount	of Receipt		
Description		L Kelmours	ement for shared e	xpense (	Surplus Distribu	non		_			
Description											
Name of Committee					Name of Treas	Rurer					
Address				City				State	Zip Code		
Addiess				City				State	Zip Code		
D. B. i i	Expenditure #	T									
Date Received	(if applicable)	Payment Typ		I.K.	По 1 ~			Amount	of Receipt		
		☐ Reimbu	rsement for shared	expense	☐ Surplus Distril	bution 					
Description											
				91-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-							
			SUBTO	TAL Sec	tion C — This	Page \$0	00.0				
			TOTAL	t oddiu.	nol Soction C						
					nal Section C	-	00.0				
		F ALL COMMI ns C1 + C2) (Ente					00.0				

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

NAME OF COMMITTEE (Provide Complete Name as Registered to	with Filing Repost	itory)		TYPE OF	REPORT			
Samurtha = Sam : Pall		1000	40		Termineutur			
			ved this Period					
Name of Lender			Source of Loan:	lidate ☐ Individua	l Dther	Date of Receipt		
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?		
Name of Cosigner/Guarantor (if applicable)			· · · · · · · · · · · · · · · · · · ·			Amount Received		
Street Address	City			State	Zip Code			
Name of Lender			Source of Loan: Bank Cano	lidate 🔲 Individua	Other Committee	Date of Receipt		
Street Address	City	,	A	State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No		
Name of Cosigner/Guarantor (if applicable)				16-2		Amount Received		
Street Address	City		7 11 - 2	State	Zip Code			
Name of Lender			Source of Loan:	lidate 🔲 Individua	l Other	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			
			TOTAL SECTI	OND 3	50.00			
E. Receipts from Entities other	than Indiv	iduals	or Other Comp	nittees (Referen	dum Committe	es ONLY)		
Name of Entity								
Street Address				Date Received		Amount Received		
City		State	Zip Code	Aggregate Contrib	utions			
Name of Entity	***************************************	L				***************************************		
Street Address				Date Received		Amount Received		
City	State	Zip Code	Aggregate Contrib	utions				
Name of Entity		I		1		**************************************		
Street Address				Date Received		Amount Received		
City	10 - 11 (c) - 13 - 14	State	Zip Code	Aggregate Contrib	utions			
		Yes.	TOTAL SECTI	ONE S	A DA			

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

NAME OF COMMIT	TEE (Provide Complete Name as Regis	ered with Filing Repository)		ТҮРЕ (	OF REPORT
	Samursha = San	" Parato for	Haysr	Te	rmination
	F. Amount Transferred	from Affiliated Busin	ess Treasury (Busine	ss Entity	Committees ONLY)
Date of Receipt	Is this transaction assoc event reported in Section	<b>—</b>	yes, list Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Section		Amount		
Date of Receipt	Is this transaction assoc event reported in Section		Amount		
Date of Receipt	Is this transaction assoc event reported in Sectio		ves, list Event#		Amount
			TOTAL SECTION	F	\$0.00
G. Amount	Transferred from Affilia	ted Labor Union or O	ther Organization T	reasu	ry (Organization Committees ONLY)
Date of Receipt		Date of Receipt		Date of Re	eceipt
	* · · · · · · · · · · · · · · · · · · ·				
	Amount	Amou	nt		Amount
			TOTAL SECTION G	5	50.00
	H. Personal Funds of	the Candidate Receive	ed this Period (Cand	idate Co	mmittees ONLY)
Date of Receipt	Method of payment:		The second secon	-	Amount
	☐ Cash	Personal Check	☐ Credit/Debit Ca	rd	
Date of Receipt	Method of payment:				Amount
	☐ Cash	☐ Personal Check	☐ Credit/Debit Ca	rd	
ate of Receipt	Method of payment:				Amount
	☐ Cash	☐ Personal Check	☐ Credit/Debit Ca	rd	
ate of Receipt	Method of payment:		Was Marine		Amount
	☐ Cash	☐ Personal Check	☐ Credit/Debit Ca	rd	
			TOTAL SECTION	Н	\$0.00
		I. Anonymous Co	ontributions		
	Per Public Act 11-48,	Anonymous Contrib	itions may no long	or he d	enocited in any
	TO THE TOTAL TO	anonymous Commo	resource may no tonge	u ne a	eposited in any

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.

Revised January 2015	1. MONE TARY RECEIPTS	(Sections A	—K)		rage / Of 1/
NAME OF COMMITTEE (Provide Complete Name			TYPE OF	REPORT	
Samantha	= Sam " Parato Gr M	wor	<i>T</i> -	erminutur	
	J. Interest from Deposits in Authoriz	zed Account	3		
Name of Institution			Date Recei	ived	Amount
gr. data	T				
Street Address	City	Sta	ate	Zip Code	
Name of Institution			Date Recei	wad	
A sale of financial			Date Recoi	,vou	Amount
Street Address	City	Sta	ite	Zip Code	
	TOTA	L SECTION	J d	٥.٥٥	
V Min			1-(0		
Name	ellaneous Monetary Receipts not Con	isidered Con		of Transaction	
			Date	OI IIansaction	Amount Received
Street Address	City		State	Zip Code	
Proprieties					
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	_
	City		2.2.2		0.1
Description					-
Name			Date	of Transaction	
. Tank			Pate	or mansaction	Amount Received
Street Address	City		State	Zip Code	-
Description					
Description					
	TOTAL SE	CTION	1 1		
				00.	
	OF OTHER MONETARY RECEIP	TS (Sections	D thr	Ť	
Total Loans Received this Period (Section				\$8	
Total Receipts from Entities other than Ind	lividuals or Other Committees (Section E)		+	\$0	
Total Amount Transferred from Affiliated	Business Treasury (Section F)		+	\$0	
Total Amount Transferred from Affiliated	Labor Union or Other Organization Treasur	ry (Section G)	+	\$0	
Total Amount of Personal Funds of the Ca	ndidate Received this Period (Section H)		+	\$0	
Total Amount of Interest from Deposits in	Authorized Accounts (Section J)		+	\$0	
Total Miscellaneous Monetary Receipts no	t Considered Contributions (Section K)		+	\$0	
	Total of Other				
(Add Secti	ions D through K) (Enter total on Line 15, Column	n A of Summary P	age Total	s)   X()	

# II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	iltory)	TYPE OF REPORT	
Samonthe = Sam" Panert		Terinine	ution
The second secon	vent Information		
Event # Description Date of Event Letter			Was this a fundraising event
Location: Street Address	City		State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Associated with a H		not Considered Contributions e required information for any and invitations.)
Did this fundraiser include goods or services donated by a business ent of up to \$200 or items donated by an individual of up to \$100?	ity  Yes ( <i>If yes</i> , go to Section and complete require No		ot Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total R	eccipts here.)	\$
Subpart 2: (Party Committees, Municipal Candidates and Political C Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	☐ Yes (If yes, go to Section		ising Space in a Program Book tion.)
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes ( <i>If yes</i> , enter <b>Total R</b> ☐ No	deceipts here.)	\$
Event # Description  Letter Description			Was this a fundraising event?  ☐ Yes ☐ No
Location: Street Address	City		State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section  Associated with a H  purchases made by he	L5 In-Kind Donations no louse Party and complete ost(s) for food, beverage a	required information for any
Did this fundraiser include goods or services donated by a business ention of up to \$200 or items donated by an individual of up to \$100?	ity Yes ( <i>If yes</i> , go to Section and complete require No		ot Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes ( <i>If yes</i> , enter <b>Total R</b> ☐ No	eceipts here.)	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Committees of advertising space in a program book or on a sign associated with this fundraiser?	☐ Yes (If yes, go to Section		sing Space in a Program Book tion.)
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Re	eceipts here.)	\$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipt	ts from Sale of Donated Items –	This Page \$0	
	Section L1—Subpart 3 (Town Comm Receipts from Food Purchases —	nittees ONLY)	
	TOTAL of additional Section	6	
	CEIPTS FROM SMALL PU	JRCHASES (LA	

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 COMMIT	TEE (Provide Complete Na.	me as Registered with Filing Repos	sitory)		TYPE OF REPORT		7 1 1 1 1 1 1 1 1
				10	Termin	atten	
		Purchases of Advertis					
Name of Purchaser			0			rchase Made By:	
						Business Entity	☐ Other
						Individual/Sole	Рторгіetorship
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchas	es for All Events	Amount of Pro	gram Ad Purchase	Amount of S	ign Purchase
Name of Purchaser					Pur	chase Made By:	
						Business Entity	☐ Other
						Individual/Sole I	Proprietorship
Street Address		i i	City		*	State	Zip Code
Date Received	Event#	Aggregate Purchas	es for All Events	Amount of Pro	gram Ad Purchase	Amount of Si	ign Purchase
Name of Purchaser					Pur	chase Made By:	
						Business Entity	☐ Other
 						Individual/Sole I	Proprietorship
Street Address			City		T	State	Zip Code
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Pro	gram Ad Purchase	Amount of Si	gn Purchase
Name of Purchaser					Pur	chase Made By:	
						Business Entity	☐ Other
						Individual/Sole F	Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Pro	gram Ad Purchase	Amount of Si	gn Purchase
Name of Purchaser					Pure	chase Made By:	
						Business Entity	☐ Other
						Individual/Sole P	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Prog	gram Ad Purchase	Amount of Si	gn Purchase
	SUBTOTAL Sec	ction L3 Total Purchases o	f Advertising in	Program Book —	- This Page	<u> </u>	
	SUBTO	FAL Section L3 Total Pur	chases of Adver	tising on a Sign —	ALL PROPERTY AND ADDRESS OF		
			TOTAL of	f additional Sectio	de la		
то	TAL OF ALL PURC	HASES OF ADVERTISII (Enter total on		RAM BOOK or C		)	

NAME OF COMMITT	EE (Provide Complete Name as Regi	stered with Filing Repository,	)		TYPE OF REPOR	T	
5	Francische - Sa	m " Parat	o for M	'ayar	Termh	ration	
	Frankenthe = Sa L4. In-	Kind Donations I	Not Conside	red Contribut	ions	4214.0	
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation					Fair Market	Value of Donation
Business Entity							
☐ Individual	Date Received	Event #		Aggregate Value for	this Event		
☐ Sole Proprietorship							
Name of Donor	·			<u> </u>			
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation					1-11	
☐ Business Entity	Description of Bennaon					Fair Market	Value of Donation
☐ Individual	Date Received	Event #		Aggregate Value for	his Event		
☐ Sole Proprietorship		Dvolt "		riggiegate value for	III BYCIII		
Name of Donor				1			
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation		<u></u>				
☐ Business Entity	Description of Donation					Fair Market	Value of Donation
☐ Individual	Date Received	Event #		Aggregate Value for t	hic Event		
Sole Proprietorship	Daio Roomou	Bvoat #		Aggregate value for t	ins Event		
Name of Donor			1				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Title of Dollor							
Street Address			City		<del></del>	State	Zip Code
			l only			State	Zip Code
Donation Given By:	Description of Donation		L				
☐ Business Entity	Description of Donation					Fair Market`	Value of Donation
☐ Individual	Date Received	Event #		Aggregate value for th	ic Front		
☐ Sole Proprietorship		Brone #		raggiogate value for th	na Lyon		
		T 4 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			T /		
		SUBTO	OTAL Section	L4 — This Page	150		
		TOTAL	of additional	Section L4 Pages	40		
		TOTAL	O AGGIGORIAL	section 14 t ages	140		
тот	TAL OF ALL IN-KIND DON						
	(Ente	er total on Line 21, Col	umn A of Sumn	nary Page Totals)	140		

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Re	pository)			TYPE OF RE	PORT	
	Samanthu - Sam" Po			_	Fermin		n
	L5. In-Kind Donations Not Consid	ered	Contributions Associa	ted with a			
Name of Host				Is this event committee?		ore than or	ne candidate or
Street Address			City		-	State	Zip Code
Description of Donation				9 - 11	Fair Ma	rket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events—this he	ost/candidate			
Name of Host	***************************************	<u>'</u>		committee?	supporting m  Yes N  Omplete Itemiz	o	ne candidate or
Street Address			City			State	Zip Code
Description of Donation	¥		1.		Fair Mar	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate			
Name of Host				committee?	supporting me	0	ne candidate or
Street Address			City	<u> </u>		State	Zip Code
Description of Donation					Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events— <i>this ho</i>	st/candidate			
Name of Host			K	committee?	supporting mo	0	e candidate or
Street Address	S. S.		City			State	Zip Code
Description of Donation					Fair Mar	ket Value o	f Donation
Event#	Aggregate Value of this Event—all hosts	Agı	gregate Value of all Events—this hos	st/candidate			
		SUB	TOTAL Section L5 — 1	his Page	\$0		
		ГОТА	L of additional Section	L5 Pages	\$0		
	OF ALL IN-KIND DONATIONS NO H A HOUSE PARTY (Enter total on		ONSIDERED CONTRIE 2, Column A of Summary P		\$0		

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

NAME OF COMMITTEE (Provide Complete				(עדונ			TYP	E OF RI	EPORT		
Sumun	Tha	: Sur	a"	Park	4	o fer Hayor		Tern	Inati	m	
M. In-Kind Contributions											
Name					_						
Street Address					City	,				State	Zip Code
Type of contributor:	Date Recei	ved	Aggregate Con	ntributions		Description of In-Kind	Contrib	ution			
☐ Individual / Sole Proprietorship ☐ Other	1000						97				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor		business he/sh		ted v	for a chief executive of with have a contract with Yes \square No					Aarket Value Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ☐ No	If yes,	itor a principal indicate whice rnment the co	ch branch or	ъга	actor or prospective st inches Executive			□Yes □No		
Name								Juliani			
Street Address					City					State	Zip Code
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Recei	ved	Aggregate Cor	ntributions		Description of In-Kind	Contrib	ıtion			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sl		ted '	e for a chief executive with have a contract w					Market Value Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?										
Name		or gover	milent tile co.	diact is with		LACCULTYC	عہد ب	JISIALIVE			
Street Address					City					State	Zip Code
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Receiv	ved	Aggregate Con	ntributions		Description of In-Kind	Contribu	ition			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sl		ted v	for a chief executive with have a contract w Yes No					Market Value Contribution
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	☐ Yes ☐ No	If yes, in	tor a principal indicate which mment the cor	h branch or l	ontra brar	ctor or prospective sta			□Yes □ No		
	S-CLIATION	or gover				tion M — This Pag		$\overline{}$			
				-	-	nal Section M Page	-	\$0 30			
TOTAL OF ALL IN-KIND CON	TRIBUT	TIONS Œ	-		-			\$0	T- 1		
					-	phone Compan	_	40			
Last Name of Individual				First		Patrick Company	-7		МІ	Date Deposit	Made
Residential Street Address			City	y ·			State	Zip	Code	A	Amount of Deposit
Name of Telephone Company											
Street Address			City	/			State	Zip	Code	-	
TOTAL SE	CTION	N (Enter to	otal on Line 2	24. Column	A of	f Summary Page Tota	ds)	RA			

SEEC FORM 20 Revised Junuary 2015

## IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	E OF REPORT				
	Samuntha - Sum" Parlato for Mayor	Terminate	m				
P. Expenses Paid by Committee							
Name of Payee		Date of Payment	Method of Payment:				
	CHIZEN'S Bank 7/12/23						
Street Address	City	1 (7.7,00	State Zip Code				
480	Foxon Rd Foxt Have	en	CT 06512				
Purpose of Expenditure (by code)	Description	ent#	Amount				
MISC Expenditure #	Description  Bunk Check Fee  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	NA					
(if applicable)		·ked)	\$10.06				
0001	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization	ол ов АС о В					
Name of Payee	A Organization	Date of Payment	Method of Payment:				
			☐ Check #				
Street Address	City		Debit Card EFT State Zip Code				
	City		State Zip Code				
Purpose of Expenditure (by code)	Description	nt #	Amount				
(0) 1040)							
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is chec	ked)					
(if applicable)	None of the below						
	Coordinated with reimbursement sought (joint expenditure)						
Name of Barre	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization:	OA OB OC OD					
Name of Payee		Date of Payment	Method of Payment:  Check #				
			☐ Debit Card ☐ EFT				
Street Address	City		State Zip Code				
Purpose of Expenditure	Description Ever	nt #	Amount				
(by code)			Amount				
For an distance #							
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is ched	cked)					
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent						
		о в о с о р					
Name of Payee		Date of Payment	Method of Payment:				
	a n		☐ Check #				
Street Address	City	1	Debit Card DEFT State Zip Code				
	City		State Zip Code				
Purpose of Expenditure (by code)	Description Ever	nt #	Amount				
(5) 0040)							
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is chec	ked)					
(if applicable)	□ None of the below						
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent						
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization:	OA OB OC OD					
	SUBTOTAL Section P — Th	is Page \$10,00					
	TOTAL of additional Section P						
v	TOTAL OF ALL EXPENSES PAID BY COMMI (Enter total on Line 19, Column A of Summary Page						

NAME OF COMMIT	TEE (Provide Complete Name as	Registered with Fi	iling Repository	······································		TYPE OF REPORT		
Sumentha 'San' Parento for Mayor			Terminutur					
		Q. Camp	aign Exp	enses Paid by	Candidat	e		
Name of Payee (Name of	Vendor, Person or Entity who cand					Date of Payment	Is reim	bursement claimed?
								Yes 🔲 No
Street Address	4			City	=	<u>L</u>	State	Zip Code
Purpose of Expenditure	Description			L	Even	¢ #		Amount
(by code)	Besorption				Lvon	u. ir		Ашоци
Name of Payee (Name of	Vendor, Person or Entity who cand	date paid directly)				Date of Payment	Is reim!	bursement claimed?
						*		Yes 🔲 No
Street Address				City			State	Zip Code
Purpose of Expenditure (by code)	Description				Even	t #		Amount
(3) 3320)	A							
Name of Payee (Name of	Vendor, Person or Entity who candi	date paid directly)				Date of Payment	Is reim	bursement claimed?
					*			Yes 🗖 No
Street Address				City			State	Zip Code
Purpose of Expenditure (by code)	Description			<del></del>	Even	t#		Amount
Name of Payee (Name of	Vendor, Person or Entity who candi	date paid directly)				Date of Payment	Is reiml	bursement claimed?
					4	_		Yes 🗖 No
Street Address				City		L	State	Zip Code
Purpose of Expenditure (by code)	Description				Even	t#		Amount
(by code)								
Name of Payee (Name of I	l Vendor, Person or Entity who candid	late 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)								
Name of Pavee (Name of 1	endor, Person or Entity who candi	late paid directly)	· · · · · · · · · · · · · · · · · · ·			Date of Payment	Ic mimb	oursement claimed?
, ,	2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	200				,	4	Yes No
Street Address				City			State	Zip Code
								·
Ourpose of Expenditure by code)	Description				Event	#		Amount
			S	UBTOTAL Section	n Q — Thi	s Page \$0		
			то	TAL of additional	Section Q	Pages SO		
				ENSES PAID BY				
		(Enter	west on Lin	z 20, Coumn A of St	namary roge	A CHUIS)		

## IV. EXPENDITURES (Sections P—T)

	TEE (Provide Complete Name as Registered with Filing Repositor	<i>(</i> v	TYPE OF REPORT				
	Samuntha Sun" Parket	s for Mayor	Termina+	etten			
	R. Expenses Incurr	ed on Committee Cred	lit Card				
Name of Issuing Inst	itution	Type of Credit Card:					
		☐ Visa ☐ Master Can	rd Discover America	an Express	Other:		
Name of Vendor, Person	or Entity			Date of T	ransaction		
Street Address	The second secon	City		State	Zip Code		
Purpose of Expenditure	Description	<del>-1 </del>	Event #	<del>                                     </del>	Amount		
(by code)		ì			-		
Expenditure #	Type of Expenditure (Itemization in Addendum R Require.	d unless "None of the below" is	checked)	1			
(if applicable)	□ None of the below	wanted Tronc of the below 15	chickey)				
	☐ Coordinated with reimbursement sought (joint expended) ☐ Coordinated without reimbursement sought (in-kind of the coordinated)						
Nama of Vandan Bassas		Organiza	ation: OA OB OC OD				
Name of Vendor, Person	or Entity			Date of T	ransaction		
St. 4 12		-Y					
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	d unless "None of the below" is	checked)				
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expend	diture)	dent				
	Coordinated without reimbursement sought (in-kind c	-	ation: OA OB OC OD	b			
Name of Vendor, Person	or Entity			Date of Tr	ransaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description	1	Event #		Amount		
by code)				1	Amount		
Expenditure #							
(if applicable)	Type of Expenditure (Itemization in Addendum R Required  None of the below	i unless "None of the below" is	checked)				
	Coordinated with reimbursement sought (joint expend		dent				
	Coordinated without reimbursement sought (in-kind c	ontribution)	tion: OA OB OC OD				
	SI SI	UBTOTAL Section R Th	his Page 5				
			30				
	TO	TAL of additional Section R	R Pages   S				
TO	TAL OF ALL EVBENCES INCUIDED ON	COMMITTED CREEK	CARD A				
10	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lin	e 27, Column A of Summary Pa					
				4			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor)	v)	TYPE OF REPORT				
C // -5 / 5 / 6				Ination			
	S. Expenses Incurred by Com						
Name of Creditor				Date Incurre	ed		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required  None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind coordinated)	☐ Indep	f is checked)  nendent  nization: o A o B o C o I	D			
Name of Creditor	6	2		Date Incurre	ed		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		unt Incurred mate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required  None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	Indep	is checked) endent ization: OAOBOCOD				
Name of Creditor				Date Incurre	d		
Street Address		City	H-11-341-0-11-31-31-31	State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		unt Incurred nate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required  None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	iture)		о́С о D			
		SUBTOTAL Section	S-This Page 5				
	1	OTAL of additional Sec	ction S Pages \$				
TOTAL OF ALL E	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	NG THIS PERIOD BUT ine 28, Column A of Summa	NOT PAID  Try Page Totals)				
	Previously reported Exp	enses Unpaid and still O	utstanding 🖒 🗋				
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lit	BY COMMITTEE BU ne 28a, Column A of Summa					
	V	7.					

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposito	and the		Tv	DE OF DE	DODT			
Samantha - Sam" Parluto for ruyor				Termination					
T. Itemization of Reimbursements and Secondary Payees									
Last Name of Worker/Consultant First						MI		Payment to Vendor,	
Ferrucci			Lisa			Person or Entity			
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant				
110	36 TERROCCI						2182-6		
	Person or Entity Paid by Committee Worker/Consultant	City			Chec	k#914.	State Del	bit Card	
13			East H	wen			CT	06512	
Purpose of Expenditure (by code)	Description Donor gave \$100.00, instead \$ \$50.00 exchange for July W fling due to comp	10 during	h \$6000 h \$6000	Event #	/ <u>}</u>		,	Amount	
Expenditure # (if applicable)								00,0c	
0003	Coordinated with reimbursement sought (joint expe	nditure) l contribution)	☐ Indepe ☐ Organi	endent ization: o A	ов о	СОД			
Last Name of Worker/Con	sultant	First		11 . 1		MI	Date of P Person or	ayment to Vendor, Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Payment to reported in Chec				
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 Require  None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind)	nditure)	☐ Indepe		о в о	Сор			
Last Name of Worker/Cons	sultant	First				МІ	Date of Pa Person or	ayment to Vendor, Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Payment to reported in	Section P:		Vorker/Consultant as	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City			Cilect		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require  None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind)	aditure)	☐ Indepe		о в о	СОД			
SUBTOTAL Section T — This Page \$50.00									
TOTAL of additional Section T Pages					* DC	)්ටු ව			
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS						0.00			