SEEC FORM 20

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

RECEIVED FOR FILING OCT 3 1 2023

TOWN CLERK'S OFFICE EAST HAVEN, CONN.

Do Not Mark in This Space For Off OWN CLERK

Page 1 of 17

COVER PAGE

1. NAME OF COMMITTEE					
Sam F	Puriate for		Muxor		
2. TREASURER NAME					IP CONTRACTOR IN THE PROPERTY OF THE PROPERTY
First Joseph	MI	P	Co55		Suffix
3. TREASURER ADDRESS					
Street Address 26 Rulphs Ln		City	East House	State	Zip Code 06512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Con	nplete only i	f Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11/07/2023		Layor	•		(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Commi	ttee)			
Sananthe	М		Parato		Suffix
8. TYPE OF REPORT (Check One Box)					
☐ January 10 filing	☐ 7th day preceding prin	nary	☐ 7th day preceding referendum	☐ Initial Contr	ibution or Disbursement
☐ April 10 filing	☐ 30 days following prin	mary	☐ 45 days following referendum	☐ Amendment	· to
☐ July 10 filing	7th day preceding elec	ction	☐ Deficit	Type of Repo	1
☐ October 10 filing	12th day preceding ele (State Central Committees C		☐ Termination	-	
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following electronic not held in November				
9. PERIOD COVERED					
	Beginning Date		Ending Date		
:-	10/1/23		thru <u>/0/29/23</u>	· · · · · ·	
10. CERTIFICATION				ALESTE CARREST	
I hereby certify and state, under portion of the perting the perturbation that perturbation the perturbation that pe	viod covered is true, acc	curate an	l of the information set forth on the indicomplete. Scot Coss NAME OF SIGNER	nis Itemized Cam	paign Finance (1/30/2023) DATE (mm/dd/yyyy)
A person who is j	ound to have knowingly faces a c	and will civil pena	fully violated any provisions of the lty or imprisonment or both.	e campaign finar	ice statutes

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Sum Parlito for Mujor	7th Day Pr	7th Day Preceding Electen				
	COLUMN Á This Period	COLUMN B Aggregate				
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	\$6,781.74					
13. Contributions Received from Individuals (Sections A and B)	82,825.00	\$26,400.00				
14. Receipts from Other Committees (Sections C1 and C2)	\$ 6.00	\$0.00				
15. Other Monetary Receipts (Sections D through K)	\$ 0.06	\$600				
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	50.00	\$0.00				
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed						
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$1450.00	\$1450.00				
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$2825.00	\$ 26,400.00				
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$9,606.74	\$76,400.00				
19. Expenses Paid by Committee (Section P)	38675.80	\$20,867.37				
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$980.94	\$980.94				
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$ 115.58	11,009.54				
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$ 0	150				
23. In-Kind Contributions Received (Section M)	9	\$				
24. Refundable Deposit to Telephone Company (Section N)	\$ \	\$				
25. Loan Balance	\$0					
25a. + Loans Received (Section D)		\$0				
25b. + Interest and Penalties on Loan		\$				
25c Payments on Loan	1	19.				
25d. Total Outstanding Loan Amount	30.00					
26. Campaign Expenses Paid by Candidate (Section Q)	8 566.31	\$4118.49				
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.60	90.00				
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$000					
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	80.00	the contract of the s				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	E OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				
Sum Purlato for					
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	\$ 175 -			
	Contributions from Indivi	iduals			
Leonard!	First	MI			
Residential Street Address 2 South St	City East Lla	State Zip Code CT 06517			
Principal Occupation Activities Directur	Name of Employer	and House			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a chief executive the is associated with have a contract	ve officer of a municipality, t with said municipality			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Yes Is contributor a principal of If yes, indicate which be of government the contribution:	ract is with:	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	riey Order 10/14/23	\$750 -			
Parento	Samanthe	MI			
Residential Street Address 470 Thompson Ave	City Lost Hoven	State Zip Code CT 0657 Z			
Principal Occupation Teather	Name of Employer	re Church			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	00 to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality. Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes If yes, indicate which be of government the contributor a principal of the prin	a state contractor or prospective stat	te contractor? Yes \$25.00			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	Date Received	Aggregate Contributions			
Last Name V: tak	First	МІ			
Residential Street Address 59 Hilliop RJ	City Fust 16 and	State Zip Code (7 06513			
Principal Occupation	Name of Employer Retti-				
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate for a chief executive is associated with have a contract	e officer of a municipality, Amount of Contribution with said municipality			
s this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a liftyes, indicate which broof government the contributor.	a state contractor or prospective state anch or branches	e contractor?			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Order / 0/29/23	Aggregate Contributions \$100.06			
SUB	TOTAL Section B — This				
ТОТА	L of additional Section B P	ages \$ 2450.00			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Sections A 13, Column 1 of Summary Page 1	(+B) \$2,825.00			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing R	epository)	TYPE OF REPORT
Sam Parato Fo	7th Day Pre Etection	
A. Total Contributions from Small Contributors	1 - 1	
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$ 175-
B. Itemi	ized Contributions from Indiv	riduals
Last Name	First	MI
Parlato	Elleen	
Residential Street Address 17 Frank 8+	City East Lie	State Zip Code CT 06517
Principal Occupation Rethred	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess does contributor or busin	ss of \$400 to a candidate for a chief executi ess he/she is associated with have a contrac	ve officer of a municipality, Amount of Contribution
valued at more than \$5,0	00? □Yes ☑No	
event reported in Section L1? No If yes, indicate w	cipal of a state contractor or prospective sta which branch or branches the contract is with:	tte contractor? Se No \$250.00
Method of Contribution:	Date Received	Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	□Money Order /0 / 29/23	\$ 470.00
Last Name	First Oahad	MI
Nastri Residential Street Address	City East thun	State Zip Code
35 Thompson St 14A	East thun	$C \neq 06513$
Principal Occupation Attrad	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess does contributor or business.	s of \$400 to a candidate for a chief executive	e officer of a municipality, Amount of Contribution
valued at more than \$5,00	ess he/she is associated with have a contract 0?	with said municipality
event reported in Section L1? No If yes, indicate y	cipal of a state contractor or prospective sta	te contractor? Yes \$150.00
If yes, list Event # of government to Method of Contribution:		Legislative /
	Date Received	Aggregate Contributions
□ Cash □ Personal Check Credit/Debit Card □ Payroll Deduction Last Name	First	\$150.00
Gilbert	City West Hu	MI
Residential Street Address	City	State Zip Code
Principal Occupation	West Hu	ven CT 06516
Principal Occupation Pattred	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Let Yes does contribution is in excess does contributor or busine valued at more than \$5,00	of \$400 to a candidate for a chief executives he/she is associated with have a contract of Yes	e officer of a municipality, with said municipality Amount of Contribution
Wes, indicate w	ipal of a state contractor or prospective stat hich branch or branches	Zf\r_
If yes, list Event # of government the Method of Contribution:	Date Received	Legislative 100.00
Cash Personal Check Credit/Debit Card Payroll Deduction		Aggregate Contributions
	SUBTOTAL Section B — This	Page \$500.00
	FOTAL of additional Section B P	
TOTAL OF ALL CONTRIBUTIONS (Enter total	S FROM INDIVIDUALS (Sections A on Line 13, Column A of Summary Page 1	(A+B)
	- Johnson J. age	4,777.0

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Parlute For 1	7th Day Pre Election		
A. Total Contributions from Small Contributors-Received			
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$775-	
R Itemized Co	ntributions from Indivi	duale	
Last Name	First	I MI	
7-16	City Eus- H		
Residential Street Address	City	State Zip Code	
2 Lisa Lane	East 4	wen CT 06512	
Principal Occupation			
Attorney	7.11. 7.11	o Cheks, LIC	
Is contributor a lobbyist, spouse,			
or dependent child of a lobbyist?	is associated with have a contract		
valued at more than \$5,000? Is this contribution associated with an \(\subseteq \) Yes Is contributor a principal of a	State contractor or prospective state	e contractor?	
event reported in Section L1?	nch or branches	√2 No 1 15 100 .00	
If yes, list Event # of government the contract		Li Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	10/21/23	\$1,000.00	
Last Name	First C. L.	MI	
	Jareara		
	City East Hoven	State Zip Code	
Principal Occupation 476 Thompson Are	Name of Employer	CT 06512	
Re threa		T/A	
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 executive is associated with have a contract Yes No	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 stat	e contractor? Yes	
event reported in Section L1? If yes, list Event # No If yes, indicate which brain of government the contract	nch or branches	Legislative \$1,000.00	
Method of Contribution:	Date Received	Aggregate Contributions	
□ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order /0/1/23	1,000.00	
Last Name	First	MI	
Coughlin	John		
Residential Street Address	City	State Zip Code	
Hurseshoe Hill Rd	North Hour	n (+ 06473	
Principal Occupation Contracto	Name of Employer	10 00	
Contracto-	Coughim	Electric	
Is contributor a lobbyist, spouse,	to a candidate for a chief executive	e officer of a municipality, Amount of Contribution	
or dependent child of a lobbyist? does contributor or business he/she valued at more than \$5,000?	is associated with have a contract Yes No	with said municipality	
Is this contribution associated with an Yes Is contributor a principal of a s	state contractor or prospective state	e contractor?	
event reported in Section L1? No If yes, indicate which bran	ich or branches	ANO 8750.00	
Method of Contribution: of government the contract	t is with: Executive Date Received	Legislative Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		3550.00	
SUBT	OTAL Section B — This	14.452	
	of additional Section B P		
	The second second second	001030	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1)	l INDIVIDUALS (Sections A 3. Column 4 of Summary Page 7		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COL	MMITTEE (Provide Comple	te Name as Registered	with Filing Repos	itory)			TYPE OF REP	ORT		
	Sam	Parlato	Por	rayer			7th Day		Ekite	_
	= -, = 100	C1. (Contributio	ons from	Other Cor	nmittees	- 7 A F			
Name of Committee	3:				Name of T	reasurer				
Address				Is this control	ported in Section	ciated with an L1?	an □ Yes □ No	0	Amount	of Contribution
City		State	Zip Code	Date	Received		gate Contributions			
Name of Committee					Name of T	reasurer				
Address				Is this co	ported in Section	ciated with an L1?	ın ☐ Yes ☐ N	0	Amount	of Contribution
City		State	Zip Code	Date I	Received		gate Contributions	-		
Name of Committee		——————————————————————————————————————			Name of Tr	reasurer				
Address				Is this co	orted in Section	iated with a L1? s, list Event	n ∐ Yes □ No)	Amount	of Contribution
City		State	Zip Code	Date F	deceived		gate Contributions	_		
	C2. R	eimbursemen	ts or Surpl	us Distr	butions fro	m other	Committee	s		
Name of Committee					Name of Tr	CANCEL PROPERTY.				
Address		-		City				-	State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	ent for shared e	xpense [] Surplus Distril	bution			Amoun	t of Receipt
Description			(1)							
Name of Committee					Name of Tre	easurer				
Address				City				*	State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	ment for shared	expense	☐ Surplus Dist	ribution			Amount	of Receipt
Description										
			SUBTO	TAL Sect	tion C — Th	is Page	\$0			
			TOTAL o	f addition	nal Section (Pages	\$0			
	TOTAL OF A	ALL COMMITT C1 + C2) (Enter to	EE CONTR	RIBUTIO	NS AND RE	CEIPTS ge Totals)	\$0			

3713 mg a 2 mg a 2 mg ang				211 10 (50	CHOILS 1			
NAME OF COMMITTEE (Provide Comp		<2°					F REPORT	
Sam	Fulluto	160	Mayo			7+	n Day	Pre Electer
		D. Loan	ns Receiv	ed this Perio	d			
Name of Lender				Source of Loan:	andidate 🗆	Individu	al DOther	Date of Receipt
Street Address				Daix De			Committee	
Succi 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		Lo		75110				
Distort Additions		City				State	Zip Code	
Name of Lender								
Name of Lender				Source of Loan: Bank Ca	andidate 🖂	Individua	al Other	Date of Receipt
Street Address		City				State	Committee	
		City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)							J	Yes No
Traine of Cosigner/Guarantor (if appricable)								Amount Received
Street Address		City				State	Zip Code	
		0.13				SIAIC	Zip Code	
Name of Lender		L		Source of Loan:				D. ED.
				Bank Ca	andidate 🔲	Individua		Date of Receipt
Street Address		City				State	Committee Zip Code	Is there a Cosigner or
					1			Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)							1	Yes No
								Amount Received
Street Address		City	711-19-11			State	Zip Code	-
								<u></u>
				TOTAL SECT	TION D	13	C	
F Descripts from	- Entition other	Ab T- 35	· · · · · · · · · · · · · · · · · · ·	- O41 - C	• • • •			
E. Receipts from	1 Entitles other	than Indi	ividuals o	r Other Com	nmittees	(Referen	idum Committe	es ONLY)
value of Entity								
Street Address					Date R	eceived		Amount Received
					J Suite Re	5001700		Amount Received
Sity			State	Zip Code	Aggreg	gate Contrib	outions	
					1	,		
Name of Entity								
treet Address					Date Re	ceived		Amount Received
ity			State	Zip Code	Aggreg	ate Contrib	outions	
lame of Entity								
treet Address					Date Re	ceived		Amount Received
ity			State	Zip Code	Aggreg	ate Contrib	utions	
				TOTAL SECT	TION E	\$	0	
						14		

E (Provide Complete Name as Regi	stered with Filing	Repository)		TYPE	E OF REPORT
San P.	anuro	for	Merger		744 Day Pre Election
. Amount Transferred	l from Affil	liated Busi	ness Treasury (Bu	siness Enti	
		☐ Yes IJ	f yes, list Event #		Amount
		☐ Yes Ij	fyes, list Event#		Amount
		☐ Yes Ij	fyes, list Event#		Amount
		☐ Yes IJ	fyes, list Event#		Amount
			TOTAL SECTION	ON F	\$0
ransferred from Affilia		Union or (Other Organizatio	n Treası	ury (Organization Committees ONLY)
	Date of Receipt			Date of I	Receipt
mount		Amo	unt		Amount
		1523/E DE	TOTAL SECTION	1 G <	\$0
H. Personal Funds of	the Candid	late Receiv	ed this Period (C	andidate C	Committees ONLY)
Method of payment:	ALL ALL				Amount
☐ Cash	□ P	ersonal Check	☐ Credit/Debi	t Card	
Method of payment:					Amount
☐ Cash	□ P	'ersonal Check	☐ Credit/Debi	t Card	
Method of payment:				*****	Amount
☐ Cash	□Р	ersonal Check	☐ Credit/Debi	t Card	
Method of payment:					Amount
☐ Cash	□ P	ersonal Check	☐ Credit/Debi	t Card	
			TOTAL SECT	ION H	\$0
	I. And	onymous C	Contributions	· B	
	Is this transaction associated in Section Is the Island Is	Amount Transferred from Affil Is this transaction associated with an event reported in Section L1? Is this transaction associated with an event reported in Section L1? Is this transaction associated with an event reported in Section L1? Is this transaction associated with an event reported in Section L1? Paramsferred from Affiliated Labor Date of Receipt Amount H. Personal Funds of the Candid Method of payment: Cash P Method of payment:	Is this transaction associated with an event reported in Section L1? No No No	Sem Facture Ser Newer	Amount Transferred from Affiliated Business Treasury (Business Ent Is this transaction associated with an event reported in Section L1? Yes If yes, list Event # Is this transaction associated with an event reported in Section L1? No If yes, list Event # Is this transaction associated with an event reported in Section L1? No If yes, list Event # Is this transaction associated with an event reported in Section L1? No If yes, list Event # TOTAL SECTION F TOTAL SECTION F TOTAL SECTION G H. Personal Funds of the Candidate Received this Period (Candidate Companies) Personal Check Credit/Debit Card Method of payment: Personal Check Credit/Debit Card Method of payment: Personal Check Credit/Debit Card Method of payment: Cash Person

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 (Pro	vide Complet	e Name as Registered with	Filing Repositor	(ער			OF REPORT	
	ram	Purhuto	for	Mayor		_	7th Day	Pre Ekitan
		J. Interest	from Depo	sits in Authorize	ed Account	ts		I Washington
Name of Institution			· · · · · · · · · · · · · · · · · · ·			Date R	eceived	Amount
Street Address			City		St	ate	Zip Code	
Name of Institution						Date Re	eceived	Amount
Street Address		St	City		St	ate	Zip Code	
	n o			TOTAL	SECTION	J	30	
	K. N	Aiscellaneous M	onetary R	eceipts not Cons	idered Cor	trib		
Name							ate of Transaction	Amount Received
Street Address			City			State	Zip Code	_
Description			<u> </u>	- (C) - (C)				
Name						D	ate of Transaction	Amount Received
Street Address			City			State	Zip Code	_
Description								
				····				
Name						D	ate of Transaction	Amount Received
Street Address			City			State	Zip Code	
Description								
Name						D	ate of Transaction	Amount Received
Street Address			City			State	Zip Code	
Description					- "			
				TOTAL SEC	TION K	30)	
	SUMMA	RY OF OTHER	R MONET	ARY RECEIPT	S (Sections	Dtl	rough K)	
Total Loans Received this P							\$0	
Total Receipts from Entities	other tha	n Individuals or Ot	her Commit	tees (Section E)		+	1	
Total Amount Transferred	from Affil	iated Business Trea	sury (Section	ı F)		+		
Total Amount Transferred	from Affil	iated Labor Union	or Other Org	ganization Treasury	(Section G)	+		
Total Amount of Personal F	unds of th	e Candidate Receiv	ed this Perio	d (Section H)		+		
Total Amount of Interest fr	om Deposi	ts in Authorized A	ccounts (Sect	ion J)		+		
Total Miscellaneous Moneta	ry Receip	ts not Considered (Contributions	s (Section K)		+	W	
	(Add	Sections D through		Total of Other N				Ü

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	(Provide Complete Na	me as Registered with F	iling Repositor	y)	TYP	E OF REPORT		
	Sim	Parlato	Sor	Mayor		704 Da	y Pre E	It offen
			L1. Eve	nt Informat	tion		1	
Event # Date of Event Letter	Description						Was this a fi	ındraising ever
							☐ Yes	
Location: Street Address				City			State	Zip Code
								Control of Section 2
Subpart 1: (All Commit	tees)		×					<u> </u>
Was this event hosted at		ce?		☐ Yes (If v	yes, go to Section L5 In-K	ind Donations n	ot Considered	Contributions
<u>2</u> /				Ass	sociated with a House Par	rty and complete	e required info	rmation for an
				□ No	rchases made by host(s) for	r food, beverage a	and invitations.))
Did this fundraiser include				☐ Yes (If)	yes, go to Section L4 In-K	Cind Donations n	ot Considered	Contributions
of up to \$200 or items do	nated by an indivi-	dual of up to \$100?	!	and	complete required inform	nation.)		
Was this fundraiser a tag	sale auction or o	ther sole of denotes	l itama	□ No	The Indian			
with purchases from an in	ndividual of up to:	filer sale of donated \$100?	i items	□ Yes (If y	ves, enter Total Receipts h	еге.)	\$	
				□ No			Ψ	
Subpart 2: (Party Comm Were there purchases of	sittees, Municipal	Candidates and Pe	olitical Com	mittees other to	than Exploratory Comm	nittees)		
sign associated with this	fundraiser?	n a program book i	л он а	or o	ves, go to Section L3 Purc on a Sign and complete re	nases of Adverti- equired informat	sing Space in a tion.)	i Program Bool
				□ No		•	,	
Subpart 3: (Town Comm. Did your committee sell	•	at a fair or similar n	0.000	□ Van (IC.	TO ALL DO LAND			
gathering held within the			1888	ii ies (<i>yyy</i>	ves, enter Total Receipts h	ere.)	\$	
				\square No				
Event # Date of Event Letter	Description						Was this a fu	ndraising even
							☐ Yes	□ No
Location: Street Address				City			State	Zip Code
Subpart 1: (All Committe	905)			1				
Was this event hosted at a	•	e?		☐ Yes (If ve	es, go to Section L5 In-Ki	nd Donations no	ot Considered (Contributions
				Asso	ociated with a House Par	ty and complete	required infor	mation for any
				□ No	chases made by host(s) for	food, beverage at	ad invitations.)	
Did this fundraiser includ	e goods or service:	s donated by a busi	ness entity	☐ Yes (If y	ves, go to Section L4 In-Ki	ind Donations n	ot Considered	Contributions
of up to \$200 or items do	nated by an individ	lual of up to \$100?		and e	complete required informa			
Was this fundraiser a tag	sale auction or of	har sala of damatad	itoma	□ No	THE LABOR AS A SECOND			
with purchases from an in	dividual of up to \$	s100?	items	□ res (<i>If ye</i>	es, enter Total Receipts he	, ,	\$	
~				□ No		L	Ψ	
Subpart 2: (Party Common Were there purchases of a	ittees, Municipal (Candidates and Po	litical Com	nittees other th	ian Exploratory Comm	uittees)		
sign associated with this f	undraiser?	i a program ocok o	1 OH a	Or or	es, go to Section L3 Purch on a Sign and complete re	quired informat	ing Space in a	Program Book
				□ No		•		
Subpart 3: (Town Comm Did your committee sell for		a fair or cimilar m	200	□ Vac. (70	TAID 141	, ,		
gathering held within the	state with this fund	traiser?	155	Li i es (17 yes	es, enter Total Receipts he	ere.)	\$	
				□ No				
SUBTOTAL Section	L1—Subpart 1 (All	l Committees) Total	Receipts fr	om Sale of Do	nated Items — This P	age \$0		
		CVIDIO	OTDAY O					
		SUBT	Total Rece	ion L1—Subpart ipts from Food	t 3 <i>(Town Committees ON</i> d Purchases — This Pa	age \$0		
			-		Iditional Section L1 Pa	<u> </u>		
					I SMALL PURCHA mn A of Summary Page T		ゆ	

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT Pre Electer L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: Brooke Pareto Business Entity Other ☐ Individual/Sole Proprietorship Street Address Zip Code 154 Cricket Ln tast trues Orange Event # (Electro Ony) Aggregate Purchases for All Events Date Received 8150-00 \$150 Purchase Made By: John Coughlin - Coughlin Electric Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address Zip Code C. O. Box 120765

Event#
(Electronary) Aggregate Purchases for All Events

Amount of
\$25 ()6517 Date Received Purchase Made By: Business Entity ☐ Other ☐ Individual/Sole Proprietorship Zip Code 06517 Amount of Program Ad Purchase **Amount of Sign Purchase** \$250.00 Purchase Made By: Billy Dicrosta - Cabaret on Man Business Entity Other ☐ Individual/Sole Proprietorship Street Address Zip Code 06512 Date Received **Amount of Sign Purchase** Purchase Made By: Business Entity Other ☐ Individual/Sole Proprietorship Street Address 32 Nain St East Haven

Event # (Tector Day) Aggregate Purchases for All Events | Amount of Program Ad Purchase | 10723 A # 250.00 | \$250.00 Zip Code 06517 Date Received **Amount of Sign Purchase** SUBTOTAL Section La Total Purchases of Advertising in Program Book — This Page 51, 150.00 SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages \$ 3.00.00 TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN 1450.00

(Enter wull on Line 16c, Column A of Summary Page 1 otals)

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 Sam Parleto 7th Day Pretiecta L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: Z110, Zullo, & Tacks, LLC ■ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address Zip Code 06517 Date Received **Amount of Program Ad Purchase Amount of Sign Purchase** \$7.50,00 5750.00 Name of Purchaser Purchase Made By: 56 V Screenprinting & EMB, LIC 171 Voka Dr City East Kwen ☐ Business Entity ☐ Other ☑ Individual/Sole Proprietorship Street Address Zip Code CIT 06517 (Tuchases for All Events Date Received Amount of Program Ad Purchase **Amount of Sign Purchase** \$50.00 Purchase Made By: ☐ Business Entity ☐ Other Individual/Sole Proprietorship Street Address Zip Code Date Received Aggregate Purchases for All Events Amount of Program Ad Purchase **Amount of Sign Purchase** 70.00 110723A Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City 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 Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase **Amount of Sign Purchase** SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages \$1150,00 TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN

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

NAME OF COMMITTE	EE (Provide Complete Name as Registe	red with Filing Repository)		1	TYPE OF REPOR	?T	
	0 0.		D				
W		Cind Donations N	Reyo	and Contails	·	y Pre Eliste	
Name of Donor	L4. IH-I	CING DUNACIONS I	tor Conside	rea Contribut	10112		
	Joseph	653					
Street Address			City			State	Zip Code
	Zulpns In		E	est Itan	en	CT	06512
Donation Given By:	Description of Donation	} _a		_		Fair Market Va	alue of Donation
Business Entity	Yizza V	er lampelgr	veince	eis		٠. ا	_
Individual Sole Proprietorship	Date Received	er Campalar Event# N		Aggregate Value for	this Event	1 \$115	.58
Bole Froprietorship	10/26/23	\sim	A	115.5	28		
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation					Fair Market Ve	lue of Donation
☐ Business Entity						ran Matrit va	ide of Donauon
☐ Individual	Date Received	Event #		Aggregate Value for t	his Event	1	
☐ Sole Proprietorship				55 5			
Name of Donor		<u> </u>					
Street Address			City	-1-10-11-		State	Zip Code
	,		City			State	Zip Code
Donation Given By:	Description of Donation					Fair Market Va	lue of Donation
☐ Business Entity							
☐ Individual	Date Received	Event #		Aggregate Value for t	his Event	1	
☐ Sole Proprietorship							
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By: Business Entity	Description of Donation		V			Fair Market Va	lue of Donation
☐ Individual	Date Received	Event #		Aggregate value for th	is Event		
☐ Sole Proprietorship				- Sp. Sp. v value 101 El	is Event		
A- "		SUBTO	TAL Section	L4 — This Page	\$115.	58	
	Y	TOTAL	of additional 5	Section L4 Pages	50		
тот	AL OF ALL IN-KIND DONA (Enter	ATIONS NOT CONS total on Line 21, Colu	SIDERED CO	NTRIBUTIONS nary Page Totals)	\$115.	58	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Re	epository)		TYPE OF REP	ORT	
	Sam Danuso s	Por Mayor		7+1 D	ey Pre	Eleith
	L5. In-Kind Donations Not Consid	ered Contributions Ass	sociated with a l	House Party	v	
Name of Host			Is this event committee?		re than or	ne candidate or dendum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Mark	cet Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	this host/candidate—			
Name of Host		· · · · · · · · · · · · · · · · · · ·	committee?	supporting mon Yes No		
Street Address		City			State	Zip Code
Description of Donation	***************************************			Fair Mark	et Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	-this host/candidate			
Name of Host			committee?	Supporting mor ☐ Yes ☐ No mplete Itemizati		
Street Address		City		<u> </u>	State	Zip Code
Description of Donation	The state of the s			Fair Mark	et Value o	f Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	this host/candidate			
Name of Host				upporting mor □ Yes □ No mplete Itemizati		
Street Address		City			State	Zip Code
Description of Donation				Fair Marke	et Value o	f Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	this host/candidate			
		SUBTOTAL Section L5	— This Page	\$6		
	1	ГОТАL of additional Sect		\$0		
TOTA ASSOCIATED WI	L OF ALL IN-KIND DONATIONS NO TH A HOUSE PARTY (Enter total on	OT CONSIDERED CONT Line 22, Column A of Summ	TRIBUTIONS ary Page Totals)	\$0		
	9					

NAME OF COMMITTEE (Provide Complete					en is (section		REPORT		g v. 1/
	Sum		wo for	M	ux6/		7th Day	Pre El	eda-
			M. In-Kind C						a cities-
Name					-				
Street Address				Ic	ty			State	Zip Code
					-5			State	Zip couc
Type of contributor:	Date Reco	eived	Aggregate Contributions	s	Description of In-Kind C	ontribution			
☐ Individual / Sole Proprietorship ☐ Other									
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No					Market Value				
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes	utor a principal of a stat, indicate which branch ernment the contract is	ı or bı	ractor or prospective state anches Executive		□No	-	
Name								***************************************	
Street Address				Ci	v			State	Zip Code
					Ÿ			0	Lip code
Type of contributor:	Date Rece	eived	Aggregate Contributions		Description of In-Kind Co	ntribution			
☐ Individual / Sole Proprietorship ☐ Other			-						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does c	ribution is in ontributor of at more tha	r business he/she is asso	ndidat ociated	e for a chief executive of with have a contract wit Yes \(\sigma\) No	ficer of a h said mu	municipality, nicipality	Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	ntor a principal of a state indicate which branch transment the contract is v	or bra	ractor or prospective state anches Executive		□No		
Name									
Street Address				Cit	w.			State	Zip Code
					30)			State	Zip Code
Type of contributor: Committee	Date Recei	ived	Aggregate Contributions		Description of In-Kind Co	ntribution		-	
☐ Individual / Sole Proprietorship ☐ Other			1		NI				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in ontributor or at more that	business he/she is asso	ndidat ciated	e for a chief executive of with have a contract with Yes No	ficer of a name	municipality, nicipality		Market Value s Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	tor a principal of a state indicate which branch rnment the contract is w	or bra	actor or prospective state nches Executive		□ No		
	16, 500	i i i	and the transfer of	-	tion M — This Page	180			
				-	nal Section M Pages	30			
TOTAL OF ALL IN-KIND CON	TRIBUT	TIONS Œ		-					-
				_	phone Company	-γ[Ψ U		_	
Last Name of Individual		Retune	First	Tele	phone Company	175.2	MI	Date Depos	it Made
tesidential Street Address			City		Sc	ate	Zīp Code		Amount of Deposit
Vame of Telephone Company								-	F-0-75
treet Address			City		St	ate 2	Zip Code		
TOTAL SE	CTION	N Enter t	otal on Line 24, Colum	in A q	f Summary Page Tatals	18	0		

SEEC FORM 20 Revised Jamusty 2015

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
	Sam Parus Por Muyor	7th Day	Prc Electron			
P. Expenses Paid by Committee						
Name of Payee	Minuteman Press	Date of Payment	Method of Payment: Check # 165 Debit Card EFT			
Street Address	City		State Zip Code			
	Main St, P.O. Dox 170541 Cast Have		CT 0651Z			
Purpose of Expenditure (by code)	Description 500 Trifield Dulm Carols		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	1)	\$359.31			
0001	□ None of the below □ Coordinated with reimbursement sought (joint expenditure) □ Coordinated without reimbursement sought (in-kind contribution) □ Organization: 0	A ов ос ов				
Name of Payee		Date of Payment	Method of Payment:			
l	herefore Publishing LLC	10/11/23	☐ Check # Debit Card ☐ EFT			
Street Address	City		State Zip Code			
	huretone Publishing LLC 24 Boshn Post Rd#Zuz City Maduson		CT 06443			
Purpose of Expenditure (by code) AINEWS	Description Eld Courser Full People Ad Event#		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	\$ 2,330.00			
0002	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Corganization: O A	A OB OC OD				
Name of Payee		Date of Payment	Method of Payment: Check #			
	1011:5 Aprila	10/11/23	☐ Debit Card ☐ EFT			
Street Address	City		State Zip Code			
Purpose of Expenditure	Description Event East Huren		CT 0651Z			
(by code)		NH	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	d)	\$18.25			
0003	□ None of the below □ Coordinated with reimbursement sought (joint expenditure) □ Independent □ Coordinated without reimbursement sought (in-kind contribution) □ Organization: o	A OB OC OD				
Name of Payee		Date of Payment	Method of Payment:			
M	nutemun Pocss	10/27/23	Check # [6] Debit Card EFT			
Street Address	08 Main St, P.O Bex 170541 East 1-laven		State Zip Code CT 0657 Z			
Purpose of Expenditure (by code)	OF Main St, P.O. Bax 120541 East 1-leven Description Maller Printing Event#		Amount			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	\$3295.51			
(ij applicable)	None of the below					
0004	Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: O A	OB OC OD				
	SUBTOTAL Section P — This I	Page \$6,003	3,07			
	TOTAL of additional Section P Pa	ges \$.3,18°	1.04			
	TOTAL OF ALL EXPENSES PAID BY COMMITT (Enter total on Line 19, Column A of Summary Page To		6.80			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
	Sam Parato Por Na	va(PREJEVEL		
		Paid by Committee	·······································	ICI, ICI, ICI		
Name of Payee	Minute man Press		Date of Payment 10/27/23	Method of Payment: Check # 166 Debit Card EFT		
	8 Nain St, P.O. Box 170541	East Haver	ר	State Zip Code C+ 0657 Z		
Purpose of Expenditure (by code)	Postage Sor Marler	Event	#	Amount		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	∫ Independent	A O B O C O D	\$2,078.00		
Name of Payce	Minuteman Dress		Date of Payment	Method of Payment: Check # 168 Debit Card EFT		
	Main St, P.O. Box 120541	city East Have	n	State Zip Code CT 06517		
Purpose of Expenditure (by code) PAST	Minutemen forgst some addres: orginal mail route	SCS in Events	#	Amount		
(l) applicable)	Type of Expenditure (Itemization in Addendum P Required unle None of the below Coordinated with reimbursement sought (joint expenditure)		d)	\$482.8Z		
0000	Coordinated without reimbursement sought (in-kind contribu		A O B O C O D			
Name of Payee	Aredot Inc.		10/30/23	Method of Payment: Check # Debit Card		
	Aredot Inc. 1 Poydras St Suit 1770	City New Unteam	5	State Zip Code LA 70112		
Purpose of Expenditure (by code)	pees for Debit/Cred	ut Contributions Event#		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unl None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	Independent	A OB OC OD	\$42.80		
Name of Payee	Staples		Date of Payment (0) 26/23	Method of Payment: Check # Debit Card EFT		
Street Address		Branked		State Zip Code CT 06405		
Purpose of Expenditure (by code)	Pens + Paper	Event #		Amount		
09008	Type of Expenditure (Itemization in Addendum P Required unle None of the below Coordinated with reimbursement sought (joint expenditure)	☐ Independent		19.11		
	☐ Coordinated without reimbursement sought (in-kind contribu	BTOTAL Section P — This I	Page \$2,627	.73		
	тот.	AL of additional Section P Pa				
	TOTAL OF ALL EXPEN (Enter total on Line 1	SES PAID BY COMMIT		,80		

NAME OF COMM	ITTEE (Provide Complete Name as Registered with Filing Reposito		Trve	E OF REPORT		
		Neyor	1111		Pre El	ach:
		penses Paid by Can	didate	- July	110 110	26/600
	of Vendor, Person or Entity who candidate paid directly)	•		of Payment	Is reiml	oursement claimed?
	Ba & Brots		w	/13/23	120	Yes No
Street Address	1	City		123	State	Zip Code
(5	Baer Circle, Unit BZ	tost H	taur		CT	06512
Purpose of Expenditure (by code)	Big & Pints Baer Circle, Unit B2 Description Lann Shins		Event #	4	1	Amount
Name of Payce (Name of	f Vendor, Person or Entity who candidate paid directly)		Date of	of Payment		oursement claimed?
Street Address	×	City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount
	1					
Name of Payee (Name o	f Vendor, Person or Entity who candidate paid directly)		Date of	f Payment		oursement claimed? Yes
Street Address		City			State	Zip Code
	И					
Purpose of Expenditure (by code)	Description		Event #			Amount
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date o	f Payment	Is reimb	ursement claimed?
Street Address		T			·	Yes 🔲 No
Sact Plane		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount
Name of Pavee (Name of	Vendor, Person or Entity who candidate paid directly)		15			
(, omen, 2000noi zauny 1110 cammane pain anecny)		Date of	Payment	Is reimbu	rsement claimed?
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Event #			Amount
(by code)	,		J. Carlotte	-		amount
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of	Payment	Is reimbu	rsement claimed?
			1		□ Y	es 🗋 No
Street Address		City	ا		State	Zip Code
Purpose of Expenditure by code)	Description		Event #		A	Amount
		SUBTOTAL Section Q	– This Page	9511	 ۲۱	
		TAL of additional Section		\$566.		
	TOTAL OF ALL EXP			\$566.31		
		e 26, Column A of Summar		\$566.5		

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYI	PE OF REPORT	Yus	111
	Sum Parlate for Mayor			7th Day Pre Election		
	R. Expenses Incurred on (Committee Cred	dit Card			
Name of Issuing Inst	itution Type of	f Credit Card:				
		isa Master Ca	ard 🔲 Di	iscover Americ	ean Expres	s 🗋 Other:
Name of Vendor, Person	or Entity				Date of	Fransaction
					1	
Street Address	City				State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless ".	None of the below" is	checked)		1	
	☐ None of the below					
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)	Indepen		овосов		
Name of Vendor, Person		Organiza	auon. O A	ов ос оп	-	ransaction
					Date of I	1011SECTION
Street Address	City				Ctata	
Street Address	City	*************************************			State	Zip Code
Purpose of Expenditure	City	Ti	Event#	w w	State	<u> L</u>
urpose of Expenditure		[1	Event #		State	Amount
Purpose of Expenditure by code)	Description				State	<u> L</u>
Purpose of Expenditure by code)	Description Type of Expenditure (Itemization in Addendum R Required unless ")				State	<u> L</u>
Purpose of Expenditure by code)	Description Type of Expenditure (Itemization in Addendum R Required unless "I None of the below Coordinated with reimbursement sought (joint expenditure)	None of the below" is	checked)			<u> L</u>
Purpose of Expenditure by code) Expenditure # If applicable)	Description Type of Expenditure (Itemization in Addendum R Required unless ") None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	None of the below" is	checked)	o B • C • D		<u> L</u>
Purpose of Expenditure by code) Expenditure # If applicable)	Description Type of Expenditure (Itemization in Addendum R Required unless ") None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	None of the below" is	checked)	ов ос о р		Amount
Purpose of Expenditure by code) Expenditure # if applicable)	Description Type of Expenditure (Itemization in Addendum R Required unless "I None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) r Entity	None of the below" is	checked)	ов ос о п		Amount
Purpose of Expenditure by code) Expenditure # if applicable)	Description Type of Expenditure (Itemization in Addendum R Required unless ") None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	None of the below" is	checked)	ов ос о р		Amount
Purpose of Expenditure by code) Expenditure # if applicable) Jame of Vendor, Person of treet Address	Description Type of Expenditure (Itemization in Addendum R Required unless "I None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) r Entity City	None of the below" is	checked)	ов ос о п	Date of T	Amount
Purpose of Expenditure by code) Expenditure # If applicable)	Description Type of Expenditure (Itemization in Addendum R Required unless "I None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) r Entity	None of the below" is Independ Organiza	checked)	ов ос о р	Date of T	Amount
Purpose of Expenditure by code) Expenditure # if applicable) Jame of Vendor, Person of treet Address Transpose of Expenditure y code)	Description Type of Expenditure (Itemization in Addendum R Required unless "I None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) r Entity City	None of the below" is Independ Organiza	checked) dent tion: O A	ов ос о п	Date of T	Amount ransaction Zip Code
Purpose of Expenditure by code) Expenditure # if applicable) lame of Vendor, Person of treet Address urpose of Expenditure y code)	Description Type of Expenditure (Itemization in Addendum R Required unless "I None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) r Entity City	None of the below" is Independ Organiza	checked) dent tion: o A	ов ос о р	Date of T	Amount ransaction Zip Code
urpose of Expenditure by code) Expenditure # f applicable) ame of Vendor, Person of reet Address urpose of Expenditure y code)	Description Type of Expenditure (Itemization in Addendum R Required unless "I Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) r Entity City Description Type of Expenditure (Itemization in Addendum R Required unless "N None of the below	None of the below" is Independ Organiza None of the below" is	checked) dent stion: o A	ов ос о п	Date of T	Amount ransaction Zip Code
Purpose of Expenditure by code) Expenditure # if applicable) lame of Vendor, Person of treet Address urpose of Expenditure y code)	Description Type of Expenditure (Itemization in Addendum R Required unless "I Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) r Entity City Description Type of Expenditure (Itemization in Addendum R Required unless "N	None of the below" is Independ Organiza None of the below" is a	checked) dent stion: o A		Date of T	Amount ransaction Zip Code
Purpose of Expenditure by code) Expenditure # if applicable) Name of Vendor, Petson of treet Address	Description Type of Expenditure (Itemization in Addendum R Required unless "I None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) r Entity City Description Type of Expenditure (Itemization in Addendum R Required unless "N None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	None of the below" is Independ Organiza Independ Organizat	checked) dent stion: o A	ов ос о р	Date of T	Amount ransaction Zip Code
Purpose of Expenditure by code) Expenditure # if applicable) Iame of Vendor, Person of treet Address urpose of Expenditure y code)	Description Type of Expenditure (Itemization in Addendum R Required unless "I None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) r Entity City Description Type of Expenditure (Itemization in Addendum R Required unless "N None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	None of the below" is Independ Organiza None of the below" is a	checked) dent stion: o A		Date of T	Amount ransaction Zip Code
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	S. Expenses Incurred by Com		During this Period	
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