## **SEEC FORM 20**

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

RECEIVED EAST HAVEN, CT.

2023 OCT 10 A 8: 41

Page 1 of 17

Clega Balto TOWN CLERK Do Not Mark in This Space For Official Use Only

#### **COVER PAGE**

1. NAME OF COMMITTEE				
San Parato for Nayor				
2. TREASURER NAME				
First Joseph W	MI	Last COSS		Suffix
3. TREASURER ADDRESS				
Street Address 26 Relphs	Lane	East Vleven	State	Zip Code ()6512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	y if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11/07/2023	Mayor			(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			
Samantha	MI	Parlato	,	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	at to
☐ July 10 filing	7th day preceding election	☐ Deficit	Type of Rep	
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		
	7/1/23	thru $9/30/23$	d.·a	
10. CERTIFICATION				
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance  Disclosure Statement for the period covered is true, accurate and complete.    10/09/2023				
			4 - 3	
A person who is		villfully violated any provisions of the enalty or imprisonment or both.	campaign find	ance statutes

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

## **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Sum Parlato for Mayor	OCT 10 Filmy			
	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)	58,635.00	523,575.00		
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)	6000	\$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	50.00		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	98,635.00	\$23,575.00		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	814,023.31	\$23,575.00		
19. Expenses Paid by Committee (Section P)	\$12,241.57	\$12,241.57		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$14,501.04	\$14,501.04		
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$893.96	\$893.96		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	30.00	50.00		
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00		
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	80.06		
25. Loan Balance	\$000			
25a. + Loans Received (Section D)		\$0.06		
25b. + Interest and Penalties on Loan				
25c Payments on Loan	V	1/		
25d. Total Outstanding Loan Amount	\$0.00			
26. Campaign Expenses Paid by Candidate (Section Q)	\$3,552.18	\$3,552.18		
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	50.00			
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Sum Parluto De Mayor		Oct 10	Filing	
A. Total Contributions from Small Contributors-Receiver (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$ 825-	_ /	
	tributions from Indivi	duals		
Last Name DeMatico	First Thomas		MI	
Residential Street Address  6 Town Ct	city East H	Peven	State Zip Code  CT U65/7	
Principal Occupation Toolmaker	Name of Employer	Company		
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	o a candidate for a chief executiv is associated with have a contract	e officer of a municipality	Amount of Contribution	
event reported in Section L1? No If yes, indicate which bran		₩ No	\$100.00	
If yes, list Event # 672723B   of government the contract   Method of Contribution:     Ocash   OPersonal Check   OPer	Date Received	Aggregate Contributions		
Last Name  There are local	First Topon	6	MI	
	City # 101-11	(	State Zip Code  17 06572	
Principal Occupation  Principal Occupation  Principal Occupation	Name of Employer	o it	21 00012	
FUBLIC HEATS State of CT  Is contributor a lobbyist, spouse, O Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution				
or dependent child of a lobbyist?  One does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  One 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?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # 0727236  No  State Contributor a principal of a state contractor or prospective state contractor?  State Contributor a principal of a state contractor or prospective state contractor?  State Contributor a principal of a state contractor or prospective state contractor?  State Contributor a principal of a state contractor or prospective state contractor?  State Contributor a principal of a state contractor or prospective state contractor?  State Contributor a principal of a state contractor or prospective state contractor?  State Contributor a principal of a state contractor or prospective state contractor?  State Contributor a principal of a state contractor or prospective state contractor?  State Contributor a principal of a state contractor or prospective state contractor?  State Contributor a principal of a state contractor or prospective state contractor?  State Contributor a principal of a state contractor or prospective state contractor?  State Contributor a principal of a state contractor or prospective state contractor?  State Contributor a principal of a state contractor or prospective state contractor?				
Method of Contribution:  Ocash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney Order 27/20/23 8150.00				
Last Name	First		МІ	
Residential Street Address	City		State Zip Code	
Principal Occupation	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Is contributor a principal of a since the section L1?  If yes, list Event # Section L1?		e contractor?  OLegislative		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	Date Received Order	Aggregate Contributions		
SUBTOTAL Section B — This Page \$250.00				
TOTAL of additional Section B Pages \$ 8385.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Sam Parato Sor Mayor	Oct W Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY	\$ 875-		
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	1, 802		
B. Itemized Contributions from Indivi			
Last Name First Quen	MI		
Residential Street Address City	State Zip Code		
1611 Buschne Lane Very Bea	ch FL 32967		
Principal Occupation  Co - Owner  Warne of Employer Sparle	ch FL 32967		
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?  Ores			
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state	e contractor? QYes		
event reported in Section L1?  No  No  If yes, indicate which branch or branches of government the contract is with:  OExecutive	OLegislative No S100 00		
Method of Contribution:  Date Received	Aggregate Contributions		
OCash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney Order 7/77/23  Last Name First	\$100.00		
Candelora Vincens	MI		
Residential Street Address City	O O State Zip Code		
405 Sun Hill Rd North Br	anson CT 06471		
Principal Occupation  Legk luber  Name of Employer  State of	CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is associated with have a contract	e officer of a municipality, Amount of Contribution		
valued at more than \$5,000?  Yes No  Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state.	e contractor? Qyes \$200.00		
event reported in Section L1? No If yes, indicate which branch or branches	c contractor? Syes \$ 200.00		
Method of Contribution:  Date Received	Aggregate Contributions		
1/21/83	\$200.00		
Campbell First Toseph	MI		
Residential Street Address  93 Old Sulf Works Rd Westbrook	State Zip Code O6498		
Principal Occupation  Name of Employer  Tulk's Cup	of Tue		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  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	officer of a municipality, Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 0727236  Is contributor a principal of a state contractor or prospective state in the state which branch or branches of government the contract is with:  Executive	Contractor? Syes \$100.00		
Method of Contribution:  Date Received	Aggregate Contributions		
OCash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney Order 1/25/23	\$100.00		
SUBTOTAL Section B — This Page \$400.00			
TOTAL of additional Section B Pages \$ \$235.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 1	(+B) A 4125 (1)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
S. Dal O	0 1		
A. Total Contributions from Small Contributors-Received this Period ONLY	Oct 10 Filling		
(See instructions for definition of Small Contributor)  SUBTOTAL SECTION A	\$ 825		
B. Itemized Contributions from Individual Last Name	duals   MI		
l , , , , , , , , , , , , , , , , , , ,	The state of the s		
Residential Street Address	State Zip Code		
Residential Street Address 175 Pack Od City NORTH Pavel	n CT 06473		
Principal Occupation			
	n & Brown of CT		
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 event reported in Section L1?  Yes  No  Is contributor a principal of a state contractor or prospective state  If yes, indicate which branch or branches	O No		
AND	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 7/21/23	\$50.00		
Last Name First	<b>У</b>		
Doughty Stoven			
Residential Street Address City	State Zip Code		
459 Thumpson Ave Rest Last Le	luen (+ 0651Z		
Principal Occupation Name of Employer			
blethred			
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			
Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Of Total Co			
	O Ecgisiative .		
OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order 7/27/23	Aggregate Contributions \$190.00		
Last Name First	MI		
137/C HOlly	1		
Residential Street Address  City	State Zip Code		
	ven CT 06512		
Principal Occupation  State Mushul  Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  No	officer of a municipality, with said municipality		
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state.	contractor? QYes		
If yes, indicate which branch or branches of government the contract is with:    Security   Securit	OLegislative SOO.OO		
	Aggregate Contributions		
OCash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney Order 7/27/23	\$300.00		
SUBTOTAL Section B — This Page \$ 500.00			
TOTAL of additional Section B Pages \$ 5   35,00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 7			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Sun Parato Go Mayor	Oct 15 Filim	
A. Total Contributions from Small Contributors-Received this Period ONLY	CO 15 Filling	
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 825	
B. Itemized Contributions from Indiv	iduals	
Last Name First	MI	
Zalewski Sc	n	
Residential Street Address  34 Kelly Crc3+ Rel Bounford	State Zip Code	
3 ( )-011-7 (-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	CT 06405	
	OE	
Is contributor a lobbyist, spouse, OYes If contribution is in excess of \$400 to a candidate for a chief executi	ve 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 contractivation of the second		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective statement of the section L1?  If yes, indicate which branch or branches	ate contractor? Syes \$(00.00	
If yes, list Event # OF government the contract is with: OExecutive	OLegislative (00.00)	
Method of Contribution:  Date Received  Occash Operand Cheek Occash Operand Cheek Operand Oper	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/01/23  Last Name First	\$ 100.00	
Kerrari Scott	МІ	
Residential Street Address City	State Zip Code	
Stratford	CT 06614	
Principal Occupation  Name of Employer		
	Appraisals LLC	
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	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective state of government the contract is with:  Executive	ate contractor? Syes \$100.00	
Method of Contribution: Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 8/4/23	\$100.00	
Last Name Goula 7 Pirst Rich	MI	
Residential Street Address City	State Zip Code	
661 Silver Sunds Del Cast He		
Principal Occupation		
	uex Solvitions	
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	ve officer of a municipality, t with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 0127293  Yes Is contributor a principal of a state contractor or prospective state of government the contract is with:  Executive	te contractor? Syes \$150.00	
Method of Contribution:  OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order  Date Received 7/78/3	Aggregate Contributions  State \$190.00	
SUBTOTAL Section B — This	Page \$350.00	
TOTAL of additional Section B	Pages \$8285.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Sun Parluto for Mayor	Oct 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 825			
B. Itemized Contributions from Indivi	duals			
Last Name Parlate Plebele	MI			
Residential Street Address 405 Thumpson Ave City East	Huer CT U6512			
Principal Occupation	e Corp.			
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				
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	OLegislative  Secontractor?  Secontractor.  Secontr			
Method of Contribution:  OCash OPersonal Check	Aggregate Contributions  \$\int 190.00			
Last Name First Michael	MI			
Residential Street Address  That 23 Origin Ne tast Heven	State Zip Code U6517			
Principal Occupation  Residential Street Address  That 23 Origin Ne City  Tast Heven  Name of Employer  Central	Texas College			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes or dependent child of a lobbyist?  Yes or dependent child of a lobbyist?  No Ves ON No Ves ON No Amount of Contribution  Yes or dependent child of a lobbyist?  Yes 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?  Yes ON No				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 097173 A  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 C Legislative				
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/19/23	Aggregate Contributions \$ 140.00			
Last Name Argento First Michael	МІ			
Residential Street Address 726 Wardrurd Acc City New Hours	State Zip Code  CT 06517			
Principal Occupation  Name of Employer				
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	e officer of a municipality, with said municipality			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 042123A  Is contributor a principal of a state contractor or prospective state if yes, indicate which branch or branches of government the contract is with:  Executive	OLegislative  Secontractor?  Secontractor.  Secontr			
Method of Contribution:  OCash OPersonal Check	Aggregate Contributions  \$40.00			
SUBTOTAL Section B — This Page \$ 120.00				
TOTAL of additional Section B Pages \$8515.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 1	(1+B) \$8635.00			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
A. Total Contributions from Small Contributors-Received this Period ONLY	Oct 15 filing		
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 825		
5			
B. Itemized Contributions from Indivi	duals   MI		
Tame Toseph	IVII		
Residential Street Address	State Zip Code		
Principal Occupation Principal Occupation Diame of Employer	ct U6517		
Principal Occupation Name of Employer			
Petired Name of Employer			
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? OYes ONo			
Is this contribution associated with an event reported in Section L1?  No If yes, indicate which branch or branches	- No S110 00		
	OLegislative 100		
	Aggregate Contributions \$ 160.00		
Last Name	MI		
Residential Street Address 76 Sulerno Ava City Fast Hurn	144		
Residential Street Address City	State Zip Code		
76 Sulerno Ave East Hun	CT 0651Z		
Principal Occupation  Name of Employer	* ***		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of 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 No			
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? OYes			
event reported in Section L1?  If yes, list Event # 0971234  No  No  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative			
Method of Contribution:  Date Received	Aggregate Contributions		
OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order 9/20/23	\$40.00		
Last Name Recitelli First Carmine	МІ		
Residential Street Address   City	State Zip Code		
Residential Street Address 76 Sulerno Ave City East Have	n CT 0651Z		
Principal Occupation Name of Employer			
Rethand			
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  O Yes	e officer of a municipality, with said municipality		
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state	e contractor? OYes		
event reported in Section L1?  No  No  If yes, indicate which branch or branches of government the contract is with:  Executive	OLegislative		
Method of Contribution: Date Received	Aggregate Contributions		
OCash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney Order 9/20/23	\$40.00		
SUBTOTAL Section B — This	Page \$ 240.00		
TOTAL of additional Section B Pages \$8395.00			
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		
Sam Parlato for Nayor	Oct 10 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY			
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 825		
B. Itemized Contributions from Ind	ividuals		
Last Name Doughty Steven	MI		
Residential Street Address  459 Lempson Du Tast the	State Zip Code		
459 Kempson Aur tast the	ver (5 06512		
Principal Occupation Name of Employer			
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 exect 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 second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with half with half with half with half with he/she is a second with half with half with he/she is a second wit			
valued at more than \$5,000? OYes O	₹o		
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	<b>©</b> №   \$740.00		
If yes, list Event # 097123A of government the contract is with: Execute  Method of Contribution:  Date Received	Ve OLegislative Aggregate Contributions		
OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order 9/71/23	\$190.00		
Last Name First	MI		
Residential Street Address City	18:44		
Residential Street Address 136 Rennett Rd City Fast	lluren State Zip Code CT 0651Z		
Principal Occupation  Name of Employer  Pat Asso Sales Mys.  Name of Employer	ASTOC.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000? Yes No	ative officer of a municipality, Amount of Contribution act with said municipality		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 097123A  No  If yes, list Event # 097123A  No  If yes, list Event # 097123A  No  If yes, list Event # 097123A			
Method of Contribution:  Date Received Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/71/23	\$ 40.00		
Last Name Pirst 1/2 CC.	MI		
Residential Street Address  City	State Zip Code		
	rr (+ 06512		
Teacher Ven the			
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 contributor or business he/she is a contribut	act with said municipality		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 047123 A  Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches of government the contract is with:  Execution Description:  Description of the contract of th	■No   \$ 40.00		
Method of Contribution:  Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/21/23 \$116.00			
SUBTOTAL Section B — This Page \$ 170.06			
TOTAL of additional Section B Pages 5515.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Pa			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Sam Parlato For Mayor		Oct 10 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY				
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ 825		
B. Itemized Co.	ntributions from Indivi	duals		
Last Name 12 locies on	First		MI	
Residential Street Address	Kathy	· · · · · · · · · · · · · · · · · · ·		
28 Orone Rd	City ILS+ Hu	ren	State Zip Code CT 06517	
Principal Occupation Auth Coardnester	Name of Employer  Mu	Istate Rad	estoyy	
Is contributor a lobbyist, spouse, or 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?			Amount of Contribution	
Is this contribution associated with an Yes Is contributor a principal of a s	tate contractor or prospective stat	e contractor? OYes	1	
event reported in Section L1?  If yes, list Event # 0421234  No If yes, indicate which bran of government the contract		OLegislative No	\$80.00	
Method of Contribution:	Date Received	Aggregate Contributions		
OCash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney	Order 9/2/23	\$ 80.00		
Last Name	First Call Con (a. Call	0	MI	
Residential Street Address	City East Have		State Zip Code	
Residential Street Address 55 UNF ST	Fast fluci		CT 06512	
Principal Occupation	Name of Employer			
Sulf				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes   If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	o a candidate for a chief executive is associated with have a contract  Yes No	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 # 097123 k  Security				
Method of Contribution:	Method of Contribution:  Date Received Aggregate Contributions			
OCash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney		\$40.00		
Last Name  Kuy White	Kerm		MI	
Residential Street Address  (a Taylor Arc	City East Have		State Zip Code  C+ 06517	
Principal Occupation S. 18	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?	s associated with have a contract	e officer of a municipality, with said municipality	Amount of Contribution	
	tate contractor or prospective state	No		
Method of Contribution:	Date Received	Aggregate Contributions		
Ocash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney	Order	STUDE IN		
SUBTOTAL Section B — This Page \$ 170.06				
TOTAL of additional Section B Pages \$ \$5,5.0 d				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.	INDIVIDUALS (Sections A 3, Column A of Summary Page 1	+B) #21251		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Sum Parlito for Mayor	Oct 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 825	
B. Itemized Contributions from Indivi	duals	
Last Name Greco First Muria	MI	
Residential Street Address  16 Angula Dr Tast Have	State Zip Code	
Principal Occupation V Name of Employer	BUE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  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 # 092123 k  Section L1?  No If yes, indicate which branch or branches of government the contract is with:  OExecutive	OLegislative PCNo \$ZØ. 06	
Method of Contribution:  OCash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney Order  Date Received  9/21/23	Aggregate Contributions  \$ 20 - 0 0	
Showrov First Iva	MI	
Residential Street Address 47 Todds HIII Rd City Brankord	State Zip Code	
Principal Occupation Name of Employer	BOE	
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	e officer of a municipality, with said municipality	
Is this contribution associated with an event reported in Section 11?  If yes, list Event # 047173 A  Security Section 12    Is contributor a principal of a state contractor or prospective state    If yes, indicate which branch or branches   of government the contract is with:   Executive	te contractor? Syes No S 44 . 00	
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/21/23	Aggregate Contributions ダ 40.00	
Partifo First Swah	MI	
Residential Street Address H7U Thampson Doc City East Ho	van State Zip Code CT U6512	
Principal Occupation  Secretary  Name of Employer  EH 302		
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		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 097/734  Is contributor a principal of a state contractor or prospective state in the section of government the contract is with:  O Executive	OLegislative	
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction OMoney Order 9/71/33	Aggregate Contributions  \$ 40.00	
SUBTOTAL Section B — This	Page \$100.00	
TOTAL of additional Section B Pages \$ 8535.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page)	1+B) 88635.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Sam Parato & Por Mujor		Oct 10 Films		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ 825—		
B. Itemized Con	tributions from Indivi	duals		
Dilunyo	First Jenniler			MI
Residential Street Address 299 Burlourny 721	Dorth Hw	en	1 2	Code 473
Principal Occupation PA	Name of Employer The Roa	dune ND		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a candidate for a chief executiv	e officer of a municipality,	Amount	of Contribution
	ate contractor or prospective stat ch or branches	OLegislative	\$10	0.00
Method of Contribution:  OCash OPersonal Check Orgedit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions \$ 100.00		
Last Name Adams	First		<u></u>	МІ
Residential Street Address 321 N BHABITH Rd	Fort Landerda	le		Code 3304
Principal Occupation  None Bu Exec Cha	Name of Employer  Next W	ire Blo		
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?			Amount	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor?  Security of a state contractor or prospective state contractor or pros				
Method of Contribution:  OCash OPersonal Check		Aggregate Contributions		
Last Name Sdems	Pirst			MI
Residential Street Address 26 Vivanla 2d	tast Ha	iven		Code 657Z
Principal Occupation  Ponce Octective	Name of Employer	of tast the	ren	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No 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	Amount o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative				
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction OMoney Contribution	Order 9/23/23	Aggregate Contributions		
SUBTOTAL Section B — This Page \$ 1200.00				
TOTAL of additional Section B Pages \$7435.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13	INDIVIDUALS (Sections A , Column A of Summary Page 1		5.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	<del></del>	
San Parato for Mayor	Oct 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONL	Y	
(See instructions for definition of Small Contributor) SUBTOTAL SECTION	A 025	
B. Itemized Contributions from Inc	dividuals	
Last Name First	MI	
Residential Street Address 15 Store Pllar Rd City Tast 1		
Residential Street Address 15 Store Pllar Rd City Tast 1	State Zip Code	
15 Store Mar 12d tast 1	lurch CT 06512	
Principal Occupation Name of Employer		
GUILBU	of Public Schools	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief exe	cutive officer of a municipality, Amount of Contribution	
or dependent child of a lobbyist? One does contributor or business he/she is associated with have a convalued at more than \$5,000?	htract with said municipality	
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective	e state contractor? OYes	
event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Execu	tive OLegislative	
Method of Contribution: Date Received	Aggregate Contributions	
OCash OPersonal Check Occidit/Debit Card OPayroll Deduction OMoney Order 9/30/23	\$ \$10.00	
Last Name First	IMI	
Coughlin John		
Residential Street Address City	State Zip Code	
1 Harocshoe Hill Rd North Hu	un CT 06473	
Principal Occupation Name of Employer		
Contractor	ghim Electre	
Is contributor a lobbyist, spouse, Yes   If contribution is in excess of \$400 to a candidate for a chief exec		
or dependent child of a lobbyist?  One does contributor or business he/she is associated with have a convalued at more than \$5,000?  One of the property of th		
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective	- the section of the	
event reported in Section L1?	<b>6</b> №   8 ×00.00	
Method of Contribution:  Of government the contract is with:  Executed  Date Received	Aggregate Contributions	
OCash OPersonal Check Scredit/Debit Card OPayroll Deduction OMoney Order 9/30/23 \$300.00		
Last Name First MI		
Remand Patrick		
Residential Street Address City	State Zip Code	
"I Minor Rd Fast	- Hever CT 06572	
Principal Occupation Name of Employer	Nelusory Sances, LLC	
CPA Tar	Nolway Somes, LC	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief execution of the contribution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution of the contributi	cutive 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 convalued at more than \$5,000? Yes		
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective	e state contractor? OVes	
event reported in Section L1? No If yes, indicate which branch or branches	ONO 1 4 150.00 1	
Method of Contribution:    Method of Contribution:   Date Received   Date Received	Legislative Aggregate Contributions	
OCash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney Order 9/28/23		
SUBTOTAL Section B — T	his Page \$ 460.00	
TOTAL of additional Section B Pages \$ \$675.60		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary P	ons A + B)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Sam Parlato Gor Mayor	Oct 10 Films	
A. Total Contributions from Small Contributors-Recei	ived this Period ONLY	
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A   \$ 625	
41		
B. Itemized Co	ontributions from Individuals	
Last Name	First	
Hennessey	Themas	
Residential Street Address  Culumbus Her	City That Hower State Zip Code CT U651Z	
Principal Occupation  Owner	Name of Employer  AT Forbes Inc.	
	0 to a candidate for a chief executive officer of a municipality, e is associated with have a contract with said municipality  Ores  Ores	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lf yes, indicate which bra	a state contractor or prospective state contractor? Research or branches	
Method of Contribution:  Of government the contribution:	Date Received Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		
Last Name	First MI	
Persidential Street Address	Linda	
Residential Street Address 34 Columbus 124	City East Haven CT 06517	
Principal Occupation  However	Name of Employer	
Is contributor a lobbyist, spouse, or 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?	O to a candidate for a chief executive officer of a municipality, e is associated with have a contract with said municipality  O Yes  No	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 0727238  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:  Description:  Executive O Legislative		
Method of Contribution:  OCash Personal Check OCredit/Debit Card Payroll Deduction OMoney Order  Date Received Aggregate Contributions  7/77/23  \$200.00		
Last Name First MI		
Anglo	1 revor	
Residential Street Address 219 Hamilyaway Avc	City tast Haven State Zip Code (+ U6512	
Principal Occupation Name of Employer		
	to a candidate for a chief executive officer of a municipality, e is associated with have a contract with said municipality  O Yes  No	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	y Order 9/30/23 Aggregate Contributions \$150.00	
SUBTOTAL Section B — This Page \$450.00		
TOTAL of additional Section B Pages \$ 8185.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Sam Purliso for Mayor	Oct (U Firmy	
A. Total Contributions from Small Contributors-Received this Period		
(See instructions for definition of Small Contributor) SUBTOTAL S	ECHONA 023	
B. Itemized Contributions to	from Individuals	
	mna	
Residential Street Address City	Eust Huren CT 0657Z	
	Employer	
Is contributor a lobbyist, spouse,  Yes If contribution is in excess of \$400 to a candidate for	ra chief executive officer of a municipality, Amount of Contribution	
or dependent child of a lobbyist? No does contributor or business he/she is associated with		
Is this contribution associated with an event reported in Section L1?  No If yes, indicate which branch or branches	No 1 × 100.00	
If yes, list Event # 0727238 of government the contract is with:  Method of Contribution:	OExecutive OLegislative (	
	27/23 \$100.00	
Last Name First	M	
Residential Street Address City	thek State Zip Code CT 06517	
405 Thompson Ave East	it Huren   ct   06517	
Principal Occupation Name of	Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Other Is contribution is in excess of \$400 to a candidate for does contributor or business he/she is associated with	a chief executive officer of a municipality, Amount of Contribution have a contract with said municipality	
valued at more than \$5,000?	Yes No	
Is this contribution associated with an event reported in Section L1?  No No Section L1?  If yes, list Event # No	r prospective state contractor?	
Method of Contribution:  Date Rece	sived Aggregate Contributions	
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money Order 7/27/23 \$190.00		
[ [ ]	eon	
Residential Street Address	State Zip Code	
Principal Occupation Name of 1	[[] [00 (0.)	
Owner Ceon Tames Tot. Har Studies		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for does contributor or business he/she is associated with valued at more than \$5,000?	a chief executive officer of a municipality, have a contract with said municipality  Yes  No	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:		
Method of Contribution:    Date Received   Aggregate Contributions		
SUBTOTAL Section B — This Page \$350.06		
TOTAL of additional Section B Pages \$ \$285.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Parato Dr Mayor		Oct 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ 825 -	_
B. Itemized Con	tributions from Indivi	duals	
Last Name Parties	Pirst Norcen		MI
146 Tyler SJ	Noreen Tast Ilave	ر ا	State Zip Code CT 06577
Principal Occupation Pethod	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?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 072723 B  Method of Contribution:  Section L1?  If yes, indicate which brands of government the contract	ate contractor or prospective statch or branches is with:  Date Received	OLegislative No Aggregate Contributions	\$ 150.00
Cash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney	110110	\$250.00	
Vasilleo-Parato	First	w	MI
17 Frank St	East Haven	S	itate Zip Code
Principal Occupation Patent Case Tech	Name of Employer	sex tespital	A
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes or dependent child of a lobbyist?  Yes over the 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?  Yes No			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 0721236  Yes No Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # 0721236  Yes No Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # 0721236  Yes No Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # 0721236			
Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Date Received Aggregate Contributions  \$\sqrt{150.00}\$			
Last Name Charzlla	First Paul		МІ
THE COURSE OF TH	Name of Employer	acc	zip Code CT 06473
Business Owner			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No    If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Amount of Contribution  Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #			
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  7/27/23  Aggregate Contributions  5 100 .00			
SUBTOTAL Section B — This Page \$550.00			
TOTAL of additional Section B Pages \$8285.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Parluto For Newor		Oct 15 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY		\$ 875	
(See instructions for definition of Small Contributor)	UBTOTAL SECTION A	1 069	
B. Itemized Con	tributions from Indivi	duals	MI
7010	Tuscot	`	
	Sity		State Zip Code
Principal Occupation	Name of Employer	en	CT 06512
Attoricy	7.114.7	Mo, & Tacks	
Is contributor a lobbyist, spouse,  Yes If contribution is in excess of \$400 to	a candidate for a chief executiv	e officer of a municipality,	Amount of Contribution
or dependent child of a lobbyist? does contributor or business he/she is valued at more than \$5,000?	OYes ONo		
Is this contribution associated with an event reported in Section L1?  No  Yes No  If yes, indicate which brane	ch or branches	<b>⊘</b> FNo	\$300.00
If yes, list Event # D727235 of government the contract  Method of Contribution:	is with: Executive  Date Received	Aggregate Contributions	4 300 30 1
Cash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney C	A - 10	\$ 300.00	-
Last Name	First	1 4 -	MI
Residential Street Address IC	Elleen		
Residental Street Address 17 Frank 3+	ity FAST 11	wen	State Zip Code
Principal Occupation	Name of Employer	WCIT	21 1000.0
1-9/1100			
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	associated with have a contract		Amount of Contribution
Is this contribution associated with an Ves Is contributor a principal of a state contractor or prospective state contractor? OYes			
event reported in Section L1?  If yes, list Event # 0727733  No  If yes, indicate which branc of government the contract	ch or branches	C Legislative No	\$100.00
Method of Contribution:	Date Received	Aggregate Contributions	1
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 7/17/23 \$ 270.40			
Last Name Morann	First		MI
Residential Street Address	ity	Α	State Zip Code
28 drove Rd		Haven	(+ 1651Z
Timerpai Gecupation	Name of Employer	of Fact	Ther
Is contributor a lobbyist, spouse, Q Yes If contribution is in excess of \$400 to		e officer of a municipality,	
or dependent child of a lobbyist?  does contributor or business he/she is valued at more than \$5,000?	associated with have a contract  O Yes	with said municipality	
Is this contribution associated with an event reported in Section L1?  No No Is contributor a principal of a state contractor or prospective state contractor?  No No Section L1?			
If yes, list Event # 0727233 of government the contract of Method of Contribution:		O Legislative	\$300.00
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney C		Aggregate Contributions	
TOTAL of additional Section B Pages \$7935.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$ 55.00 (Enter total on Line 13, Column A of Summary Page Totals)			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
San Parento For Hogor	Oct 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY		
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 825	
B. Itemized Contributions from Indivi	duals	
Last Name First	MI	
Residential Street Address City	State Zip Code	
26 Colonial Hoghes Rd City East to		
Principal Occumation		
N/A	· · · · · · · · · · · · · · · · · · ·	
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 ONo	7 7,	
Is this contribution associated with an event reported in Section L1?  No Is contributor a principal of a state contractor or prospective state event reported in Section L1?  No If yes, indicate which branch or branches	e contractor? Syes \$150.00	
Method of Contribution:  Date Received	Aggregate Contributions	
OCash Orersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 7/27/23	\$250.00	
Last Name First	МІ	
Anustrusio Lovis		
Residential Street Address  LOG Prospect Plue Ext City Last H	cum State Zip Code	
Principal Occupation Name of Employer	2007	
Rothel		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes one dependent child of a lobbyist?  Yes one 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 No	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 #		
Method of Contribution:  Date Received Aggregate Contributions		
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money Order 7/27/23  Last Name First	8300.00	
Last Name Take Pirst Loriu	М	
Residential Street Address City	State Zip Code	
140 Mill St 4 637 East 1	luca CT 06517	
Principal Occupation Name of Employer		
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		
Is this contribution associated with an event reported in Section L1?  No Is contributor a principal of a state contractor or prospective state contractor?  No If yes, indicate which branch or branches		
Method of Contribution:    Date Received   Aggregate Contributions   Aggregate Contributions   Aggregate Contributions   Aggregate Contributions   Contributio		
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order 7/27/23	\$50.00	
SUBTOTAL Section B — This	Page \$ 500.00	
TOTAL of additional Section B P	ages 8 8155.00	
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	
Sam Paruto Ar	Mayor Oct 10 Turns	
A. Total Contributions from Small Contributors-Received	ed this Pariod ONI V	
(See instructions for definition of Small Contributor)	UBTOTAL SECTION A \$ 875	
B. Itemized Con	tributions from Individuals	
Last Name	First MI	
Maltese	Salvatore	
[1 Horand Rd	First Survivor  City  Cust there  Name of Employer  Sul	
Principal Occupation  Tax Preparet	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	o a candidate for a chief executive officer of a municipality, s associated with have a contract with said municipality	
valued at more than \$5,000?  Is this contribution associated with an   Yes   Is contributor a principal of a st	tate contractor or prospective state contractor? Syes \$150.00	
event reported in Section L1?  If yes, list Event # 2727233  No If yes, indicate which brane of government the contract		
Method of Contribution:	Date Received Aggregate Contributions	
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order \$7/27/3 \$190.00	
Last Name  Octor g Levy	First MI Lean ora	
Residential Street Address	ity Seets 7 in Code	
69 Messina Ur	East then CT 06512	
Residential Street Address 65 Ness ma DT  Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse,  Yes If contribution is in excess of \$400 to	o a candidate for a chief executive officer of a municipality, amount of Contribution s associated with have a contract with said municipality  O Yes  No	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 011777338  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 1 Legislative		
Method of Contribution:  Date Received Aggregate Contributions		
OCash Personal Check OCredit/Debit Card OPayroll Deduction Money Order 7/27/23 \$25.00		
Dowd	First	
	ity State Zip Code	
64 Coe Auc	East Haven CT 06512	
Principal Occupation N/A	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No  Yes  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?  Yes  O'Yes		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received Aggregate Contributions  7/27/23 \$57.00		
SUBTOTAL Section B — This Page \$225.00		
TOTAL of additional Section B Pages 3840.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$\int \begin{align*} \pi \begin{align*} 635.00 \end{align*}		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Sum Parato for Mayor	Oct W Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 825-	
×		
B. Itemized Contributions from Indi	viduals	
Last Name First Kerry	MI	
Residential Street Address 145 Horgan Ave City Tast Har	en State Zip Code CT 06577	
Principal Occupation  Name of Employer  New 1	en State Zip Code CT 06517 Hurn BOE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contributor or business he/she is a second or busi	tive officer of a municipality, act 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 sevent reported in Section L1?		
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  7/27/73	Aggregate Contributions \$ 110.00	
Encles First Michael	MI	
Residential Street Address City	wen State Zip Code	
Principal Occupation Bruke Instructor Cent	nel Texas College	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Special Properties of Support of the contribution is in excess of Support of the contribution of 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.		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 0727238    Valued at more than \$5,000?   O Yes   O No     Is contributor a principal of a state contractor or prospective state contractor?   O No     If yes, indicate which branch or branches   O Executive   O Legislative     O D D D D D D D D D D D D D D D D D D		
Method of Contribution:  Date Received  Payroll Deduction Omoney Order  7/27/23	Aggregate Contributions \$ 140.06	
Last Name Pirst Call	MI	
Residential Street Address City	Hever State Zip Code CT 0651Z	
Principal Occupation  Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes Vo		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07 27235  Is contributor a principal of a state contractor or prospective state contractor?  Yes   Symmetric   Symmetr		
Method of Contribution:    Date Received   Aggregate Contributions		
SUBTOTAL Section B — This Page \$770.00		
TOTAL of additional Section B Pages \$ \\$365.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$\int 8635.00		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Sam Parato Or Mayor	Oct 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 825	
B. Itemized Contributions from Indivi	duals	
Last Name Adamczyk First Joan	MI	
Residential Street Address 173 Hellstrom Rd City East Have	State Zip Code  CT 0651Z	
Principal Occupation Name of Employer	e Natl. Cirp.	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive	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 valued at more than \$5,000? Yes	with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 6471734  Section L1?  If yes, list Event # 6471734  Section L1?  If yes, list Event # 6471734	e contractor? Yes So. Od	
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  9/8/23	Aggregate Contributions	
Last Name First	[мі	
Barler William		
Residential Street Address 84 Francis St City East there	State Zip Code  CT 06517	
Principal Occupation  UHIIIY WARE  U. I.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  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	e officer of a municipality, Amount of Contribution with said municipality	
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 C Legislative		
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Open Deduction Oney Order  Date Received Aggregate Contributions  \$\frac{9}{30/23} \frac{9}{30/23} \frac{9}{00} \cdot \frac{100}{00} \cdot \frac{100}{00} \frac{100}{00		
Last Name SHrick First Juduh	MI	
Residential Street Address  By 41 Chulscy Ave City East Hu	en State Zip Code	
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does 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	e officer of a municipality, with said municipality	
	Contractor? PYes No Legislative No	
Method of Contribution:    Date Received   Aggregate Contributions		
SUBTOTAL Section B — This	Page \$290.00	
TOTAL of additional Section B P	ages \$ 8355.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 1	(+B) \$ 8635.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Sam Partito Bor Maror	Oct 15 Films		
A. Total Contributions from Small Contributors-Received this Per	iod ONLY		
(See instructions for definition of Small Contributor) SUBTOTAL S	SECTION A 1 0 C J		
B. Itemized Contributions			
Last Name First A	-1 and		
Residential Street Address 357 Horsepord Rd City	odisen State Zip Code CT 06443		
Principal Occupation Name o	f Employer		
Attorney	Zille, Zville, & Tucks		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for does contributor or business he/she is associated with the contributor or business he/she is associated with the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contributor of business he/she is a specific to the contr	or a chief executive officer of a municipality, Amount of Contribution		
Is this contribution associated with an Yes Is contributor a principal of a state contractor of	or prospective state contractor? OYes		
event reported in Section L1?  If yes, list Event #  No  If yes, indicate which branch or branches of government the contract is with:	OExecutive OLegislative		
Method of Contribution: Date Re	11-		
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order	177/13   \$300.00		
Last Name First	Schafore		
Residential Street Address  City	East Hover CT 06512		
Principal Occupation  Naghard Tax Preparer  Name of	f Employer		
They stored lat frequence	3.18		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Solution is in excess of \$400 to a candidate for does contributor or business he/she is associated with valued at more than \$5,000?	r a chief executive officer of a municipality, h have a contract with said municipality Yes No		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04003 \( \)  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   E			
Method of Contribution:  Date Received Aggregate Contributions			
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money Order 9/21/23 \$190,00			
Last Name Woodhouse First	ndia		
Residential Street Address 612 Brackley St City To	Stiller State Zip Code CO 06512		
Principal Occupation  Inswance Sular  Name of	Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate for does contributor or business he/she is associated with valued at more than \$5,000?	r a chief executive officer of a municipality, h have a contract with said municipality  Yes  Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2721234  No  Is contributor a principal of a state contractor of the section of government the contract is with:	O Executive O Legislative		
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Rec  Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order	Aggregate Contributions 21/23 \$80.00		
SUBTOTAL Section	on B — This Page \$470.00		
TOTAL of additions	THE REPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUA (Enter total on Line 13, Column A of	LS (Sections A + B)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Sam Parata By Mayor	Oct 10 Filing	
A. Total Contributions from Small Contributors-Received this Period C	NLY S 32	
(See instructions for definition of Small Contributor) SUBTOTAL SECT	IONA UCS	
B. Itemized Contributions from	Individuals	
Last Name First Stace	1 MI	
Residential Street Address 37 VISTA Dr City E	ast theren ct 06512	
Principal Occupation Name of Emplo	yer	
	n of Stonington	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of spendent child of a lobbyist?  Yes of spendent child of a lobbyist?  Yes of spendent child of a lobbyist?  Yes over the spendent child of a lobbyist?		
Is this contribution associated with an event reported in Section L1?  Yes   Is contributor a principal of a state contractor or prospered in Section L1?	ective state contractor? QYes	
If yes, list Event # 04717314 of government the contract is with:  Method of Contribution:  Date Received	Aggregate Contributions	
and the second s	1/23 \$40.00	
Last Name First	MI	
Hennessey Thoma	3	
Residential Street Address 34 CIWMENS AVE East	Haven State Zip Code CT 06517	
Principal Occupation Name of Employ		
Onner	- Fortres Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate for a chie does contributor or business he/she is associated with have valued at more than \$5,000?  Yes		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 697173A  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:  DEXECUTIVE OF Legislative		
Method of Contribution: Date Received	Aggregate Contributions	
OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 9/21/	23   \$200.00	
Last Name  Hunnessey  First  Line	la	
Residential Street Address  City	State Zip Code	
Principal Occupation Name of Employ	+ Huren CT 06512	
Principal Occupation  Name of Employ  Name of Employ	er	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chie does contributor or business he/she is associated with have valued at more than \$5,000?  Yes	f executive officer of a municipality, a contract with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 092123A  Is contributor a principal of a state contractor or prosp If yes, indicate which branch or branches of government the contract is with:	ective state contractor? Syes \$50.00	
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/71/	Aggregate Contributions \$200.00	
SUBTOTAL Section B	— This Page   \$   40.00	
TOTAL of additional Sec	tion B Pages \$8495.08	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (S (Enter total on Line 13, Column A of Summ	ections A + B) \$ \$6.35.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Sun Parato Ar Mayor	Oct 10 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY	\$ 875 -		
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	1 0 2 5		
B. Itemized Contributions from Indi			
Last Name First Thuma	8		
Residential Street Address  6 Joan Court  City  East He	wen State Zip Code  OF 0651Z		
Principal Occupation Name of Employer	Lee Company		
Is contributor a lobbyist, spouse,  Yes If contribution is in excess of \$400 to a candidate for a chief execu			
or dependent child of a lobbyist? One does contributor or business he/she is associated with have a contravalued at more than \$5,000?	250		
Is this contribution associated with an event reported in Section L1?  Yes   Is contributor a principal of a state contractor or prospective s	tate contractor? Syes So. OO		
Method of Contribution:  Date Received	Aggregate Contributions		
Gash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/71/23	\$\$180.00		
Last Name Parlato First Name	МІ		
Residential Street Address  146 Tyler St  City  East Ha	ven State Zip Code		
Principal Occupation			
Petired Patrick			
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 execut does contributor or business he/she is associated with have a contra valued at more than \$5,000?  Yes	ct with said municipality		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 042123A  Yes No Section L1?  If yes, list Event # 042123A  Security Secur			
Method of Contribution:  Date Received Aggregate Contributions			
OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 9/21/23 \$750.00			
Rugglar Sr. First Call	MI		
Residential Street Address 12 Valc HIII Or City East He	wen State Zip Code CT 16512		
Principal Occupation Name of Employer			
Ditted			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes Vo	et with said municipality		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 042123 A  Is contributor a principal of a state contractor or prospective states of government the contract is with:  Executive	No 1240.00		
Method of Contribution:  OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Date Received	Aggregate Contributions  \$ 140.00		
SUBTOTAL Section B — The	No. 2		
TOTAL of additional Section B Pages \$8415.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$\int \mathbb{F} \bigcup_6 35.00			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
San Parato Sor Mayor	Oct 10	Filing	
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$ 825.00	3	
	ntributions from Indivi	duals	
Last Name  /Fiello	First		MI
Residential Street Address 73 Sorranto Are	City East Ha	ren	State Zip Code  CT 0651Z
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she	is associated with have a contract		Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 04212314  Method of Contribution:  We have a sociated with an event reported in Section L1?  Method of Contribution:  We have a sociated with an event reported in Section L1?  If yes, indicate which brain of government the contract of government the government the contract of government the government of government the government of government the government of government the government of government	Date Received	OLegislative  Aggregate Contributions  JEO.00	\$80.00
Cappellon i	First / Frank		MI
	East the	n	State Zip Code CT 0651Z
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No life contribution is in excess of \$400 to 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  Yes  No	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 # Yes No	t is with: Executive  Date Received	e contractor?  O Legislative  Aggregate Contributions	\$140.00
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney  Last Name		\$100.00	
Govart	Picha od		MI
Residential Street Address  Colo I Silver Sunds Rd	First Richard City  East H	wen	State Zip Code CT 0651Z
Principal Occupation  RK Sowthers	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 valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract  Yes No	e officer of a municipality, with said municipality	Amount of Contribution
event reported in Section L1?  If yes, list Event # 012173 4  O No  If yes, indicate which branch of government the contract	t is with:	O Legislative	\$40.00
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 9/21/23	Aggregate Contributions \$ 190.00	
SUBT	OTAL Section B — This	Page \$220.00	٥
TOTAL	of additional Section B P	ages \$ 8415.	.00
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections A 3, Column A of Summary Page 1		,00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Sam Partuto for May	Oct 10	1 Filmy		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$825		
B. Itemized Co	ntributions from Indivi	duals		
Last Name	First		MI	
Residential Street Address	City		State Zip Code	
COte  Residential Street Address  30 VISTA DT	Sharen City Eust-Herr	en l'	CT 06517	
Principal Occupation	Name of Employer		2 1000	
N/It				
Is contributor a lobbyist, spouse, or 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?			Amount of Contribution	
	state contractor or prospective state	te contractor? Yes No	\$40.00	
Method of Contribution:	Date Received	Aggregate Contributions	1 '	
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 9/21/23	\$ 40.00		
Last Name White	First	AZILLES TANGET AND CONTRACT	МІ	
	City East Have		State Zip Code  CT 06 512	
Principal Occupation	Name of Employer	in	CI 106 312	
NA				
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 valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract O Yes No	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 # 4721734		te contractor?  O Legislative	\$40.00	
Method of Contribution:  Cash Personal Check Eredit/Debit Card Payroll Deduction Omoney	Order 9/21/23	Aggregate Contributions		
Last Name	First		MI	
Jennes	1 1001.09	भाग		
Residential Street Address 38 Pine Vew Dr	city East Have		State Zip Code	
Principal Occupation Retwood	Name of Employer		_   14031.0	
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 valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes	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 # MUNA  Section L1?  If yes, list Event # MUNA  Section L1?  If yes, indicate which branch of government the contract		No	\$140.00	
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 9/71/73	Aggregate Contributions  5 40.00		
SUBT	OTAL Section B — This	Page \$ 120.0	σε	
TOTAL	of additional Section B I	1	5.00	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1)	I INDIVIDUALS (Sections A 3, Column A of Summary Page		5.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Parato for Mayo	Oct 10	Allry	
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$ 825.00	<u> </u>
		1100000	ñ
B. Itemized Co	ntributions from Indivi	duals	
Last Name 055	First		MI
Residential Street Address	Trancin	٤	State Tip Code
	City East Hea	un	State Zip Code CT 0651Z
Principal Occupation Sprintendent	Name of Employer Thomast	on BOE	
Is contributor a lobbyist, spouse, or 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?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 092123/>  Is contributor a principal of a lf yes, indicate which bra of government the contra		te contractor? Yes No Legislative	\$40.00
Method of Contribution:  Method of Contribution:  Method of Contribution:  Money  Credit/Debit Card Payroll Deduction OMoney	Date Received y Order 9/71/23	Aggregate Contributions	
Last Name Parate	First	J	MI
Residential Street Address 17 Frank St	city East H	in ser	State Zip Code  (1 06512
Principal Occupation  Method	Name of Employer	200.1	C1 10010
event reported in Section L1? No Wes, indicate which bra	is associated with have a contract Yes No state contractor or prospective state or branches	with said municipality te contractor?  Order  Yes No	Amount of Contribution \$120.00
Method of Contribution:  OCash Personal Check OCredit/Debit Card Payroll Deduction OMoney	Date Received	Aggregate Contributions B 220.00	
Vue Illa - Pareto	First Tordar	`	М
Residential Street Address 17 Fank So	City EGST 1-	luin !	State Zip Code CT (16512
Principal Occupation Patternt Cur Tech	Name of Employer	sex Hospital	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Vocation is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 092123 >  Section L1?  If yes, list Event # 092123 >  Section L1?  If yes, indicate which brain of government the contraction of government the government of government the government of government the government of gove		e contractor?  OLegislative	\$50.00
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	Order 9/21/23	Aggregate Contributions \$150 —	
SUB1	FOTAL Section B — This	Page \$210.0	00
TOTAL	of additional Section B I	Pages \$6,425	0.00
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page	1+B) 98,63	5.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
San Pareto Sor Mayo	Oc+10	Filling	
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$ 825.00	, )
		WINNESS THEORY	
B. Itemized Co	ntributions from Indivi	duals	P
Last Name MAU70	First VINCENT		MI
Residential Street Address  58 1154a D	Cast Hu	un	State Zip Code (10651Z
Principal Occupation  Derwier Operator	City Cast Hu Name of Employer	y Inc.	
Is contributor a lobbyist, spouse, or 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 executiv	e officer of a municipality,	Amount of Contribution
	state contractor or prospective state nich or branches of is with:  Date Received	Contractor? Yes No Legislative No Aggregate Contributions	\$40.00
Last Name Urdla	First (ynn		МІ
Residential Street Address 67 V Sku Dr	city East He		State Zip Code CT 06517
Principal Occupation Hospitality	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes	e officer of a municipality, with said municipality	Amount of Contribution
event reported in Section L1?  If yes, list Event # 097123 R  No  If yes, indicate which bran of government the contract	et is with:	C Legislative	\$100.00
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 9/21/23	Aggregate Contributions	
Läst Name Sittakk	First Judy	-1	MI
Residential Street Address 41 Chielsey Ave	City East Have		State Zip Code CT 0651Z
Principal Occupation  Octual	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Special If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
event reported in Section L1?  If yes, list Event # 042173A O No If yes, indicate which bran of government the contract	t is with:	O Legislative No	\$50.00
Method of Contribution:  Cash Personal Check Ocrodit/Debit Card Payroll Deduction OMoncy	Order 9/21/23	Aggregate Contributions \$180.00	
SUBT	OTAL Section B — This	Page \$770.0	0
TOTAL	of additional Section B P	ages \$6,145	5.00
TOTAL OF ALL CONTRIBUTIONS FROM	I INDIVIDUALS (Sections A	(+B) \$ 4.63	5-00

NAME OF COM	MMITTEE (Provide Com	plete Name as	Registered v	vith Filing Repos	itory)				TYPE OF REPORT		
	Sam	Parlack		or May					OCT	10 Filing	,
			C1. C	Contribution Contribution	ons :	from Ot	her Commit	ttees		0	
Name of Committee	,						Name of Treasure	er			K
Address					Is	s this contrib	oution associated	with an	☐ Yes ☐ No	Amount of	f Contribution
					l e	vent repone	d in Section L1? If yes, list	Event #			
City			State	Zip Code	_	Date Receiv			te Contributions	7	
							1				
Name of Committee						<u> </u>	Name of Treasure	er			
Address					T <sub>Te</sub>	• this contrib	ention associated	rith an	T Vos T No	1 Amount of	f Contribution
					e/	vent reporte	oution associated d in Section L1?			Panos.	Continuin
City			State	Zip Code		Date Receiv			te Contributions	4	
			State	Zip Couc		Date Rece.	/64	VRB1-P-	е сощивымы		
Name of Committee							Name of Treasure	r			
						1					
Address							ution associated	with an	☐ Yes ☐ No	Amount of	f Contribution
					ev	vent reported	d in Section L1? If yes, list I	Event#			
City	City State Zip Code					Date Receiv			te Contributions	0.0	1 🗥
											, 0
	C2	Deimhu	-comon(	to or Surni	wa I	Distribu	tions from o	4hor	Cammittage		
Name of Committee	<u> </u>	Kimoki	Sumon	a or purh.	.uo "	Disti is a	Name of Treasure	Townson, where the party of	Committees		
Address						City				State	Zip Code
i i i i i i i i i i i i i i i i i i i						City				Buth	Zip Code
Date Received	Expenditure #	Payer	Trima			1					J
Date Received	(if applicable)	1 -	nent Type	ent for shared ex					Amount	of Receipt	
December		Re		int for shared ex	xpen	se 🗀 Sui	rplus Distribution	1			
Description											
Name of Committee							Name of Treasurer	_		1	
						1	Tranc of Treasurer	•			
Address						T ce.				Interio	Tat- C-4
Address						City				State	Zip Code
	Expenditure #					L					l
Date Received	(if applicable)		ment Type	2 1	_					Amount	of Receipt
			Reimbursen	ment for shared	l expe	ense 🗀 S	Surplus Distribution	on			
Description											
				-	_	-			rate parties and a	1	
				SUBTO	TAJ	L Section	C — This Pa	age	\$1		
									73		
					-		Section C Pa		30		
							AND RECEII		56		
	(Section	ns C1 · C2	) (Zisiei so	ius Un Zine 14,	, CDI	amin A Of B	mmury 1 age 10	ruis)			

NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Repository)		TYPE O	F REPORT	
Sam Panul	e For	Mayor		OCT	10 Filing
D	. Loans Rece	eived this Period			
Name of Lender		Source of Loan:  Bank Candidate	e 🔲 Individi	ıal ☐ Other Committee	Date of Receipt
Street Address	City	1	State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)				1	Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:  Bank Candidate	e 🔲 Individu	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:  Bank Candidate	e 🔲 Indivídu	ual 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)	J				Amount Received
Street Address	City		State	Zip Code	
		TOTAL SECTION	D	0.00	
E. Receipts from Entities other tha	n Individual	s or Other Committ	ees (Refero	endum Committe	es ONLY)
Name of Entity					
Street Address		D	Date Received		Amount Received
City	State	Zip Code A	Aggregate Contr	ibutions	
Name of Entity					
Street Address		D	Date Received		Amount Received
City	State	Zip Code A	Aggregate Contr	ibutions	
Name of Entity		—			
Street Address		D	Date Received		Amount Received
City	State	Zip Code A	Aggregate Contr	ibutions	
		TOTAL SECTION	IE 5	٧.۵٥	

NAME OF COMMITT	EE (Provide Complete Name as Reg	istered with Filing R	(lepository)		ТҮРЕ	OF REPORT
	Sum Vi	white E	JE M	yor		Oct 10 Films
	F. Amount Transferre	d from Affil	iated Bus	iness Treasury (1	Business Enti	
Date of Receipt	Is this transaction asso event reported in Secti		☐ Yes ☐ No	If yes, list Event #		Amount
Date of Receipt	Is this transaction asso event reported in Secti		☐ Yes ☐ No	If yes, list Event #		Amount
Date of Receipt	Is this transaction asso event reported in Secti		☐ Yes ☐ No	If yes, list Event #		Amount
Date of Receipt	Is this transaction asso event reported in Secti		☐ Yes ☐ No	If yes, list Event #		Amount
				TOTAL SECT	TION F	50.00
G. Amount T	ransferred from Affili	ated Labor	Union or	Other Organizat	ion Treası	1Fy (Organization Committees ONLY)
Date of Receipt		Date of Receipt			Date of I	Receipt
W. C.	Amount		An	ount		Amount
				TOTAL SECTION	ON G	00.0
					.,,	
	H. Personal Funds of	f the Candid	late Rece	ived this Period	(Candidate C	Committees ONLY)
Date of Receipt	Method of payment:	□ P	ersonal Checi	k 🔲 Credit/D	ebit Card	Amount
Date of Receipt	Method of payment:					Amount
	☐ Cash	□ P	ersonal Checl	k 🗖 Credit/D	ebit Card	
Date of Receipt	Method of payment:					Amount
	☐ Cash	□ P	ersonal Checl	k 🗖 Credit/D	ebit Card	
Date of Receipt	Method of payment:			***************************************		Amount
	☐ Cash	□ P	ersonal Checl	c ☐ Credit/D	ebit Card	
				TOTAL SEC	CTION H	\$0.00
		300 St. C. (100 St.)	-			
		I. And	onymous	Contributions		
	Per Public Act 11-48	, Anonymo	us Contr	butions may no	longer be	deposited 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.

NAME OF COMMITTEE (Provide Complete	Name as Registered with Filing Repository)	ТҮРЕ	OF REPORT	
	J. Interest from Deposits in Authorize	ed Accounts		
Name of Institution	A 3		Leceived	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date R	eccived	Amount
Street Address	City	State	Zip Code	
	TOTAL	L SECTION J	0.00	
K. M	Liscellaneous Monetary Receipts not Consi			
Name	¥ 1		Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		I	Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Donald State				
Description				
Name		ī	Date of Transaction	Amount Received
Street Address	City	State	Zip Code	-
Description				¥
Description				
Name		I	Date of Transaction	Amount Received
Street Address	City	State	Zip Code	_
Description				
•				
	TOTAL SEC	TION K	0.00	
SUMMA	RY OF OTHER MONETARY RECEIPT	'S (Sections D t		
Total Loans Received this Period (Sec	ction D)		0	
Total Receipts from Entities other than	n Individuals or Other Committees (Section E)	+	0	
Total Amount Transferred from Affili	ated Business Treasury (Section F)	+	0	
Total Amount Transferred from Affili	ated Labor Union or Other Organization Treasury	(Section G) +	0	
Total Amount of Personal Funds of the	e Candidate Received this Period (Section H)	+	0	
Total Amount of Interest from Deposit	ts in Authorized Accounts (Section J)	A	0	
Total Miscellaneous Monetary Receipt	ts not Considered Contributions (Section K)	+	0	
(AAA	Total of Other I		ipts O.O	O

THE VENT NOT	TVIII (Sections E1	110)	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Parlute Gor M	MOR	Oct 100	Fliny
	t Information		U
Date of Event Letter Capacet on Main Brack &	! Show Kkkeff fi	nebaises	Was this a fundraising even
Location: Street Address 597 NWN St (Rear)	East flower		State Zip Code
Subpart 1: (All Committees)	Tausi Taucit		C1 20012
Was this event hosted at a personal residence?	Yes ( <i>If yes</i> , go to Section L.:  Associated with a Houpurchases made by hos	ise Party and complet	te required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Rec	eipts here.)	
with purchases from an individual of up to \$100?	🞽 No		\$
Subpart 2: (Party Committees, Municipal Candidates and Political Community Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		3 Purchases of Advert	
Subpart 3: (Town Committees ONLY)	П.У. (76		
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 Rec	eipts here.)	\$
	□ No		ileannia de la companya de la compan
	<del></del>		
Description  9/21/23 A Description  9/21/23 A Description  Sha & Market Meet	the Cardidates		Was this a fundraising event
Location: Street Address	City		State Zip Code
250 Foxon Rd	Tast taven		CT 06512
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section LS  Associated with a Hou purchases made by host	se Party and complet	e required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required in No		not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items	Yes (If yes, enter Total Reco	eipts here.)	
with purchases from an individual of up to \$100?	₩ No		\$
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	The second secon	Purchases of Advert	
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 Reco	eipts here.)	\$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	□ No om Sale of Donated Items —	This Page KA	00
	ion L1—Subpart 3 (Town Commit ipts from Food Purchases — 7	This Page 50	,06
	TOTAL of additional Section	L1 Pages 50	.00
	IPTS FROM SMALL PUF Line 16a, Column A of Summary		.00

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT Sum what L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address Zip Code City State Date Received Event # Aggregate Purchases for All Events **Amount of Program Ad Purchase Amount of Sign Purchase** Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City Zin Code State Date Received Event # Aggregate Purchases for All Events **Amount of Program Ad Purchase Amount of Sign Purchase** Name of Purchaser Purchase Made By: ☐ Other ☐ Business Entity ☐ Individual/Sole Proprietorship Street Address City Zip Code State Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase **Amount of Sign Purchase** Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event # Aggregate Purchases for All Events **Amount of Program Ad Purchase Amount of Sign Purchase** Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City Zip Code State Date Received Event # Aggregate Purchases for All Events **Amount of Program Ad Purchase Amount of Sign Purchase** SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page <u>(</u>). 00 09 SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page **TOTAL of additional Section L3 Pages** .00 TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK OF ON A SIGN

(Enter total on Line 16c, Column A of Summary Page Totals)

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

NAME OF COMMITTI	BE (Provide Complete Name as Registe	red with Filing Repository)			TYPE OF REPOR	Т			
	Sam Par	mito for	Mayor		Oct 1	O Fili	ny		
L4. In-Kind Donations Not Considered Contributions									
Name of Donor	ah Parlato 70 Thompson								
Street Address	-a 1	.)	City			St	ate	Zip Code	
4	70 Thumpson	Ave	tost	- Hlaven		(	CT	06512	
Donation Given By:	Description of Donation					Fair Mai	rket Val	ue of Donation	
☐ Business Entity	Food					Day.	110.1	C, C	
Individual	Date Received	Event #	O	Aggregate Value for	his Event	PF	° 24	.96	
Sole Proprietorship	7/27/23	07 27 23	3	\$893.9	6				
Name of Donor								7	
<b>5</b> 0	siph (USS								
Street Address			City			Sta	ate	Zip Code	
	La Nalphs Lan	e	Eas	t Haven			CIT	06517	
Donation Given By:	Description of Donation  Tood/Rus					Fair Mar	ket Valu	ie of Donation	
☐ Business Entity	Food/Ru	inex							
/	Date Received	Event #		Aggregate Value for t	his Event	\$4	00.	00	
Sole Proprietorship	7/27/23	072723	B	\$893.9	6	_ `			
Name of Donor				A	-				
Street Address			City			Sta	ate	Zip Code	
Donation Given By:	Description of Donation	_				Fair Mar	ket Valu	ie of Donation	
☐ Business Entity									
☐ Individual	Date Received	Event #		Aggregate Value for t	his Event				
Sole Proprietorship									
Name of Donor								****	
Street Address			City			Sta	ate	Zip Code	
Donation Given By:	Description of Donation					Fair Mar	ket Valu	e of Donation	
☐ Business Entity									
☐ Individual	Date Received	Event #		Aggregate value for the	is Event				
☐ Sole Proprietorship									
Circumstance Variation of the	****	SIIBTO	TAI Section	L4 — This Page	10000	C. 1			
		ЗСВТО	TAL Section	L4 Tuis Fage	13895.	96			
		TOTAL	of additional	Section L4 Pages	\$6.00				
тот	AL OF ALL IN-KIND DONA (Enter	ATIONS NOT CONS total on Line 21, Coli			50.00				
				- Transfer	XIIII W				

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

NAME OF COMMITTEE (		TYPE OF REPORT				
	Sum Purters Gor	Myor				Filmy
L5	. In-Kind Donations Not Consider	red Contributions Associ	ated with a	House Par	ty	
Name of Host			committee?	supporting m  Yes Nomplete Itemiz	o	ne candidate or dendum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
Name of Host	. E		committee?	supporting m  Yes N  mplete Itemiz	o	ne candidate or
Street Address	<del>V </del>	City			State	Zip Code
Description of Donation				Fair Mai	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
Name of Host	***		committee?	supporting mo Yes N  mplete Itemiz	0	ne candidate or
Street Address		City	•		State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
Name of Host			committee?		0	ne candidate or
Street Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value (	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate		/	
		SUBTOTAL Section L5 —	This Page	<b>\$</b> 0		
	TO	OTAL of additional Section	L5 Pages	\$0		
TOTAL O ASSOCIATED WITH	OF ALL IN-KIND DONATIONS NOT A HOUSE PARTY (Enter total on Li	T CONSIDERED CONTR ine 22, Column A of Summary		10.0	0	
,				ē		

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

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Repositor	(עד			TYP	E OF RE	PORT		
San 6	Zuru	to Si	31 Ma	10				Oct 10 Filmy			
			M. In-K	ind Con	ıtri	butions					
Name											
Street Address					City	,				State	Zip Code
Type of contributor:	Date Rece	ived	Aggregate Con	ntributions	_	Description of In-Kind	Contrib	ution			<u> </u>
☐ Individual / Sole Proprietorship ☐ Other											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No									Fair Market Value of this Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Yes   Is contributor a principal of a state contractor or prospective state contractor?    No   If yes, list Event #   Executive   Legislative   Legisl											
Name											3,000
Street Address					City	<del>2</del>	*			State	Zip Code
Type of contributor:	Date Recei	ved	Aggregate Cor	ntributions	_	Description of In-Kind	Contribu	ition			1
☐ Individual / Sole Proprietorship ☐ Other									25		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?											
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	If yes,	tor a principal indicate which mment the cor	n branch or	brai	ctor or prospective st aches  Executive			□Yes □No		
Name		0. 80 15.			-	LI DROUGHT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Street Address			×		City					State	Zip Code
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Recei	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		ited '	for a chief executive with have a contract v					Market Value Contribution
Is this contribution associated with an event reported listed in Section L1?	☐ Yes ☐ No	Is contribut	tor a principal indicate which	ı branch or	ontra brai	ctor or prospective st			□Yes □No		
If yes, list Event #		of gover	mment the cor	itract is with	1:	☐ Executive	∐ Leg	islative			
			SUI	BTOTAL	Sec	tion M — This Pa	ge	\$0			
			TOTA	AL of addi	itio	nal Section M Pag	es	PO			
TOTAL OF ALL IN-KIND CON	TRIBUT	TIONS Œ	nter total on L	ine 23, Colu	mn /	of Summary Page To	otals)	80.	00		
	N.	Refund	lable Dep	osit to T	ele	phone Compai	ny				
Last Name of Individual				First					МІ	Date Deposi	it Made
Residential Street Address			City	11			State	Zip	Code		Amount of Deposit
Name of Telephone Company											
Street Address			City				State	Zip	Code		
TOTAL SE	CTION	N (Enter t	total on Line 2	24, Column	A oj	Summary Page Tota	als)	\$04			

SEEC FORM 20 Revised January 2015

#### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYP			TYPE OF REPORT			
	San Devices Sor Horor	Oct 10 File	ry			
	0					
Name of Payee	o of Payee  Obseph Coss  9/30/23					
Street Address He	Rulphs Lane East Herer		Debit Card			
Purpose of Expenditure (by code)	B Description Refund to pary for budgeted theta teaches & Event Ad Spending	t#	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check  None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization:	ed) DAOBOCOD	689.52			
	Jushph Coss	9/6/23	Method of Payment:  The Check # 158  Debit Card EFT			
Street Address	Pulphs Lane East Have	7	State Zip Code  CT 0651Z			
Purpose of Expenditure (by code)	Description description to pay for budgeted Meta Face - Event book HdS	#	Amount 659.20			
Expenditure # (if applicable)	Politicus I I voe of expenditive lifemization in Addendum & Kenuiren uniess "Ivone of the pelow" is energed i					
0002						
Samantha Parluto Date of Payment 9/30/23			Method of Payment:  Check # 166  Debit Card EFT			
Street Address 47	U Shampson Ave City Fast He	wen	State Zip Code  (T 0651Z			
Purpose of Expenditure (by code)	Large Lown Sign / Fun Printing Custs  Event  Event  Event	#	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check  None of the below	ked)	896.83			
0003	Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization:	OA OB OC OD				
Name of Payee Su	nantha Parlato	10 Date of Payment 9/13/23	Method of Payment:    Mathematical Check #   16			
Street Address 470	nantha Parlato  Thompson Are  East fluc	in *	State Zip Code  CT 0651Z			
Purpose of Expenditure (by code)	Target perchase, Drinks, Large Sign wists	#	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked.  None of the below	ed)	2,655.35			
0004	Coordinated with reimbursement sought (joint expenditure)	A OB OC OD				
	SUBTOTAL Section P — This	Page \$4,900	.90			
	TOTAL of additional Section P Pages \$7,340.67					
	TOTAL OF ALL EXPENSES PAID BY COMMIT (Enter total on Line 19, Column A of Summary Page		.57			

SEEC FORM 20 Revised January 2015

#### IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT		
	Sun Parlaba Sor Mayor	Oct 10 FI	ling		
	P. Expenses Paid by Committee		0		
Name of Payee	John & Mara's Pizzera & Respurar	Date of Payment 9/22/23	Method of Payment: O Check # O Debit Card OEFT		
Street Address	0 foxon 2d City East Hu	ven	State Zip Code  (T 06517		
Putpose of Expenditure (by code)	Food for Fundriesy	Event# 097123A	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is a None of the below Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Independent Coordinated without reimbursement sought (in-kind contribution)	tion OA OB OCOD	1,028.67		
Name of Payee	Citizens Bunk	8/31/23	Method of Payment: O Check # Debit Card OEFT		
Street Address 263 H	embyary Abe East Hower	1	State Zip Code  CT 0651 Z		
Purpose of Expenditure (by code)	Bank Fee	Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is a None of the below		£3.00		
0006	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organizat	ionOA OB OC OD			
Name of Payee	Citians Bank	Date of Payment 9/29/23	Method of Payment: O Check # Debit Card OEFT		
Street Address 26	City Bank 3 Hemingung Hue City Wast Haw	en E	State   Zip Code   CT   06513		
Purpose of Expenditure (by code)	Bank Fee	Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is	checked)	\$3,00		
0007	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Coordinated Coordinat	dent tionOAOBOCOD			
Name of Payee	Austin Cofrancesco	8/9/23	Method of Payment: Check #_152 Debit Card OEFT		
Street Address	4 Green St East Hwer	1	State Zip Code  OF 06512		
Purpose of Expenditure (by code)	Vulesquetty - Annuncement Vules	Event #	Amount		
(i) applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is a	checked)	\$750.06		
0008	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independ Organizat	ent	, .		
	SUBTOTAL Section P —	This Page \$178L	1.67		
	TOTAL of additional Section P Pages (\$10,456.90)				
	TOTAL OF ALL EXPENSES PAID BY COM (Enter total on Line 19, Column A of Summary)	41/ / 4	1.57		

SEEC FORM 20 Revised Juguary 2015

#### IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	ear all was within				
	Sum Parate for Novor	OCT 10 F	liny				
	P. Expenses Paid by Committee						
Name of Payee Street Address	Consulatore Photography	8/15/23	Method of Payment:  Of Check #  Debit Card  State  Zip Code				
<	80 Dodge Ave tast He	ven	CT 06512				
Purpose of Expenditure (by code)	Photos & Headshot	Event #	Amount				
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent	dent tion OA OB OC OD	\$225.00				
	inuteman Press	Date of Payment 8/17/23	Method of Payment:  Check # 153  Debit Card  DEFT				
Street Address  206	Nan St., P.O. Box 1204541 East H	win	State Zip Code  CT U6517				
Purpose of Expenditure (by code)	Door honger Palm Cards	Event #	Amount				
Expenditure # (if applicable)	ent OBOCOD	\$398.81					
Name of Payee    Occordinated without reimbursement sought (in-kind contribution)   Organization OA OB OC OD			Method of Payment:  Check #_156  Debit Card  OEFT				
Street Address 208	Main St, P.O. Box 126541 City Float Her	ren	State Zip Code CT 0657Z				
Purpose of Expenditure (by code)	Doorhanger Dalm Cards	Event #	Amount				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is  None of the below  Coordinated with reimbursement sought (joint expenditure)  Independent		\$1,346.86				
0011	A C	tionOAOBOCOD					
Name of Payee  Name of Payee	nuleman Press	9/14/73	Method of Payment:  Check # 162  Debit Card OEFT				
200	8 Num St P.O. Pox 120541 East Ha		State Zip Code CT 0651Z				
Purpose of Expenditure (by code) PRNT	Tri-Sold Palm Courds w/ & Slute	Event #	Amount				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below						
DOTE	A CONTRACTOR OF THE CONTRACTOR	ion OA OB OC OD	L				
	31						
	.26						
	TOTAL OF ALL EXPENSES PAID BY COM (Enter total on Line 19, Column A of Summary)		1.57				

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		
Sum Parlato For Mayor	Oct 10 F	illny	
P. Expenses Paid by Con	mmittee		
Name of Payee  Minutemen Pass	Method of Payment:  Ocheck # 164 O Debit Card OEFT		
208 Main St; P.O. Box 170541 East	- Haven	State Zip Code  CT 0651Z	
Purpose of Expenditure (by code)  PRNT Tri-Bold Poun lands of RTG	Event #	Amount	
Coordinated without reimbursement sought (in-kind contribution)	Independent Organization A O B O C O D	\$239.64	
Palltau Strakgus, LLC	9/6/23	Method of Payment:  Check # 155  Debit Card  DEFT	
Street Address 3293 Beazer Or City	roee	FL 34761	
Purpose of Expenditure (by code) POLLS Theed Alrport Survey + Townwide apmi	un Pall Event#	Amount	
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the	below" is checked)	87,088.55	
Coordinated without reimbursement sought (in-kind contribution)	Independent Organization A B OC D		
Pollticul Strategies, LLC	Method of Payment: Check # 163 Debit Card OEFT		
Street Address  3293 Beazer Dr  City  Occ	ree	State Zip Code FL 34761	
Purpose of Expenditure (by code)  MISC  Description  Rungless Value meil Inuthy Residents  to Event	072723B	Amount	
Expenditure # (ff applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the	e below" is checked)	\$550.00	
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent Organization A O B O C O D	,	
Austin Co Prancesco	Date of Payment 9/7/23	Method of Payment: Check #_154 Debit Card OEFT	
Street Address  54 Green St  Eas	- Haven	State Zip Code  CT 06512	
Purpose of Expenditure (by code)  MISC Vederapaphy associated w/ Pe	Dilling Event#	Amount	
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the	e below" is checked)	\$75.00	
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent Organization A B OC D		
SUBTOTAL Se	ction P — This Page \$2,9	53.19	
TOTAL of addition	nal Section P Pages \$9,28	18,38	
TOTAL OF ALL EXPENSES PAID I (Enter total on Line 19, Column A oj		11.57	

SEEC FORM 20 Revised January 2015

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Comp	lete Name as Registered with Filing Repository)		TYPE OF REPORT			
Sam	Parato Por Mayor		Oct 10 F	iline		
	P. Expenses	Paid by Committee		0		
Name of Payee Cabara	t on Nan		Date of Payment 9/13/23	Method of Payment:  Check # 157  Debit Card  DEFT		
Street Address 597 NuIn St	- //	East Haven		State   Zip Code   CT   06512		
Purpose of Expenditure (by code)  Description  GC	(by code)					
Expenditure # (if applicable)  Type of Expenditure  None of the be Coordinated we consider the coordinated with the coordinated we coordinated we coordinated with the coordinat	\$200.00					
Name of Payee  Ahedot	Inc.		Date of Payment  9/30/23	Method of Payment: O Check # Debit Card O EFT		
Street Address 1340 Poydra	s St Sule 1770	New Orlean	3	State Zip Code  LA 7011 Z		
Purpose of Expenditure (by code) WEB Fees	Purpose of Expenditure Description Event #					
(if applicable)  None of the be	Itemization in Addendum P Required un low ith reimbursement sought (joint expenditur		,	\$192.50		
	ithout reimbursement sought (in-kind contri		nOA OB OC OD			
Name of Payee			Date of Payment	Method of Payment:  O Check # O Debit Card OEFT		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)  Description		В	vent#	Amount		
None of the b	(Itemization in Addendum P Required un- elow with reimbursement sought (joint expenditure) without reimbursement sought (in-kind control	re) Independe	,			
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card OEFT		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)  Description		Е	vent#	Amount		
None of the be Coordinated w	Itemization in Addendum P Required un low ith reimbursement sought (joint expenditur ithout reimbursement sought (in-kind contr	e) <b>O</b> Independer	,			
	s	SUBTOTAL Section P — T	J 570	2.50		
	The state of the s	TAL of additional Section	P Pages \$ 11,8	49.07		
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COMN 19, Column A of Summary Pa	HTTEE S 12,2	41.57		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			ТҮРЕ С	TYPE OF REPORT			
	Sum Pallers Gor Newyo			Oct 10 Filmy			
	Q. Campaign Exp	enses Paid by Cand	idate		,	VICTOR OF THE	
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Pa	yment	Is reimi	bursement claimed?	
	Staples		17/14	1/23	Ø	Yes No	
Street Address		City			State	Zip Code	
85	N Main 5+ #	Brankord			CT	06405	
Purpose of Expenditure (by code)	Description OFFICE Supplies/Fol	ders/Paper	Event#	H	\$81.43		
	Vendor, Person or Entity who candidate paid directly) Ly PANES		Date of Pa	yment /23	Is reimbursement claimed?  Yes  No		
Street Address	Buer Circle, Unit BZ	City East H			State	Zip Code 06517	
Purpose of Expenditure	Description	1	Event#		-	Amount	
(by code)  PRNT	Large Signs & Fans		NA	5	\$3219.83		
Name of Payee (Name of )	Vendor, Person or Entity who candidate paid directly)	•	Date of Pa	утелт	Is reimb	bursement claimed?	
Street Address	arget	Low	7/	9/23		Yes No	
Jeo Universal Or Worth Hours			n		State	Zip Code 6 6 473	
Purpose of Expenditure (by code)  OFFICE SUPPLUS / Writing Utonsils  Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Event #	"NA		\$7.84	
			Date of Pa	yment 3.08	Is reimbursement claimed?  Yes No		
Street Address City			<del></del>	State	Zip Code		
	10 Coe Ave	East th	ven		CT	06517	
Purpose of Expenditure (by code)	Description		Event #			Amount	
FOOD	Danies for Fundamen		07277	13 13	P243.08		
	endor, Person or Entity who candidate paid directly)			Date of Payment		oursement claimed?	
						Yes □ No	
Street Address		City		Л	State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#		Amount		
Name of Payee (Name of V	 'endor, Person or Entity who candidate paid directly)		Date of Pa	yment	Is reimbursement claimed?		
				·	Yes 🗖 No		
Street Address	1,0	City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			Amount	
	s	SUBTOTAL Section Q	- This Page	\$3,55	12.18		
	то	TAL of additional Section	on Q Pages	30.	-		
	TOTAL OF ALL EXP (Enter total on Lin	ENSES PAID BY CA e 26, Column A of Summar		\$3,55	52.18	•	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposite		TYPE OF REPORT	
		401		10 FILLY
		red on Committee C	Credit Card	
Name of Issuing Inst	tution	Type of Credit Card:		
		☐ Visa ☐ Maste	er Card 🔲 Discover 🔲 Am	erican Express
Name of Vendor, Person	or Entity			Date of Transaction
Street Address		City		State Zip Code
	F2-1, 3			
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Requirement None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind)	enditure) 🔲 Ind	w" is checked)  lependent ganization: O A O B O C O	D
Name of Vendor, Person	or Entity			Date of Transaction
Street Address	6	City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum R Requirement None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-king)	enditure) 🔲 Ind	w" is checked) lependent ganization: O A O B O C O	D
Name of Vendor, Person of	r Entity		····	Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Requir  None of the below Coordinated with reimbursement sought (joint expe	enditure) 🔲 Ind	w" is checked) lependent anization: OAOBOCO	D
		SUBTOTAL Section R -	- This Page \$ 0.0	00
	TC	OTAL of additional Secti	ion R Pages \$00	00
то	TAL OF ALL EXPENSES INCURRED OF (Enter total on L	N COMMITTEE CRE ine 27, Column A of Summa		٥٥
i.				

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repo	ository)	TYPE OF REPORT			
	0 0	layor	Oct 1	O Filir	<b>y</b>	
	S. Expenses Incurred by C	Committee but Not Paid	<b>During this Period</b>			
Name of Creditor				Date Incurre	Date Incurred	
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 Req  None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-l	☐ Indep	is checked) endent ization: O A O B O C O I			
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 expenditure)  Coordinated without reimbursement sought (in-key)	☐ Independiture) ☐ Organi	is checked) endent ization: O A O B O C O D			
Name of Creditor				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 expenditure) Coordinated without reimbursement sought (in-key)	☐ Independent ☐ Independent ☐ Organi	is checked) endent ization: OAOBOCOE	, ,		
		SUBTOTAL Section	S-This Page			
		TOTAL of additional Sec	ction S Pages S O			
TOTAL OF ALL F	EXPENSES INCURRED BY COMMITTEE D (Enter total	DURING THIS PERIOD BUT ton Line 28, Column A of Summa				
	Previously reported	Expenses Unpaid and still O	Outstanding \$0			
	TOTAL OF ALL EXPENSES INCUR (Enter total of	RED BY COMMITTEE BU on Line 28a, Column A of Summa				

VVV			Towns or no	DODE			
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor  Sum Purws For N		TYPE OF RE		ilina		
	T. Itemization of Reimbursements and Secondary Payees						
Last Name of Worker/Cons		First	y I wy cos	МІ	Date of Payment to Vendor,		
, =	८०५५	Joseph			Person or Entity 9/30/23		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			o Reimburse C	Committee Worker/Consultant as		
	Obseph Coss	<b>p</b>		k#165	☐ Debit Card ☐ EFT		
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City		1	State Zip Code		
26	Rulphs lane East Huren				CT 0651Z		
Purpose of Expenditure (by code)	Description Reforms to pay for Meta Facebook Ad	budgeted Ever	1/A		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir		ecked)		689.52		
0001	None of the below Coordinated with reimbursement sought (joint expe		: n:од ов с	C O D			
Last Name of Worker/Cons	ultant	First		МІ	Date of Payment to Vendor, Person or Entity		
	6035	Poseph			9/6/23		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	V	reported in	Section P:			
	Osuph Coss			k#150	Debit Card EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant    City			1	State Zip Code			
	16 lalphs 10	Last Mur	en		CT 06512		
Purpose of Expenditure (by code)	Description Refund to pay for I	budgeted Ever	N/A		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	ed unless "None of the below" is che	ecked)		659.20		
COOL	None of the below Coordinated with reimbursement sought (joint expe	inditure)		C o D			
Last Name of Worker/Cons	ultant	First		МІ	Date of Payment to Vendor,		
Parts	uto	Swanthe	=		Person or Entity 9/30/22		
	Entity Paid by Committee Worker/Consultant			o Reimburse ( Section P:	Committee Worker/Consultant as		
Swr	nantha Paralo			2k # 166	☐ Debit Card ☐ EFT		
	Person or Entity Paid by Committee Worker/Consultant	City	•		State Zip Code		
470	Thompson Hrc	East Hwen			CT 06512		
Purpose of Expenditure (by code)	Thompson Ave Description Reimbursty gam Aur barge rawn sign / F	payment for Ever		1	Amount		
SWB SWB	large town sun / +	an Printing Costs	NIA				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir		ecked)		896.83		
0003	None of the below Coordinated with reimbursement sought (joint expe		t a:oA oB c	C O D	010.03		
		SUBTOTAL Section T — Th	nis Page	3,21	45,55		
		TOTAL of additional Section	r Pages	2,6	55.35		
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKERS AND CONSUL	TANTS 5	4,90	10.90		

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repositor	ry)		TYP	E OF RE	PORT	Sile of		1130
	7 0 0 0	wyor			OC+ 10 Films				
	T. Itemization of Reimb	oursements ai	nd Second	ary Pay					
Last Name of Worker/Cor	Parlato	Sananthe		ther	MI		Person or	Date of Payment to Vendor, Person or Entity 9/13/23	
	or Entity Paid by Committee Worker/Consultant				reported in	Reimburse Section P: ck # 161	_	Vorker/Consult	
	Person or Entity Paid by Committee Worker/Consultant	City	-			···	State	Zip Code	
47	U Thompson Ave	T	ast 1	loven			Co	0651	7
Purpose of Expenditure (by code)	Description Relimbersement For Good target purchases, Danks, L	arge Syl	syppiles, i	Event #	A		_ a	Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind	ed unless "None of enditure)		checked)	0 0	O C O D	\$2,	655,	35
Last Name of Worker/Con	sultant	First				MI	Date of P Person or	ayment to Vene Entity	dor,
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant					Section P:		Vorker/Consult	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description		E	Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expended Coordinated without reimbursement sought (in-kind)	nditure)	the below" is  Independent Organiza	dent O	О C	СОР			
Last Name of Worker/Con	sultant	First				MI	Date of P Person or	ayment to Ven	dor,
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant		7-			Section P:		Vorker/Consult	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description		F	Event#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind)	nditure)	the below" is Ondepend Organiza	dent O	O <sub>B</sub> C	C O D			
		SUBTOTAL S	Section T	This Pag	e \$	2,65	5.3	5	
		TOTAL of addi	tional Sectio	n T Page	\$ \$2	2,24	5.3 5.5 0.90	5	
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VORKERS AN	D CONSU	LTANT	\$ \$	4,90	0.90		
					-				