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



Page 1 of 17

2024 JAN 18 A 8 45





	COVI	II III DE		
1. NAME OF COMMITTEE				
Sam Partuto	For Mayor			
2. TREASURER NAME				
Tosuph	MI	Last COSS		Suffix
3. TREASURER ADDRESS				
Street Address 26 Relphs	Ln City	Fast Haven	State	Zip Code ()6512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	y if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy)				(if applicable)
11/07/2023	Mayor			
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			
First Sumantha	М	Last Parlato		Suffix
8. TYPE OF REPORT (Check One Box)			7 1 1 1	220-20-07-07-07
January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Cont (PACs ONLY)	tribution or Disbursement
/□ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendmen	
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Rep	port:
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November			
9. PERIOD COVERED				
	Beginning Date	Ending Date		
	10/30/23	thru <u>1/10/24</u>		
10. CERTIFICATION				REVENUE AND THE STATE OF
\wedge	iod covered is true, accurate	all of the information set forth on thi and complete. The Cost	s Itemized Car	mpaign Finance Of 17/2024 DATE (mm/dd/yyyy)
A person who is:	found to have knowingly and w	illfully violated any provisions of the	campaign fine	ance statutes
	faces a civil per	nalty or imprisonment or both.	-ampaign jinu	nec biances

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A 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	980.94	
13. Contributions Received from Individuals (Sections A and B)	\$3610.00	\$30,010.00
14. Receipts from Other Committees (Sections C1 and C2)	\$1584.30	\$1584.30
15. Other Monetary Receipts (Sections D through K)	\$5,000.00	\$5,000.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$675.00	\$2125.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$10,194.30	\$10,194.30
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$11,175.24	\$10,194.30
19. Expenses Paid by Committee (Section P)	\$6527.05	\$27,394.42
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$4648.19	84648.19
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	\$1,009.54
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	٥	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	\$0	
25a. + Loans Received (Section D)	\$5,000.00	\$5,000
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	\$5,000.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$ 298.94	\$4,417.43
27. Expenses Incurred on Committee Credit Card (Section R)		0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	viby acvel (1) is upo in
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Parrato Sor Mayor		Jan 16 Filling	
A. Total Contributions from Small Contributors-Receiv	5 + 17		
(See instructions for definition of Small Contributor)	3500		
	ntributions from Indivi	iduals	
Last Name	First And Land	MI	
Residential Street Address	Anthony City	State Zip Code	
59 H111top Rd	EAST HU	wen CT 06513	
Principal Occupation Retiral	Name of Employer	7	
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		
valued at more than \$5,000? Is this contribution associated with an	state contractor or prospective state		
event reported in Section L1? No If yes, indicate which brar of government the contrac		Legislative S100.00	
Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check Parcedit/Debit Card ☐ Payroll Deduction ☐ Money	Order /0/30/23	\$100.00	
Last Name	First	МІ	
Residential Street Address	City	State Zip Code	
	East Hu	1 1 1	
Principal Occupation Rettack	Name of Employer	C/ 00 01 2	
lettica.	\sim	+	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is valued at more than \$5,000?			
	state contractor or prospective state		
event reported in Section L1? If yes, list Event # No If yes, indicate which branches of government the contract		Legislative PNo \$750.00	
Method of Contribution:	Date Received	Aggregate Contributions	
□ Cash □ Personal Check ☐ Credit/Debit Card □ Payroll Deduction □ Money Last Name	Order / 6 /30 / 23	9720.00	
Conte	Marc	MI	
Residential Street Address	City	State Zip Code	
62 Wood Jer	East H	wen (+ 06513	
Principal Occupation EHS Nameyer	Name of Employer	UKANT	
Is contributor a lobbyist, spouse,	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 ivalued at more than \$5,000?	is associated with have a contract Yes No	with said municipality	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a s If yes, indicate which bran	tate contractor or prospective stat		
If yes, list Event # of government the contract	t is with:	☐ Legislative /	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Card ☐ Payroll Deduction ☐ Money	Order 10/31/23	Aggregate Contributions 850.00	
		Atrice no	
SUBTOTAL Section B — This Page \$ 700.00 TOTAL of additional Section B Pages \$ 3210.00			
TOTAL OF ALL CONTRIDUTIONS FROM INITIATIVITAL S (Seeding A. 19)			
	3, Column A of Summary Page		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT Sam Partial Str. Hage A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals First Whales Residential Street Address City C	17
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals First Adams Residential Street Address City City City City City City City City Code Ct 065 Principal Occupation Name of Employer Form of Tast Haven Tom of Tast Haven	17
B. Itemized Contributions from Individuals Last Name	17
Residential Street Address Residential Street Address Residential Street Address City City City City City Code Theren CT O6 = Principal Occupation Name of Employer Town of tast Haven	17
Residential Street Address Residential Street Address Residential Street Address City	17
Adams Residential Street Address Residential Street Address City Cit	17
Principal Occupation Police Detector Name of Employer Town of tast Ham	17
Principal Occupation Police Detector Name of Employer Town of tast Ham	17
Principal Occupation Police Detector Name of Employer Town of tast Ham	
or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? No If yes, indicate which branch or branches	-
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	7
Method of Contribution: Date Received Aggregate Contributions	
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10/31/23 \$ 200.00	
Last Name Anostosie First Leuthleen	
Residential Street Address Residential Street Address City Last Haven CT 065	
108 Prospect PI Ext Last Haven CT 0651	7
Principal Occupation Name of Employer	
Rethred NAt	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	ribution
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?	
event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	٥
Method of Contribution: Date Received Aggregate Contributions	
Cash Personal Check Peredit/Debit Card Payroll Deduction Money Order 10/3/23 8160 - 60	
Last Name Conners Pirst Robert	
Conners Residential Street Address City Fast fluen CT 064	
13 Morgan Ir East flaven CT 065	72
Principal Occupation Name of Employer	
Business Development Her Pollsons Lubrants	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches	
If yes, list Event # Of government the contract is with: Executive Legislative	C
Method of Contribution: □ Cash □ Personal Check □ Personal Check □ Payroll Deduction □ Money Order □ 10/31/23 Aggregate Contributions 1 2 2 5.00	1
SUBTOTAL Section B — This Page \$300 00	
TOTAL of additional Section B Pages \$3,310.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$3610.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Parlato For the	76	Tan 18	Flly
A. Total Contributions from Small Contributors-Received			
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$ 550			
B. Itemized Cor	ntributions from Indivi	duals	
Last Name	First		М
Residential Street Address	Port		
13 Norgan Ter	city East Hu		State Zip Code CT U6577
Principal Occupation	Nome of Employee	Far	C1 10021C
Bisness Development Mgr	Blane	le Libree	ien ds
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?			Amount of Contribution
Is this contribution associated with an Yes Is contributor a principal of a s	tate contractor or prospective stat		1
event reported in Section L1? If yes, indicate which bran of government the contract		☐ Legislative No	\$100.00
Method of Contribution:	Date Received	Aggregate Contributions	1 ' '
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 1/6/73	\$225.00	
Last Name	First Reburt		MI
Conners Residential Street Address	City		State Zip Code
13 Morgan Ter	Fast	Heren	CT 06512
Principal Occupation	Name of Employer	ycorer	
Burness Development Mgr	PU157	nella lu	breauts
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?	o a candidate for a chief executive s associated with have a contract Yes	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an Yes Is contributor a principal of a s	state contractor or prospective stat	e contractor?	
event reported in Section L1? If yes, indicate which bran of government the contract of government the government the government the contract of government the governme		Legislative No	\$ 25.00
Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money (\$725,00	
Last Name SILKale 14	First 1.10		MI
Residential Street Address (C	Dity / Octor		State Zip Code
41 Children Ave	tust.		CT 06512
Principal Occupation	Name of Employer		071003.0
Cleaning	Sif	_	
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 # Yes Is contributor a principal of a st If yes, indicate which brancof government the contract		No.	\$50.00
Method of Contribution:	Date Received	Aggregate Contributions	1
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order / 0/31/23	\$ 230,00	
SUBT	OTAL Section B — This	Page \$175.	00
TOTAL	of additional Section B P	ages \$343!	5,00
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1:	INDIVIDUALS (Sections A 3, Column A of Summary Page 1	+B) 02(10	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	TYPE OF REPORT		
Sam Parluto Por	Newsor Jan 10 Films		
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	subtotal section a \$ 550		
B. Itemized (Contributions from Individuals		
Last Name	First MI		
Schumitz Residential Street Address	City State Zip Code		
	City East Haven CT U6512		
Principal Occupation Numeror	Name of Employer Poadone		
Is contributor a lobbyist, spouse,	00 to a candidate for a chief executive officer of a municipality, he is associated with have a contract with said municipality Yes Yes		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which is	a state contractor or prospective state contractor?		
If yes, list Event # of government the con	ract is with: LExecutive La Legislative		
Cash Personal Check Peredit/Debit Card Payroll Deduction Mo	7 ,		
Last Name Rice! #C117	First Carmine MI		
Residential Street Address	City State Zip Code		
76 Salerno Ave	Name of Employer		
Netwed	NA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	0 to a candidate for a chief executive officer of a municipality, ne is associated with have a contract 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? Yes of government the contract is with: Executive Legislative			
Method of Contribution:	Date Received Aggregate Contributions		
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mor	ey Order 11/1/23 \$290.00		
Dilungo	Tanker		
Residential Street Address 249 Barbarry Rd	City Nath Hwen State Zip Code CT 06473		
Principal Occupation Phys. Asst.	Name of Employer The Parliance RD		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?	0 to a candidate for a chief executive officer of a municipality, ne is associated with have a contract with said municipality Yes		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor.			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ More	ey Order 1/3/23 Aggregate Contributions S 200.00		
SUI	STOTAL Section B — This Page \$375.00		
тота	L of additional Section B Pages \$ 3 235,00		
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin	M INDIVIDUALS (Sections A + B) e 13, Column A of Summary Page Totals) \$3610.00		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Sam Surato for M	layor	Jan 10	FILM.	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$ 5			550	
B. Itemized Co	ntributions from Indivi	duals		
Last Name Puruto	First		MI	
Residential Street Address 405 Thomoson Ave	City East-Har	en	State Zip Code	
Principal Occupation Bosness Systems Analyst	Name of Employer Certer			
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	e officer of a municipality with said municipality	, Amount of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a No If yes, indicate which bra	state contractor or prospective state	√ No	\$250.00	
If yes, list Event # of government the contract Method of Contribution:	Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check	Order 11/5/23	\$465.00	100	
Last Name Puluto	First		МІ	
Residential Street Address 405 Thompson Loc	City -Past 174	vrn	State Zip Code	
Principal Occupation Bushess Systems Analyst	Name of Employer	(100		
Is contributor a lobbyist, spouse,		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 event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a ffyes, indicate which bra of government the contra	DAGAR :	e contractor? Yes	\$25.00	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received	Aggregate Contributions 3465.00	1	
Last Name	First	4-103:00	MI	
Residential Street Address	Beth			
23 Telling Rd	City Bast-Hure	ed l	State Zip Code CT 06573	
Principal Occupation France Plant	Name of Employer	UNIVERTA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive	officer of a municipality,	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Solve Yes Is contributor a principal of a section L1? If yes, indicate which brar of government the contract		contractor? Yes	850.0c	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	1 , _ 1	Aggregate Contributions		
SUBT	OTAL Section B — This	Page \$325.	00	
TOTAL of additional Section B Pages 53285.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	I INDIVIDUALS (Sections A 13, Column A of Summary Page 1		ΟŪ	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Sum Parato For May	101	Jan 10	G II Me	
A. Total Contributions from Small Contributors-Received this Period ONLY		o to		
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A 3560				
	ontributions from Indivi	duals		
Last Name BOAL	First		MI	
Residential Street Address	Holly		State Zip Code	
121 George St.	Tast Her	en	CT 0651Z	
Principal Occupation	Name of Employer			
Stele Mershul	Sil	2		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	to a candidate for a chief executive is associated with have a contract	e officer of a municipality with said municipality	, Amount of Contribution	
Is this contribution associated with an Yes Is contributor a principal of a	state contractor or prospective stat		1	
event reported in Section L1? If yes, list Event # Of government the contra		☐ Legislative No	\$250.00	
Method of Contribution:	Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order 11/5/23	\$550.00		
Last Name	First		MI	
Residential Street Address	City		State Zip Code	
140 MIN St	city East Ha	ren	CT 0651Z	
Principal Occupation	Name of Employer		C. 1000.E	
Plethred	N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 Yes	e officer of a municipality, with said municipality	Amount of Contribution	
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?				
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legi				
Method of Contribution: Date Received Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Last Name	Order 11/5/23	\$25.00	Tog.	
Adumczyk	Jan		MI	
Residential Street Address	City		State Zip Code	
723 Hellstrom Rd	Fast Hur	n	CT 06512	
Principal Occupation	Name of Employer	k		
Is contributor a lobbyist, spouse,	Sence		orp,	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is associated with have a contract Yes No	with said municipality	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Its contributor a principal of a figure, indicate which brain of government the contraction of government the contraction.		e contractor? Yes Legislative	\$100.00	
Method of Contribution:	Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order // /5/23	\$180-00		
SUBTOTAL Section B — This Page \$375.00				
TOTAL of additional Section B Pages \$ 3235.00				
TOTAL OF ALL, CONTRIBUTIONS FROM (Enter total on Line)	A INDIVIDUALS (Sections A 13, Column A of Summary Page 1	+B) 0200		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
	To 10 CH
A. Total Contributions from Small Contributors-Received this Period ONLY	Jun 10 Filling
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 550
D IA. 2-1 C-42 C C I I	
B. Itemized Contributions from Indiv	iduals MI
Mestens 12em	141
Residential Street Address City	State Zip Code
	ven (106512
Principal Occupation Name of Employer New He	wen Box
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executing the second sec	
or dependent child of a lobbyist? does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective sta	tte contractor?
event reported in Section L1?	Legislative No
Method of Contribution: Date Received	Aggregate Contributions
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order ///5/23	8145.00
Last Name First	MI
Mudens Kerry	
Residential Street Address THE MUMAN AVZ City Tast-Hu	State Zip Code
Principal Occupation Ave Tast-Ha	en CT 165VZ
Teacher New Mr.	un BOE
Is contributor a lobbyist, spouse,	ve officer of a municipality. Amount of Contribution
or dependent child of a lobbyist? does contributor or business he/she is associated with have a contract valued at more than \$5,000?	t with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective sta	= 1 .
event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive	□ Legislative PNo \$ 25.00
Method of Contribution: Date Received	Aggregate Contributions
□ Cash □ Personal Check	\$ 145,00
Last Name Print Thomas	МІ
Residential Street Address City	State Zip Code
6 Tran Ct Past	Huren (+ 06512
Principal Occupation Name of Employer	
Lead Toolmaker Lee	Company
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?	re officer of a municipality, with said municipality Amount of Contribution
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective star	te contractor?
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with:	Legislative No \$50.00
Method of Contribution: Date Received	Aggregate Contributions
□ Cash □ Personal Check □ Payroll Deduction □ Money Order	\$ 230.00
SUBTOTAL Section B — This	Page \$85.00
TOTAL of additional Section B l	Pages \$3525.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections of Enter total on Line 13, Column A of Summary Page	A D) 92/10 m

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor		TYPE OF REPORT		
Sum Parale For 1	layor	Dan 10	Eilling	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$ 550				
B. Itemized (Contributions from Indivi	iduals		Service and the same
Last Name	First			МІ
Residential Street Address	City		State 2	Zip Code
661 Sther Sunds Rul	Fast-flux	Λ		651Z
Principal Occupation Buller	Name of Employer	re Solvetens		
Is contributor a lobbyist, spouse. Yes If contribution is in excess of \$4	100 to a candidate for a chief executive	e officer of a municipality		t of Contribution
or dependent child of a lobbyist? does contributor or business he/s valued at more than \$5,000?	she is associated with have a contract Yes No	with said municipality		
event reported in Section L1? No If yes, indicate which be		No	85	50.00
If yes, list Event # of government the con	Date Received	Legislative Aggregate Contributions	- τ	~
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	ney Order 11/7/23	\$265.00		
Last Name Go Wen F	First Richard	1 - 5 		MI
Residential Street Address	City		State Z	Cip Code
661 Sliver Fauls Rd	Fast Her	en	50	06517
Principal Occupation [300]	Name of Employer	tage Sow	H 8	
	00 to a candidate for a chief executive			t of Contribution
or dependent child of a lobbyist? Ano does contributor or business he/s valued at more than \$5,000?	the is associated with have a contract Yes No	with said municipality	, , , , , , , , , , , , , , , , , , ,	t or contribution
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?				
fyes, list Event # DNo If yes, indicate which branch or branches of government the contract is with: Executive Legislative				
Method of Contribution: Date Received Aggregate Contributions Cash Decreoal Check Percedit/Debit Card Deavroll Deduction Money Order 11/6/33 0015 1211				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	riey Order 11/6/23	8265.00	l.,	Тмі
Doughty	Steven			MI
Residential Street Address 459 Thumpson Ave	City			ip Code
Principal Occupation Ave	Name of Employer	in		06517
Pathel	NA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$44 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 Yes 27 No	e officer of a municipality, with said municipality	Amoun	t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which b of government the contributor aprincipal of If yes, indicate which b		e contractor? Yes Legislative	\$10	0.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	Date Received ney Order ///6/23	Aggregate Contributions		
sui	BTOTAL Section B — This	1	00	
TOTA	AL of additional Section B P		5.00	
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections A se 13, Column A of Summary Page 1		00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	tory)	TYPE OF REPORT		
Sum Partito G	or Mayor	Jun 10	Fling	
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	sceived this Period ONLY SUBTOTAL SECTION A	\$550	/	
B. Itemized	Contributions from Indivi	iduals		
Last Name Parente	First Qube	F	MI	
Residential Street Address 7 Farm Power Rd	City FAST H	wen	State Zip Code	
Principal Occupation Network	Name of Employer			
or dependent child of a lobbyist?	\$400 to a candidate for a chief executive/she is associated with have a contract	ve officer of a municipality,	Amount of Contribution	
event reported in Section L1? No If yes, indicate which	of a state contractor or prospective state	No	\$250.00	
If yes, list Event # of government the co	ontract is with: Executive	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ M		\$ 750.00		
Last Name (Lun)	First Lesla	brée .	MI	
Residential Street Address 26 Vivamile Rd	City East flour		State Zip Code CT 16517	
26 Vivamile Rd Principal Occupation Paramedia	Name of Employer	7 0)		
		in Ozp+.	T	
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?				
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? Yes If yes, list Event # Executive Executive Legislative Executive Legislative Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, list Event # Executive Executive Legislative Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, list Event # Executive Executive Legislative Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, list Event # Executive Legislative Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, list Event # Executive Legislative Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, list Event # Executive Legislative Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, list Event # Executive Legislative Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, list Event # Executive Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, list Event # Executive Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, list Event # Executive Is contributor Is contributo				
Method of Contribution:	Date Received	Aggregate Contributions	1	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ M	11/1/65	\$ 50.00		
Chasman	First	()	MI	
Residential Street Address 327 Tyker 57	City East Hur		State Zip Code	
Principal Occupation Drector availty Assurem	Name of Employer	Return		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{3}{4}\$ does contributor or business he valued at more than \$5,000?	8400 to a candidate for a chief executive e/she is associated with have a contract Yes	e officer of a municipality,	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal If yes, indicate which of government the co		e contractor? Yes Legislative	\$50.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ M	Ioney Order // /7/23	Aggregate Contributions		
SI	UBTOTAL Section B — This	Page \$350.	00	
то	TAL of additional Section B P	ages \$3 260	0.00	
TOTAL OF ALL CONTRIBUTIONS FI (Enter total on I	ROM INDIVIDUALS (Sections A Line 13, Column A of Summary Page 1	1+B) \$3610.	00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	itory)	TYPE OF REPORT		
Sam Panuto For Mayor		Jan 10 Filling		
A. Total Contributions from Small Contributors-Received this Period ONLY				
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$ 550				
	d Contributions from Indiv	iduals	one have notice	
Last Name	First	11,7	М	
Residential Street Address	ICity CuM		State Zip Code	
28 Ozone Rd	East 170	wen /	UT 06512	
Residential Street Address 28 Ozone Rd Principal Occupation All Operator	Name of Employer			
		of East		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business of valued at more than \$5,000?	f \$400 to a candidate for a chief executi he/she is associated with have a contrac Yes	ve officer of a municipality, t with said municipality	Amount of Contribution	
event reported in Section L1? No If yes, indicate which	al of a state contractor or prospective sta	No	\$300.00	
If yes, list Event # of government the c	Date Received	☐ Legislative Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐		\$350.00		
Last Name	First	9	М	
'srello	Lynn			
Residential Street Address	City		State Zip Code	
Principal Occupation	Name of Employer	even	0101517	
Principal Occupation Operators Myr.	fale			
Is contributor a lobbyist, spouse,	\$400 to a candidate for a chief executively she is associated with have a contract Yes Yes	ve officer of a municipality, t with said municipality	Amount of Contributio	
Is this contribution associated with an event reported in Section L1? Yes				
If yes, list Event # of government the of Method of Contribution:	Date Received	Legislative Aggregate Contributions		
□ Cash □ Personal Check □ Payroll Deduction □ N		\$600.00		
Last Name	First	<u></u>	MI	
Kuluto	Lume			
Residential Street Address 142 Tylur S4	City Flost Slive		State Zip Code CT 06512	
Principal Occupation	Name of Employer	ŧ.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?	\$400 to a candidate for a chief executive she is associated with have a contract Yes Yes No	re officer of a municipality, with said municipality	Amount of Contribution	
	of a state contractor or prospective state h branch or branches ontract is with:	No	\$150.00	
Method of Contribution: Cash Personal Check Activate Debit Card Payroll Deduction DM	Money Order /U/31/23	Aggregate Contributions		
s	UBTOTAL Section B — This	Page \$950.	00	
то	TAL of additional Section B I	Pages \$ 2660.	.00	
TOTAL OF ALL CONTRIBUTIONS F. (Enter total on I	ROM INDIVIDUALS (Sections A Line 13, Column A of Summary Page	A + B) 53610.0	रे	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Sun Parriso Dos	Keyo The 10 Films
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTIONA \$ 550
	*
B. Itemized Con	ntributions from Individuals
Last Name Musco	First
Residential Street Address	City State Zip Code
58 Vista Dr	East the CT 0651Z
Principal Occupation Elevator Operator	Name of Employer
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to	to a candidate for a chief executive officer of a municipality. Amount of Contribution
or dependent child of a lobbyist? PNo does contributor or business he/she valued at more than \$5,000?	is associated with have a contract with said municipality Yes No
event reported in Section L1?	
If yes, list Event # of government the contrac Method of Contribution:	t is with:
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	1 . 1
Last Name	First MI
Residential Street Address	City State Zip Code
26 Columned Herents Rd	East-Pluen State Zip Code CT 06473
Principal Occupation	Name of Employer
Danie	RT 80 retors
	o a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Yes No
Is this contribution associated with an Yes Is contributor a principal of a sevent reported in Section L1? If yes, indicate which bran	state contractor or prospective state contractor?
If yes, list Event # of government the contrac	t is with:
Method of Contribution: ☐ Cash ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order Date Received Aggregate Contributions S450.00
Last Name	First
Last Name GIBUF Residential Street Address	City State Zip Code
16 Rochdule Terr	West Haven CT 06516
Principal Occupation Nethred	Name of Employer
	o a candidate for a chief executive officer of a municipality, Amount of Contribution
	o a candidate for a chief executive officer of a municipality, s associated with have a contract with said municipality Yes Proposition Yes Proposition
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a st If yes, indicate which bran of government the contract	7-1-1 1/1/3 // /
Method of Contribution:	Date Received Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	100.00
SUBT	OTAL Section B — This Page \$350.00
TOTAL	of additional Section B Pages S 365760.00
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1:	INDIVIDUALS (Sections A + B) 3610.00

NAME OF COMMITTEE (Provide Complete Name	e as Registerea	with Filing Reposi	itory)		TYPE OF REPORT	
Sam Par	Vite	Sor	regor		Jan 10 5	fling
	C1.	Contributio	ons from (Other Commit	tees	
Name of Committee	7			Name of Treasurer		
Address			Is this con	tribution associated v	vith an Yes No	Amount of Contribution
			event repo	rted in Section L1?		
City	State	Zip Code	Date Rec	eived 1	Event #Aggregate Contributions	-1
		Zip Code		1	1551 San Convious	
Name of Committee				Name of Treasurer		
Address			Is this cont	ribution associated w	vith an Yes No	Amount of Contribution
				rted in Section L1?		Amount of Contribution
o'.					Event#	
City	State	Zip Code	Date Rec	ceived A	Aggregate Contributions	
	1					1
Name of Committee				Name of Treasurer		
Address						
, acta CSS				ribution associated w ted in Section L1?	vith an Yes No	Amount of Contribution
			ovent repor		vent #	
City	State	Zip Code	Date Rec		ggregate Contributions	1
				1		
Co. D. ini	**************************************	4 0 1	701 4 11			
Name of Committee	Dursemen	us or Surpu	us Distrib	Name of Treasurer	her Committees	
			. 14	1		4
Fast Flaver Republication Address 91 Taylor	illen 1	unn (or	nmittee	tra	d Surpren	ant
Address	- A		City	-	()	State Zip Code
91 Jaya	R	rve		tasi	Huven	CT 06512
Date Received Expenditure # (if applicable) 4,1313 1 (SEE OCT 10 Filling)	ayment Type					Amount of Receipt
1)/4/73 /SEF OCT IN FULL	Reimbursen	ent for shared ex	xpense 🔲	Surplus Distribution		
Description						91,584.30
Crot Sor Laun Styns, 1	Ria Shin	5 Chmas	Jan Tr	TRILL CON	18	1.7 - 0 7
Name of Committee	34 0.[[[1) 0000	,,,,,,,	Name of Treasurer		Lucia de la composición dela composición de la composición dela composición de la co
				The state of the state of		
Address			City			State Zip Code
Date Received Expenditure # (if applicable)	Payment Type					Amount of Receipt
/G/200	Reimburs	ement for shared	expense \square	Surplus Distribution	n	
Description						-
FROM WARREN BARRET FAR STORY	TOURS IN	HICKOINS N	0.000	N CANADA		
		SUBTO	TAL Section	on C — This Pa	ge \$1584.30	
		TOTAL		A Allen ed Sa	CENTE .	
	1002		, , , , , , , , , , , , , , , , , , ,	l Section C Pag	- P)1
TOTAL OF ALL						
(Sections C1 +	C2) (Enter	otal on Line 14,	Column A of	Summary Page Tot	als) 4 50 50	

NAME OF COMMITTEE (Provide Complete Name as Registered with F	Filing Repository)		TYPE OF	REPORT	
Sam Partoto	Gor Mu	y or		Ten 10 1	911m
	. Loans Receiv	ved this Period			
Name of Lender Shimlenthe Partito		Source of Loan: Bank Candi	idate 🔲 Individua	al Other	Date of Receipt (0/31/23
Street Address 470 Thompson Auc	City	+ Mars	State	Zip Code (651 Z	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	·	240)			Amount Received
Street Address	City		State	Zip Code	\$5,000.00
Succi Addices	City		State	Zip Code	Ψ/•
Name of Lender		Source of Loan: Bank Candi	idate 🗖 Individua	al 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)	<u> </u>			4	Amount Received
Street Address	City		State	Zip Code	
*				Š.	
Name of Lender		Source of Loan:		1 5 01	Date of Receipt
		☐ Bank ☐ Candi		Committee	
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	N				Amount Received
Street Address	LCity		State	T21- C-1	
Succe Address	City		State	Zip Code	
		TOTAL SECTION	ond S	5,000.	04
E. Receipts from Entities other tha	n Individuals	or Other Comm	nittees (Referen	ndum Committe	es ONLY)
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contril	outions	
Name of Entity	***************************************				
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contrib	outions	
Name of Entity		- L			
Street Address			Date Received		Amount Received
6					
City	State	Zip Code	Aggregate Contrib	outions	
		TOTAL SECTION	ONE 3	0.00	THE RESERVE OF THE PARTY OF THE

AME OF COMMITT	EE (Provide Complete Name as Registe	ered with Filing Repository)	TY	PE OF REPORT
days and	Sam Partet		`	Jan W Filly
	F. Amount Transferred		ss Treasury (Business En	
te of Receipt	Is this transaction association event reported in Section		s, list Event #	Amount
e of Receipt	Is this transaction associatevent reported in Section	<u></u>	s, list Event #	Amount
e of Receipt	Is this transaction associatevent reported in Section		s, list Event #	Amount
of Receipt	Is this transaction associatevent reported in Section	103 1/ /63	; list Event #	Amount
		15 Ch T. District	TOTAL SECTION F	0-00
G. Amount T	ransferred from Affiliat	ed Labor Union or Oth	er Organization Trea	sury (Organization Committees ONL)
of Receipt		Date of Receipt		f Receipt
	Amount	Amount		Amount
	(1			
	6-2-1-3/4-3-3-3	To	OTAL SECTION G	0.00
	H. Personal Funds of t			
of Receipt	H. Personal Funds of t			
of Receipt				Committees ONLY)
•	Method of payment:	he Candidate Received	this Period (Candidate	Committees ONLY)
of Receipt	Method of payment: Cash Method of payment:	the Candidate Received Personal Check	this Period (Candidate	Committees ONLY) Amount
fReceipt	Method of payment: ☐ Cash Method of payment: ☐ Cash	the Candidate Received Personal Check	this Period (Candidate	Committees ONLY) Amount Amount
f Receipt f Receipt	Method of payment: Cash Method of payment: Cash Method of payment:	Personal Check	this Period (Candidate Credit/Debit Card Credit/Debit Card	Committees ONLY) Amount Amount
f Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash	Personal Check	this Period (Candidate Credit/Debit Card Credit/Debit Card	Committees ONLY) Amount Amount Amount
of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment:	Personal Check Personal Check Personal Check	this Period (Candidate Credit/Debit Card Credit/Debit Card Credit/Debit Card	Committees ONLY) Amount Amount Amount
of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment:	Personal Check Personal Check Personal Check	this Period (Candidate Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card	Committees ONLY) Amount Amount Amount
of Receipt of Receipt of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment:	Personal Check Personal Check Personal Check	Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card TOTAL SECTION H	Committees ONLY) Amount Amount Amount
of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment:	Personal Check Personal Check Personal Check Personal Check Personal Check I Personal Check	Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card TOTAL SECTION H	Amount Amount Amount Amount

NAME OF COMMITTEE (Provide Complete Name as Re	gistered with Filing Repository)	TYPE OF	REPORT	
Sun Purio	ato for Myor	7	Tan 10	Filing
J. I	nterest from Deposits in Authorized	Accounts		
Name of Institution		Date Recei	ved	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Recei	ved	Amount
Street Address	City	State	Zip Code	
	TOTALS	ECTION J (0.00	
K. Miscellar	neous Monetary Receipts not Conside	ered Contributi	ons	
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description			_ .	-
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description		L		
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description			- l	-
Titre UK Smantania dikantania				
以连进。 以往上,是是 1965 ————————————————————————————————————	TOTAL SECTI	ONK O	00	
SUMMARY OF	OTHER MONETARY RECEIPTS (Sections D thro	ough K)	
Total Loans Received this Period (Section D)			\$5,00	50.00
Total Receipts from Entities other than Individ	uals or Other Committees (Section E)	+	0	
Total Amount Transferred from Affiliated Busi	iness Treasury (Section F)	+	0	
Total Amount Transferred from Affiliated Lab	or Union or Other Organization Treasury (S	ection G) +	0	
Total Amount of Personal Funds of the Candida	ate Received this Period (Section H)	+	0	
Total Amount of Interest from Deposits in Auth	norized Accounts (Section J)	+	0	
Total Miscellaneous Monetary Receipts not Con	AND THE RESERVE OF THE PERSON NAMED IN COLUMN TO THE PERSON NAMED	+	0	
(Add Sections	Total of Other Mo D through K) (Enter total on Line 15, Column A o			0.00

	TIVIII (Sections LI-			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)	0	TYPE OF REPORT	6 Tillan	
	nt Information	Jan	& Films	17/5/15 7200
Event # 110723 A Date of Event Letter 11/7/33 A Description Ad Book Fundalso /		VIT Perty	Was this a fur	ndraising event
Location: Street Address	City		State	Zip Code
383 Muly St / Bistoo rediturarean	East Heven		CI	06512
Subpart 1: (All Committees) Was this event hosted at a personal residence?		.5 In-Kind Donations use Party and comple st(s) for food, beverage	te required infor	
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 I and complete required	.4 In-Kind Donations information.)	not Considered	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Rec	ceipts here.)	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	✓ No mmittees other than Exploratory Yes (If yes, go to Section L or on a Sign and com □ No	3 Purchases of Adver		Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (<i>If yes</i> , enter Total Red	ceipts here.)	\$	
Event # Description Letter Description			Was this a fur	ndraising event?
Location: Street Address	City		State	Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L. Associated with a Hoppurchases made by hos	use Party and complet	e required infor	
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 I and complete required ☐ No		not Considered (Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Rec	ceipts here.)	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		3 Purchases of Advert		Program Book
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 fi	rom Sale of Donated Items —	This Page	,00	
SUBTOTAL Sec	tion L1—Subpart 3 (Town Commit eipts from Food Purchases—	ttees ONLY)	00	
	TOTAL of additional Section	L1 Pages	00	
	EIPTS FROM SMALL PUI n 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 COLD SERVICE					TIME OF DEDO	DT		
NAME OF COMMITTEE	Provide Complete Name as Register	of orac			TYPE OF REPO	1 10 Filling		
24			ng in a Progra	m Rook or o		10	PHINE	Section (1975)
Name of Purchaser	¬ ^ .		ng m a r rogra	III DOUR OF G	n a sign		se Made By: Isiness Entity	Other
1/6	zror Angel	0				☐ Inc	dividual/Sole P	roprietorship
Street Address	Plans Rd		City	Rund			State	Zip Code
Date Received	Event#	Aggregate Purchases			gram Ad Purch	986	Amount of Si	
10/30/23	110723H	\$1250		\$150				,
Name of Purchaser	. /						se Made By:	CT out
	ns Houm	and	<u> </u>				isiness Entity dividual/Sole P	
Street Address	Oak Ridge	Rd	City Bown	ford do	à		State	Zip Code 06 40 5
Date Received	Event #	Aggregate Purchases			gram Ad Purcha	ise	Amount of Sig	zn Purchase
	1101214	\$50.0	8	\$50.	00			
Name of Purchaser	0 1	0					se Made By: Isiness Entity	☐ Other
Ve Ve	And Rowlen	ul					dividual/Sole P	
Street Address	0 1		City			70	State	Zip Code
2 Minu	160		tost	Heven			CT	06512
Date Received 11/5/23	Event#	Aggregate Purchases		Amount of Pro	gram Ad Purcha) <i>O</i>	ise	Amount of Sig	gn Purchase
Name of Purchaser						Purchas	se Made By:	PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS
AF	Ferbes Inc.					_	isiness Entity Iividual/Sole P	Other roprietorship
Street Address	nmerce St		City	ast th	ven		State	Zip Code
Date Received $U/30/23$	Event #	Aggregate Purchases			gram Ad Purcha	ise	Amount of Sig	gn Purchase
AND DESCRIPTION OF THE PARTY OF	HOTCOM	4 5 5 . 5 .		\$250.	00			
Name of Purchaser RH 80	Notors Lin	w bogksti	is, LLC			Bu 🖼	se Made By: Isiness Entity Iividual/Sole P	Other
Street Address	oxon Rd		BE NOV	th Ran	Bood		State	Zip Code 06 471
Date Received	Event#	Access to Durch					0 1	
11/6/23	110723A	Aggregate Purchases		\$200	gram Ad Purcha . ひ 〇	ise	Amount of Sig	ın Furcnase
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pr	ogram Book –	- This Page	567	5.06	
	SUBTOTAL Section	on L3 Total Purc	hases of Advertisi	ing on a Sign –	15 10000000	0.0		
			TOTAL of ac	lditional Section	n L3 Pages	3.0	O	
TOTAL	L OF ALL PURCHASES O		G IN A PROGRA Line 16c, Column A			67	5.00	

NAME OF COMMITTE	EE (Provide Complete Name as Regis	stered with Filing Repositor	(מיזי	Т	YPE OF REPOR	T	10	
	Sum Parl		Mayor		Tan 1		-11hy	
		-Kind Donations	Not Conside	red Contributi	ons			07-31 7/35
Name of Donor								
					··· <u>·</u>			-14
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair l	Market Va	lue of Donation
Business Entity	71							
Individual	Date Received	Event#		Aggregate Value for the	his Event			
Sole Proprietorship								
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair I	Market Va	lue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value for th	ais Event			
☐ Sole Proprietorship								
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair l	Market Va	lue of Donation
☐ Business Entity ☐ Individual								
☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for th	iis Event			
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair N	Market Va	lue of Donation
☐ Business Entity							Table have	INC VI LOUNCE
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for thi	is Event			
		SUBT	TOTAL Section 1	L4 — This Page		a		
			1489 LS 1796-	ALTICA V	0.00	ر		
		TOTA	L of additional S	Section L4 Pages	0.00			
тот	AL OF ALL IN-KIND DON (Ente	NATIONS NOT CO er total on Line 21, Co			0.00			

NAME OF COMMITTEE (Pro	vide Complete Name as R	Registered with Filing Rep	ository)			TYPE OF RE	PORT	
	Sun	Perlato	D.	Muyo!		Tun	14 6	Filly
L5. I				Contributions Associa	ted with a			-
Name of Host								ne candidate or
						Yes N		
					If yes, c	omplete Itemiz	ition in Ad	dendum 1.5
Street Address				City			State	Zip Code
Description of Donation					-			
Description of Donation						Fair Mai	ket Value	of Donation
Event #	Aggregate Value of this	Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate			
Name of Host					Is this event	supporting m	ore than o	ne candidate or
						Yes N		
					If yes, c	omplete Itemiz	tion in Ad	dendum L5
Street Address				City	1		State	Zip Code
								1
Description of Donation								<u></u>
Description of Donation						Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this	Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate			
Name of Host					Is this event	supporting me	ore than or	ne candidate or
						☐ Yes ☐ N		
					If yes, c	omplete Itemiza	tion in Add	lendum L5
Street Address		•		City			State	Zip Code
							l	l
Description of Donation						T		<u></u>
						Fair Mar	ket Value	of Donation
						1		
Event #	Aggregate Value of this	Event—all hosts	Agg	regate Value of all Events—this ho	st/candidate			
Name of Host								ne candidate or
						☐ Yes ☐ No		
					If yes, co	omplete Itemiza	tion in Add	lendum L5
Street Address				City			State	Zip Code
Description of Donation						Fair Mar	kat Value	of Donation
						1 1111 11111	net value (// Donagon
Event #	Aggregate Value of this l	Daniel all hands	T		4 14	4		
Even #	Aggregate value of this	Event—an nosis	Age	regate Value of all Events—this ho.	st/canataate			
			STIR'	FOTAL Section L5 — T	This Dago	Δ		
			SUD	IOTAL SECUON LS — I	щs гаge	0		
						^		
		1	OTA	L of additional Section	L5 Pages	0		
TOTAL OF	ALL IN PIND I	ONATIONS NO	TOO	NCIDEDED CONTRIL	METONG			
ASSOCIATED WITH A				NSIDERED CONTRIE 2, Column A of Summary F		0.00		
III WIII A	HOUSETARTI	(Emer total on I	JINE 22	., Сошни л ој Битпшту Г	uge I viuis)	<u> </u>		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as R	egistered with	Filing Repository)	751		TYPE O	F REPORT		
Sam Purluso For Hugor						Tan 10	Filly		
	01100		M. In-Kind Co	ntr	ibutions			0	
Name									
Street Address				Jo:				Técni	125-6-1
Sucet Address				Cit	Ey .			State	Zip Code
Type of contributor:	Date Rece	ived	Aggregate Contributions		Description of In-Kind Co	ntribution		-	
☐ Individual / Sole Proprietorship ☐Other									
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does co		business he/she is associa		for a chief executive offi with have a contract with Yes No				Market Value 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 or comment the contract is w	or bra	ractor or prospective state anches Executive		□N₀		
Name									
Street Address				Cit	W.			State	Zip Code
					,			5,000	D.P. COLL
Type of contributor: Committee	Date Rece	ived	Aggregate Contributions		Description of In-Kind Con	tribution		-J	
☐ Individual / Sole Proprietorship ☐ Other									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in ontributor or at more than	business he/she is associ	didat iated	e for a chief executive off with have a contract with Yes No	icer of a said m	municipality, inicipality		Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	If yes,	tor a principal of a state of indicate which branch or rument the contract is wi	r bra	actor or prospective state inches		□No		
Name									
Street Address				City	y			State	Zip Code
Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Recei	ved	Aggregate Contributions		Description of In-Kind Cor	tribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ntributor or	business he/she is associ		I e for a chief executive off with have a contract with				Market Value Contribution
Is this contribution associated with an		at more than		ontr	Yes No actor or prospective state	contract	or?		
event reported listed in Section L1? If yes, list Event #	□ No	If yes, i	indicate which branch or rnment the contract is wit	r bra			□ No		
			SUBTOTAL	Sec	etion M — This Page	To			
	A 3		TOTAL of add	ditio	nal Section M Pages	0			
TOTAL OF ALL IN-KIND CON	TRIBUT	TIONS Æ	inter total on Line 23, Coli	unın .	A of Summary Page Total	0.	00		
	N.	Refund	lable Deposit to T	Tele	phone Company	y Ya	100	Selective.	18,72
Last Name of Individual			First		1 0		МІ	Date Deposi	t Made
Residential Street Address			City		Str	ite	Zip Code		Amount of Deposit
Name of Telephone Company									
Street Address			City		Sta	te I	Zip Code	_	
							_p conc		
momas or	COURS C. P.	N/					\ A -		
TOTAL SE	CTION	N (Enter t	otal on Line 24, Column	AO	(Summary Page Totals)	10	1.00		

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
	Sun Burnets for Mayor		Tan 10 1	JIM			
	P. Expenses Paid by Committee						
	stri Mediterranean		Date of Payment	Method of Payment: ☐ Check # Debit Card ☐ EFT			
Street Address	Mun · St	City East Have	en	State Zip Code CT 06.57Z			
Purpose of Expenditure (by code)	Food Bill for Election	A 14	vent# 1/0723 A	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) 🗖 Independen	,	P1,269.83			
Name of Payee	Kravzer's		Date of Payment (1/7/23)	Method of Payment: ☐ Check # Debit Card ☐ EFT			
Street Address	Foxon Rd	City East Howen	t	State Zip Code (T 06517			
Purpose of Expenditure (by code)	Food for Volunteers on	I = .	Vent#	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below	less "None of the below" is che	,	\$33.71			
0002	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	•	OAOBACOD				
Name of Payee	epalma's Aprica	7	Date of Payment	Method of Payment: Check # Debit Card EFT			
Street Address 4	40 Mam St	city East the	ven	State Zip Code (T 06572			
Purpose of Expenditure (by code)	FOOD For Call Center Va	I	rent #	Amount			
Expenditure # (if applicable) 0003	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind comb	re) 🔲 Independen	,	\$9.66			
Name of Payee	olitical Strutegles Nictuo		Date of Payment 11/6/23	Method of Payment: Check # 170 Debit Card EFT			
Street Address	193 Beazer Dr	Ococe		State Zip Code FL 34761			
Purpose of Expenditure (by code)	Description GOTV Text	Ev	rent# N/A	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure)	•		\$1,104.65			
0004	Coordinated without reimbursement sought (in-kind contra	.i	O A O B O C O D				
	THE PROPERTY OF STREET	SUBTOTAL Section P — T	his Page \$ 2,41	7.85			
	то	TAL of additional Section	P Pages \$4,109	.70			
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COMM 19, Column A of Summary Pa		1.05			

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	ository)	TYPE OF REPORT	
Sum Perlate for		Jan 10 F	lling
P. Expe	nses Paid by Committee		
Name of Payee		Date of Payment	Method of Payment:
Hustin Corrani	cesto	10/30/23	Check # 169
Street Address	Cîty	110) - 1	Debit Card DEFT State Zip Code
54 Greon St	EOST Hu	sen	CT 0651Z
Purpose of Expenditure (by code) Description	Eve	nt#	Amount
MISC Debate Filmry/Pt		MA	
Expenditure # [If applicable] Type of Expenditure (Itemization in Addendum P Requi	ired unless "None of the below" is chec	ked)	\$250.00
None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin		OA OB OC OD	,
Name of Payee		Date of Payment	Method of Payment:
CIMTER'S Bank		10/31/23	Check #
Street Address	City	101 /	Debit Card DEFT State Zip Code
263 Henrywy Arc	East Maren		CT 0652
(by code)	Ever	,	Amount
BNK Strong Fee	1.	NA	
Expenditure # Type of Expenditure (Itemization in Addendum P Requir	red unless "None of the below" is check	ked)	r .
(if applicable) None of the below	-	•	\$3.00
☐ Coordinated with reimbursement sought (joint exp			
Name of Payee	□ Organization:	Date of Payment	Method of Payment:
Clttzen's Bm12		11130/22	☐ Check #
Street Address	City	11/30/23	Debit Card EFT State Zip Code
263 (Ambas) A	East Haven		
263 flemlyway Auc Purpose of Expenditure Description		H	CT 06512
(by code)	Even	~/\ <u>\</u>	Amount
BNK Statement Fre		170	a
Expenditure # Type of Expenditure (Itemization in Addendum P Require (Itemization in A	ired unless "None of the below" is chec	cked)	\$3,00
None of the below Coordinated with reimbursement sought (joint exp	and true		/
Coordinated with reimbursement sought (in-kir		OA OB OC OD	
Name of Payee		Date of Payment	Method of Payment:
CHTing S Brank		12/29/23	□ Check #
Street Address	City	1.2.01703	Debit Card □ EFT State Zip Code
CHZm's Bmk Street Address 263 Hernhyray Ave	tost the	nn	CT 0651Z
Purpose of Expenditure Description	Ever	nt#	Amount
BIK Stutement fee		NA	
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Require (Itemization in Addendum Itemization in Addendum P Require (Itemizatio	red unless "None of the below" is checi		\$3.00
None of the below Coordinated with reimbursement sought (joint exp	enditure)		,
Coordinated without reimbursement sought (in-kin		OA OB OC OD	
	SUBTOTAL Section P Thi		Oğ
	TOTAL of additional Section P	Pages \$ 6 268	1.05
	XPENSES PAID BY COMMI n Line 19, Column A of Summary Page		.05

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,	THE	TYPE OF REPORT			
		10 Films			
P. Expenses Paid by Committee					
Name of Payee Anedot, Inc.		Date of Payment 11/13/23	Method of Particle Check	#EFT	
1340 Poydras St, Svite 1770	Vzw 01	teans	State LH	70117	
Purpose of Expenditure (by code) WEB Fees For Debit / Gradit Grad NA Expenditure # 100 cm 1				Amount	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization: O A O B O C O D				F101.80	
Name of Payee Oscph OSS		Date of Payment 1/10/23	Method of Pa	#/01 ard	
Street Address 26 Relphs Ln	East Huren		State	2ip Code 06517	
Purpose of Expenditure (by code) CNSLT Description Description Description Description Description	Mgmt. Event	* ~/ \	A	Amount	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below			\$1,900.00		
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the co		A OB OC AD			
Name of Payee Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement Coordinated without reimb			Method of Payment: ✓ Check # 17 ☐ Debit Card ☐ EFT		
2 Usa Lane	East Hue	en	State	Zip Code 0651Z	
Purpose of Expenditure (by code) Lompiter Data & Phone by	ank Supplies 1	* V/A	A	mount	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below				\$848.40	
Coordinated with reimbursement sought (joint expenditude of Coordinated without reimbursement sought (in-kind control of Coordinated without reimbursement sought (in-kind control of Coordinated without reimbursement sought (in-kind control of Coordinated with reimbursement sought (joint expenditude) (in-kind control of Coordinated with reimbursement sought (joint expenditude) (in-kind control of Coordinated with reimbursement sought (joint expenditude) (joint expenditude) (in-kind control of Coordinated with reimbursement sought (joint expenditude) (in-kind control of Coordinated with reimbursement sought (joint expenditude) (in-kind control of Coordinated with reimbursement sought (in-kind control of C	157	A OB OC VD			
Name of Payee 310 Meun Assochutos Street Address 310 Meun Street	City	Date of Payment 11/24/23	Method of Pa Check # Debit C	172	
	East Hun		CT	06517	
Purpose of Expenditure (by code) MISC Runt For HQ	Event	* V/A		Amount	
Expenditure # ((f applicable) Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re) Independent	d) A o B o C o D	\$1,00	0.0°	
SUBTOTAL Section P — This Page \$3850.20					
TOTAL of additional Section P Pages \$ 2676.85					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$6527.05					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	TYPE OF REPORT			
Sum Purhate for Mayor		Jan 11	Fility			
Q. Campaign Expenses Paid by Candidate						
2	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
L 6	Street Address School Dumains		10/30/23	Yes 🗖 No		
City City			State Zip Code			
	00 Ampatheutre Plany	Moventan U		CH 94043		
Purpose of Expenditure (by code) WEG	Description Duman Costs	I	Event #	B12.76		
	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
G	oggle Dimans		10/30/23	Yes No		
Street Address	oggle Demans Ampitheatre Plemy	Mer Man	View	State Zip Code CA 94043		
Purpose of Expenditure (by code)	Description	I	Event #	Amount		
WEB	Domain Cosis		NA	\$17.76		
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
Pe	eton Hos Protry Ship	7	11/3/23	Yes 🗖 No		
Street Address	M	City 10		State Zip Code		
	Main St	I ast Hun		CT 06512		
Purpose of Expenditure (by code)	Baked Goods For		Event #	Amount		
FOOD		Campany	N/A-	181.00		
_	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
Street Address City			11/0/03	Yes No		
8	55 North Main St	Brank	Pord	CT U6465		
Purpose of Expenditure (by code)	Description		event#	Amount		
OFFICE	General HQ Office St	pphes	NH	\$197.47		
Name of Payee (Name of I	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
Street Address		La		Yes No		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)			vent#	Amount		
Name of Payee (Name of V	Yendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
Street Address		City		State Zip Code		
		,				
Purpose of Expenditure (by code)	Description	E	vent#	Amount		
SUBTOTAL Section Q — This Page 5298,94						
TOTAL of additional Section Q Pages						
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals) 248.44						

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repositor		TYPE OF REPORT			
				filling	FU!ny	
	R. Expenses Incurr	ed on Committee Ci	redit Card			
Name of Issuing Insti	tution	Type of Credit Card: Uisa Master	Card Discover Amer	ican Expres	s Cother:	
Name of Vendor, Person	or Entity			Date of 1	Transaction	
Street Address		City	A A A A A A A A A A A A A A A A A A A	State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	liture) 🔲 Inde	·	D		
Name of Vendor, Person o	T Entity	The state of the s			ransaction	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expended to Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	liture) 🔲 Inde	,	D		
Name of Vendor, Person o	r Entity	3-21-0-21-0-21-0-21-0-21-0-21-0-21-0-21-		Date of T	ransaction	
Street Address		City	3100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 -	State	Zip Code	
Purpose of Expenditure (by code)	Description	*	Event #		Amount	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind or	liture) 🗖 Indep	,	D		
	SI	UBTOTAL Section R —	This Page			
	тот	FAL of additional Section	n R Pages			
TO'	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lin	COMMITTEE CREI e 27, Column A of Summar)		

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository		TYPE OF REPORT			
	Sum Parriero Sor Mayor Fan 10 F			Filmer		
Sharan Lindon	S. Expenses Incurred by Com			11111		
Name of Creditor	S. Emponded Enterior by Com	minut but Not I ald	warming this I tribu	Date Incu	тed	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	e Description Event #			Amount Incurred (Estimate or Actual)		
Expenditure # (f [*] applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind or	☐ Indepe	·	D		
Name of Creditor				Date Incur	red	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		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 expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	☐ Indepe	5	D D		
Name of Creditor			*******	Date Incur	red	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	•	Event#		ount Incurred imate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	☐ Indepe	•	·	7-	
		SUBTOTAL Section S	S-This Page			
	ı	COTAL of additional Sect	tion S Pages			
TOTAL OF ALL E	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	NG THIS PERIOD BUT ine 28, Column A of Summa			E.	
	Previously reported Exp	enses Unpaid and still O	utstanding 💍			
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	BY COMMITTEE BUT ne 28a, Column A of Summan	NOT PAID O, OC)		

NAME OF COMMETT	EE (Provide Complete Name as Registered with Filing Reposito	n)	TYPE	OF REPO	TRT	X = 197 = 10	
Stem Plenuto For Newsor			\neg	Jan 10 Filing			
	T. Itemization of Reim	The same of the last of the la			W. T. IN	0	
Last Name of Worker/Con.	Name of Worker/Consultant (USS) First) h	4	ΜI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant) 00 1					rker/Consultant as
Su	in Parato for Mayor	V-1		reported in Section P: Debit Card EFT			
	Person or Entity Paid by Committee Worker/Consultant U Thumpson Ave	City East Hu					Zip Code 06 51 Z
Purpose of Expenditure (by code)	for Vointeers, ; Contact Emal Su	bscapin, Dupbox	Event# NA			A	mount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						2.76
Last Name of Worker/Cons	ultant MW6	First Swnanth	٠	N	VI.	Date of Pay Person or E	ment to Vendor, ntity /24
	Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Sum Puruso For Yuyur			Payment to Reimburse Commireported in Section P:			rker/Consultant as Card
	Person or Entity Paid by Committee Worker/Consultant	City EUST	Hwe	n	5		Cip Code 0651 Z
Purpose of Expenditure (by code)	Description Relimbursaments sought (SEE SCOtan Q)	1	Event#			Aı	mount
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Torganization: O A O B C O D							8.94
Last Name of Worker/Cons	ultant	First		N	⁄II	Person or E	ment to Vendor, ntity
POSA.	Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Sum Puruso Fix Myor		гер	Payment to Reimburse Committee Worker/Consultant a reported in Section P: Check # 10 - Debit Card			
Street Address of Vendor, F			ven		S		Zip Code 1657 Z
Purpose of Expenditure (by code)	Description TRJIS Lunch For Ca Voluntary	impule(1)	ivent#	4		A	mount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) S82-63				2-63		
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: OAOBOCOD							
SUBTOTAL Section T—This Page \$ 824.33							
		TOTAL of additional Section	n T Pages	\$ 8)		
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS \$ 824.33							
				- 10			