

SEEC FORM 20

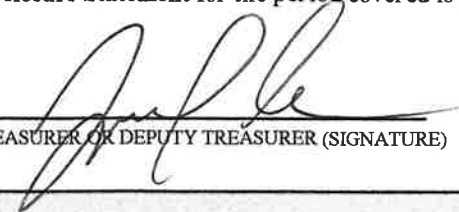
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT
COMMISSION Revised January 2015



RECEIVED
EAST HAVEN, CT.
2024 APR -2 A 8:51
Joseph Coss
Do Not Mark in This Space For Official Use Only

Page 1 of 17

COVER PAGE

1. NAME OF COMMITTEE			
Sam Paruto for Mayor			
2. TREASURER NAME			
First Joseph	MI	Last Coss	Suffix
3. TREASURER ADDRESS			
Street Address 26 Ralphs Ln		City East Haven	State CT Zip Code 06512
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/07/2023		5. OFFICE SOUGHT (Complete only if Candidate Committee) Mayor	
6. DISTRICT NUMBER (if applicable)			
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First Samantha	MI	Last Paruto	Suffix
8. TYPE OF REPORT (Check One Box)			
<input type="checkbox"/> January 10 filing <input type="checkbox"/> April 10 filing <input type="checkbox"/> July 10 filing <input type="checkbox"/> October 10 filing <input type="checkbox"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election			
<input type="checkbox"/> 7th day preceding primary <input type="checkbox"/> 30 days following primary <input type="checkbox"/> 7th day preceding election <input type="checkbox"/> 12th day preceding election (State Central Committees Only) <input type="checkbox"/> 45 days following election not held in November			
<input type="checkbox"/> 7th day preceding referendum <input type="checkbox"/> 45 days following referendum <input type="checkbox"/> Deficit <input checked="" type="checkbox"/> Termination			
<input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY) <input type="checkbox"/> Amendment to Type of Report: _____			
9. PERIOD COVERED			
Beginning Date 1/10/24		Ending Date 4/4/24	
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		<u>Joseph Coss</u> PRINT NAME OF SIGNER	
		04/01/2024 DATE (mm/dd/yyyy)	
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

SEEC FORM 20

Page 2 of 17

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	4648.19	
13. Contributions Received from Individuals (Sections A and B)	\$375.00	\$30,385.00
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	0	23,575
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	0	23,575
19. Expenses Paid by Committee (Section P)	\$5009.00	5009.00
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$0.00	\$0.00
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	\$5000	\$5000
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Paruto for Mayor				Termination	
A. Total Contributions from Small Contributors-Received this Period ONLY <small>(See instructions for definition of Small Contributor)</small>				SUBTOTAL SECTION A \$ 25	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Tolpe		Loren			
Residential Street Address		City		State	Zip Code
140 Mill St		East Haven		CT	06512
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/11/23			
		Aggregate Contributions \$75.00			
Last Name		First		MI	
Muro		Vincent			
Residential Street Address		City		State	Zip Code
58 Vista Dr		East Haven		CT	06512
Principal Occupation		Name of Employer			
Elevator Operator		Kang Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/11/23			
		Aggregate Contributions \$90.00			
Last Name		First		MI	
Goss		Joseph			
Residential Street Address		City		State	Zip Code
26 Ralphs Ln		East Haven		CT	06512
Principal Occupation		Name of Employer			
State of CT		Public Affairs			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$300.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/11/24			
		Aggregate Contributions \$450.00			
SUBTOTAL Section B — This Page				\$375.00	
TOTAL of additional Section B Pages				0	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>				\$375.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			
C2. Reimbursements or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution				Amount of Receipt	
Description							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution				Amount of Receipt	
Description							
SUBTOTAL Section C — This Page							
TOTAL of additional Section C Pages							
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>							

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
D. Loans Received this Period					
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
					Amount Received
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
					Amount Received
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
					Amount Received
TOTAL SECTION D					
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)					
Name of Entity					
Street Address				Date Received	Amount Received
City		State	Zip Code	Aggregate Contributions	
Name of Entity					
Street Address				Date Received	Amount Received
City		State	Zip Code	Aggregate Contributions	
Name of Entity					
Street Address				Date Received	Amount Received
City		State	Zip Code	Aggregate Contributions	
TOTAL SECTION E					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
---	----------------

F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
TOTAL SECTION F		

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
TOTAL SECTION G		

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
TOTAL SECTION H		

I. Anonymous Contributions

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

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
J. Interest from Deposits in Authorized Accounts					
Name of Institution			Date Received		Amount
Street Address		City		State Zip Code	
Name of Institution			Date Received		Amount
Street Address		City		State Zip Code	
TOTAL SECTION J					
K. Miscellaneous Monetary Receipts not Considered Contributions					
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					
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					
TOTAL SECTION K					
SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)					
Total Loans Received this Period (Section D)					
Total Receipts from Entities other than Individuals or Other Committees (Section E)					+
Total Amount Transferred from Affiliated Business Treasury (Section F)					+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)					+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)					+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)					+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)					+
Total of Other Monetary Receipts <i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i>					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
L1. Event Information				
Event #	Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address			City	State Zip Code
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="checkbox"/> No	
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?			<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) → \$ <input type="checkbox"/> No	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="checkbox"/> No	
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?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) → \$ <input type="checkbox"/> No	
Subpart 1: (All Committees)				
Event #	Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address			City	State Zip Code
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="checkbox"/> No	
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?			<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) → \$ <input type="checkbox"/> No	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="checkbox"/> No	
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?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) → \$ <input type="checkbox"/> No	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page				
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page				
TOTAL of additional Section L1 Pages				
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)				

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

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser

Purchase Made By:

- ☐ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

City

State

Zip Code

Date Received

Event #

Aggregate Purchases for All Events

Amount of Program Ad Purchase

Amount of Sign Purchase

Name of Purchaser

Purchase Made By:

- ☐ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

City

State

Zip Code

Date Received

Event #

Aggregate Purchases for All Events

Amount of Program Ad Purchase

Amount of Sign Purchase

Name of Purchaser

Purchase Made By:

- ☐ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

City

State

Zip Code

Date Received

Event #

Aggregate Purchases for All Events

Amount of Program Ad Purchase

Amount of Sign Purchase

Name of Purchaser

Purchase Made By:

- ☐ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

City

State

Zip Code

Date Received

Event #

Aggregate Purchases for All Events

Amount of Program Ad Purchase

Amount of Sign Purchase

Name of Purchaser

Purchase Made By:

- ☐ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

City

State

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

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)

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
L4. In-Kind Donations Not Considered Contributions					
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		Description of Donation			Fair Market Value of Donation
		Date Received		Event #	
		Aggregate Value for this Event			
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		Description of Donation			Fair Market Value of Donation
		Date Received		Event #	
		Aggregate Value for this Event			
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		Description of Donation			Fair Market Value of Donation
		Date Received		Event #	
		Aggregate Value for this Event			
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		Description of Donation			Fair Market Value of Donation
		Date Received		Event #	
		Aggregate value for this Event			
SUBTOTAL Section L4 — This Page					
TOTAL of additional Section L4 Pages					
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
SUBTOTAL Section L5 — This Page				
TOTAL of additional Section L5 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
M. In-Kind Contributions					
Name					
Street Address			City		State
Zip Code					
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution	
Name					
Street Address			City		State
Zip Code					
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution	
Name					
Street Address			City		State
Zip Code					
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution	
SUBTOTAL Section M — This Page					
TOTAL of additional Section M Pages					
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)					
N. Refundable Deposit to Telephone Company					
Last Name of Individual			First		MI
Date Deposit Made					
Residential Street Address			City		State
Zip Code					
Name of Telephone Company					
Street Address			City		State
Zip Code					
TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)					

SEEC FORM 20
Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Sam Parkito for Mayor			Termination	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Citizen's Bank		1/29/24	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
263 Humphrey Ave		East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	Bank Fee			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
0001	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$3.00
			<input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Payee		Date of Payment	Method of Payment:	
Citizen's Bank		2/29/24	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
263 Humphrey Ave		East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	Bank Fee			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
0002	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$3.00
			<input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Payee		Date of Payment	Method of Payment:	
Citizen's Bank		3/29/24	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
263 Humphrey Ave		East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	Bank Fee			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
0003	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$3.00
			<input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Payee		Date of Payment	Method of Payment:	
Samantha Parkito			<input checked="" type="checkbox"/> Check # 109 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
475 Thompson Ave		East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount	
LOAN	Payment of loan			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
0004	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$5,000
			<input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
SUBTOTAL Section P — This Page			\$5009.00	
TOTAL of additional Section P Pages			0.00	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE			\$5,009.00	
(Enter total on Line 19, Column A of Summary Page Totals)				

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Q. Campaign Expenses Paid by Candidate					
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
SUBTOTAL Section Q — This Page					
TOTAL of additional Section Q Pages					
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
R. Expenses Incurred on Committee Credit Card			
Name of Issuing Institution		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:	
Name of Vendor, Person or Entity		Date of Transaction	
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Vendor, Person or Entity		Date of Transaction	
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Vendor, Person or Entity		Date of Transaction	
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Vendor, Person or Entity		Date of Transaction	
Street Address		City	State Zip Code
SUBTOTAL Section R — This Page			
TOTAL of additional Section R Pages			
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27, Column A of Summary Page Totals)			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
T. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant <div style="font-size: 1.2em;">COSS</div>		First <div style="font-size: 1.2em;">Joseph</div>		MI	Date of Payment to Vendor, Person or Entity <div style="font-size: 1.2em;">3/31/24</div>
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant <div style="font-size: 1.2em;">Sam Paruto for Mayor</div>				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant <div style="font-size: 1.2em;">26 Ralphs Lane</div>		City <div style="font-size: 1.2em;">East Haven</div>		State <div style="font-size: 1.2em;">CT</div>	Zip Code <div style="font-size: 1.2em;">06512</div>
Purpose of Expenditure (by code) <div style="font-size: 1.2em;">SRALS</div>	Description <div style="font-size: 1.2em;">Surplus bank under \$1,000</div>		Event #	Amount <div style="font-size: 1.2em;">\$0.47</div>	
Expenditure # (if applicable) <div style="font-size: 1.2em;">0005</div>	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section T — This Page				\$0.47	
TOTAL of additional Section T Pages				0	
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS				\$0.47	