SEEC FORM 20

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



2024 APR -2 A 8:51

Do Not Mark in This Space For Official Use Only



	COVI	EK TAGE		
1. NAME OF COMMITTEE				
2	am Paruto Fo	ic Mayor		
2. TREASURER NAME	411 141400 18	11 1-wyo.		
First	М	Last		Suffix
Troh		(085		
3. TREASURER ADDRESS			The term	
Street Address	City	y _	State	Zip Code
26 Ralphs	Ln	East Haven	CT	06512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete on	ly if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy)	14 4-/			(if applicable)
11/07/2023	Mayor			
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee) MI	Last		Suffix
Samurthe	IVII	Paruto		Sumx
		100		
8. TYPE OF REPORT (Check One Box)				
January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Con (PACs ONLY)	stribution or Disbursement
☐ April 10 filing	☐ 30 days following primary	45 days following referendum	☐ Amendme	nt to
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Re	port:
☐ October 10 filing	☐ 12th day preceding election	Termination	71	
	(State Central Committees Only)	7	-	
O Primary O Election	☐ 45 days following election not held in November	t		
9. PERIOD COVERED			ATT -	
	Beginning Date	Ending Date		
	1/10/20	11/10/1/21		
·	1/10/04	thru 4/408/24		
	(
10. CERTIFICATION			- 14	
TREASURER ON DEPUTY TREASURE	R (SIGNATURE)	TOSOPH COSS NT NAME OF SIGNER		04/01/2024 DATE (mm/dd/yyyy)
A person who is	faces a civil pe	villfully violated any provisions of the enalty or imprisonment or both.	campaign jind	ance statutes

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SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Pravide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	4	
	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)	\$375.66	\$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)	8	O
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\Diamond	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	δ
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	0	Ø
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	\$5000	\$5000
25d. Total Outstanding Loan Amount	\bigcirc	
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)	\bigcirc	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Sum Parturo Br	Teys-	Terminutur	Terminister			
A. Total Contributions from Small Contributors-Receiv	ved this Period ONLY SUBTOTAL SECTION A	\$ 25				
B. Itemized Co	ntributions from Indivi	dnals				
Last Name - X	First		MI			
1 Joffe	Lora					
Residential Street Address	City E45+	State Z	p Code			
140 MIN ST		twen CT	06572			
Principal Occupation Reflect	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400			of Contribution			
Is this contribution associated with an Yes Is contributor a principal of a	state contractor or prospective state	e contractor?				
event reported in Section L1? If yes, list Event # No If yes, indicate which bra of government the contrac	nch or branches et is with:	Legislative 又No	25.00			
Method of Contribution:	Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order //11/23	\$75.00				
Last Name	First		MI			
Mewro	Umcent					
Residential Street Address 56 VISTA OF	City EUS+		p Code 651 Z			
Principal Occupation	Name of Employer	, <u> </u>	***************************************			
Elevator Operator	12	any MC.				
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?			of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # If yes, list Event # If yes, list Event #		te contractor? Yes 50	5,08			
Method of Contribution:	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order //1/23	\$90.00				
Last Name	First		MI			
Residential Street Address	City 1084p11	State Z	p Code			
	East 1	luren 150	6572			
Principal Occupation State of Ct	Name of Employer Rub 11 C	Afairs				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, Amount with said municipality	of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, indicate which brain of government the contract		e contractor? Yes 730	0.00			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order //11/74	Aggregate Contributions 845000				
SUBT	TOTAL Section B — This	Page \$375.06				
TOTAL	of additional Section B l	Pages O				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	INDIVIDUALS (Sections A 13, Column A of Summary Page					

NAME OF COM	MMITTEE (Provide Comp	lete Name as Registerea	with Filing Repos	itory)		TYPE OF REPORT	115		
		C1.	Contributio	ons from (THE RESERVE TO THE PERSON NAMED IN			V	
Name of Committee					Name of Tre	asuret			
Address		·		Is this con event repo	rted in Section :	ated with an Yes No L1? , list Event #	Amount of Contribution		
City		State	Zip Code	Date Re		Aggregate Contributions			
Name of Committee					Name of Tre	asurer			
Address				Is this contevent repo	rted in Section 1	ated with an Yes No L1? list Event #	Amount o	f Contribution	
City		State	Zip Code	Date Rec	ceived	Aggregate Contributions			
Name of Committee				-	Name of Tres	asurer			
Address					rted in Section I	ated with an ☐ Yes ☐ No 1? list Event #	Amount of	f Contribution	
City		State	Zip Code	Date Rec	A COLUMN TO A COLU	Aggregate Contributions			
	C2. I	Reimbursemer	its or Surpl	us Distrib	utions from	m other Committees	- /		
Name of Committee					Name of Tree	asurer			
Address				City			State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type	nent for shared e	expense	Surplus Distrib	ution	Åmount	of Receipt	
Description									
Name of Committee					Name of Trea	isurer			
Address				City			State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type	ement for shared	l expense	Surplus Distri	ibution	Amount	of Receipt	
Description					***********				
1 V 1			SUBTO	TAL Section	on C — Thi	s Page			
	T A		TOTAL	of addition:	al Section C	Pages			
		FALL COMMIT is C1 + C2) (Enter							

NAME OF COMMITTEE (Provide Complete	e Name as Registered with Filing Repos	itory)		TYPE O	FREPORT	
	D. Loans	Recei	ved this Period			
Name of Lender			Source of Loan: Bank Can	didate 🗖 Individu	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)						Amount Received
Street Address	City			State	Zip Code	
				June	Zip code	
Name of Lender			Source of Loan: Bank Can	didate 🔲 Individu	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)	*				-	Amount Received
Street Address	Ics.			Tours	T#: 0-1	
Sucet Address	City			State	Zip Code	
Name of Lender			Source of Loan: Bank Can	didate 🗖 Individu	al Other	Date of Receipt
Street Address	City		4	State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)					<u> </u>	☐ Yes ☐ No Amount Received
						Zamount Accessed
Street Address	City			State	Zip Code	
			TOTAL SECT	ION D		
E. Receipts from 1	Entities other than Indiv	iduals	or Other Com	mittees (Refere	ndum Committe	es ONLY)
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contri	butions	
			3			
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contri	butions	
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contri	butions	
			TOTAL SECT	ION E		

NAME OF COMMITTEE	(Provide Complete Name as Regist	tered with Filing Repository)		TYPE	OF REPORT	
F.	Amount Transferred	from Affiliated Bus	iness Treasury (Busin	ess Entit	ty Committees ONLY)	
Date of Receipt	Is this transaction associate event reported in Section	103	If yes, list Event #		Amount	
Date of Receipt	Is this transaction associate event reported in Section		103 1 yes, hat Event w		Amount	
Date of Receipt	Is this transaction associate event reported in Section	105	fyes, list Event #		Amount	
Date of Receipt	Is this transaction associ	100	fyes, list Event #		Amount	
			TOTAL SECTION	۱F		
				•		
G. Amount Tra	nsferred from Affilia	ted Labor Union or	Other Organization	Treasu	ITY (Organization Committees ONLY)	
Date of Receipt		Date of Receipt		Date of R		
				1		
Am	ount	Amount			Amount	
			TOTAL SECTION	G		
H	I. Personal Funds of	the Candidate Recei	ved this Period <i>(Can</i>	didate Co	ommittees ONLY)	
Date of Receipt	Method of payment:				Amount	
	☐ Cash	☐ Personal Check	☐ Credit/Debit C	Card		
Date of Receipt	Method of payment:		-		Amount	
	☐ Cash	Personal Check	☐ Credit/Debit C	ard		
Date of Receipt	Method of payment:		7410		Amount	
	☐ Cash	☐ Personal Check	☐ Credit/Debit C	ard		
ate of Receipt	Method of payment:			-	Amount	
	☐ Cash	☐ Personal Check	☐ Credit/Debit C	ard		
			TOTAL SECTIO	N H		
		L Anonymous	Contributions			
amot	er Public Act 11-48, ant. If a committee mediately remit the	receives an anonyme	ous contribution, the State Elections Enfo	e camp	aign treasurer shall	

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)	T	YPE C	F REPORT	
Land of the state	. Interest from Deposits in Author	orized Accounts			
Name of Institution		E	ate Rec	eived	Amount
Street Address	City	Stat	e	Zip Code	
Name of Institution		E	ate Rec	eived.	Amount
Street Address	City	Stat	e	Zip Code	
	то	TAL SECTION	J	<u></u>	
K. Miscell	aneous Monetary Receipts not C	Considered Cont	tribu	tions	
Name			Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Dar	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Dat	e of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description		lie de la companie d		1	
Name			Dat	e of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
	TOTAL	SECTION K			
SUMMARY O	F OTHER MONETARY RECE	IPTS (Sections	D th	rough K)	
Total Loans Received this Period (Section D)				
Total Receipts from Entities other than Indiv	iduals or Other Committees (Section E))	+		
Total Amount Transferred from Affiliated B	usiness Treasury (Section F)		+		¥:
Total Amount Transferred from Affiliated L	abor Union or Other Organization Trea	asury (Section G)	+		
Total Amount of Personal Funds of the Cand	lidate Received this Period (Section H)		+		
Total Amount of Interest from Deposits in A	uthorized Accounts (Section J)		+		
Total Miscellaneous Monetary Receipts not			+		
(Add Section	Total of Oth as D through K) (Enter total on Line 15, Col	her Monetary R			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository,)	TYPE OF REPORT	
	I 1 Fyor	nt Information	L	
Event#		at thiormation		
Date of Event Letter	Description			Was this a fundraising event
Location: Street Address		City		State Zip Code
Subpart 1: (All Commit Was this event hosted at				e required information for any
Did this fundraiser included of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?	☐ Yes (If yes, go to Section L and complete required ☐ No		ot Considered Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	☐ Yes (<i>If yes</i> , enter Total Rec ☐ No	eipts here.)	\$
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Com advertising space in a program book or on a fundraiser?	☐ Yes (If yes, go to Section L.	Committees) 3 Purchases of Advertiplete required information	
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	☐ Yes (If yes, enter Total Rec	ceipts here.)	\$
Event # Date of Event Letter	Description	71		Was this a fundraising event? ☐ Yes ☐ No
Location: Street Address		City		State Zip Code
Subpart 1: (All Committee Was this event hosted at a	The state of the s			required information for any
Did this fundraiser includ of up to \$200 or items do	e goods or services donated by a business entity nated by an individual of up to \$100?	☐ Yes (If yes, go to Section L and complete required ☐ No		ot Considered Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	☐ Yes (If yes, enter Total Rec☐ No	eipts here.)	\$
Subpart 2: (Party Comm Were there purchases of a sign associated with this t	ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a fundraiser?	mittees other than Exploratory ☐ Yes (If yes, go to Section L3 or on a Sign and comp	Purchases of Adverti	
Subpart 3: (Town Comm Did your committee sell for gathering held within the	ood or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Reco	eipts here.)	\$
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page	
		ion L1—Subpart 3 (Town Commit ipts from Food Purchases — '		
		TOTAL of additional Section	L1 Pages	
		IPTS FROM SMALL PUR Line 16a, Column A of Summary		12

II. EVENT ACTIVITY (Sections L1-L5)

		8, effective January om a committee tag						
NAME OF COMMITT	EE (Provide Complete Nam	e as Registered with Filing Reposi	lory)		TYPE OF REPO	RŤ		
								tor reven-
EASTERN PREPARE	L3, P	urchases of Advertis	ing in a Prog	ram Book or o	on a Sign		W 1 P	
Name of Purchaser							se Made By:	C)
							isiness Entity dividual/Sole P	Other
Street Address		<u> </u>	City	·		☐ Inc	State State	Zip Code
Succe Addiess			City				State	Zip Code
Date Received	Event#	Aggregate Purchase	es for All Events	Amount of Pr	ogram Ad Purcha	se	Amount of Sig	n Purchase
Name of Purchaser						Purcha	se Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Inc	dividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	ogram Ad Purcha	se	Amount of Sig	n Purchase
Name of Purchaser						Purchas	se Made By:	
					1		isiness Entity dividual/Sole P	Other coprietorship
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of Pro	ogram Ad Purcha	se	Amount of Sig	gn Purchase
Name of Purchaser				*** V		Purchas	se Made By:	
							siness Entity lividual/Sole Pr	Other
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	ogram Ad Purcha	se	Amount of Sig	n Purchase
Name of Purchaser		Juston				Purchas	se Made By:	
							siness Entity lividual/Sole Pr	Other
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	ogram Ad Purcha	se .	Amount of Sig	n Purchase
	SUBTOTAL Sect	tion L3 Total Purchases of	Advertising in	Program Book -	— This Page			
	SUBTOT	AL Section L3 Total Pure	chases of Adver	tising on a Sign -	— This Page			
			TOTAL of	f additional Secti	on L3 Pages			
TO	TAL OF ALL PURCE	IASES OF ADVERTISIN (Enter total on		RAM BOOK or an A of Summary				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	EE (Provide Complete Name a	s Registered with Filing Rep	pository)	TYPE OF	REPORT						
	L4	In-Kind Donati	ons Not Cons	idered Contributions							
Name of Donor					28						
Street Address			City			State	Zip Code				
Donation Given By:	Description of Donation				Fair	Market Va	lue of Donation				
☐ Business Entity											
☐ Individual	Date Received	Event #		Aggregate Value for this Event							
Sole Proprietorship											
Name of Donor	W. C										
Street Address			City	()		State	Zip Code				
Donation Given By:	Description of Donation	×		110	Fair l	Market Val	ue of Donation				
☐ Business Entity											
☐ Individual ☐ Sole Proprietorship	Date Received	Event #	· · · · · · · · · · · · · · · · · · ·	Aggregate Value for this Event							
Name of Donor	***************************************			- due son exemple de la company							
Street Address		The state of the s	City			State	Zip Code				
Donation Given By: Business Entity	Description of Donation				Fair l	Market Val	ue of Donation				
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event							
Name of Donor											
Street Address	514pr - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1		City			State	Zip Code				
Donation Given By: Business Entity	Description of Donation	Not the small of the state of t			Fair N	l Viarket Val	ue of Donation				
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for this Event							
		S	UBTOTAL Sect	ion L4 — This Page							
		TC	OTAL of additio	nal Section L4 Pages							
тот	AL OF ALL IN-KIND			CONTRIBUTIONS ummary Page Totals)							
)							

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pro	wide Complete Name as Registered with Filing Rep	ository)			TYPE OF RE	PORT	
L5.1	n-Kind Donations Not Conside	red (Contributions Associa	ted with a I	Touse Pari	tv	
Name of Host			O 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				ne candidate or
<i>y</i>				committee?	☐ Yes ☐ N	о	
				If yes, co	mplete Itemiz	tion in Ad	dendum L5
Street Address			City			State	Zip Code
Description of Donation					Foir Mor	drot Volue	of Donation
					Tan Mai	Net Value	от топации
Event #	Aggregate Value of this Event—all hosts	T _A	gregate Value of all Events—this ho	nat/o mudi data	1		
A A COLOR II	Tagaregue value of this byent—un nosis	1216	Bregge Author of all DACHE -1913 MC	31/Curaname			
	L						
Name of Host				Is this event s committee?			ne candidate or
					mplete Itemiz		dendum I 5
Street Address			City	2) , 500, 00	anpiero Atenna	State	Zip Code
			l		,		
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	1		
		- 1					
Name of Host				Is this event s	supporting me	ore than or	ne candidate or
				committee?	☐ Yes ☐ N	0	
				If yes, co	mplete Itemiza	tion in Add	
Street Address			City			State	Zip Code
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	1		
			-				
Name of Host		-		To this assess a		41	1:1-4
				committee?	upporung ma □ Yes □ No	ore unan or	ne candidate or
					mplete Itemiza		lendum L5
Street Address			City			State	Zip Code
Description of Donation					E. M.	l 4 \$7 1	f Donation
•					Lait Matal	Ket value (OI DOUATION
Event #	Aggregate Value afabi. Pausa 11 hauta	L	4 X71 C UP				
Svein h	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	si/canaiaaie			
		SUB	TOTAL Section L5 — 7	This Page			
		002	TOTAL STORING ES	mis raige			
	7	OTA	L of additional Section	I 5 Pages			
		OIA	L of additional Section	Lorages			
TOTAL OF	ALL IN-KIND DONATIONS NO	T CO	ONSIDERED CONTRI	BUTIONS			
ASSOCIATED WITH A			2, Column A of Summary I				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Repository)			TYPE (OF REPORT		
	0.18.	7	M. In-Kind	Cont	ributions		874 VII. ES		
Name		21.00	1/21 24 24110	COLL	1D West VALUE				
Street Address				Io				State	Tip C-do
Steet Autress					ity			State	Zip Code
Type of contributor:	Date Recei	ved	Aggregate Contributi	ons	Description of In-Kind	Contributio	on		
☐ Individual / Sole Proprietorship ☐ Other									
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?								Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	ator a principal of a s indicate which bran comment the contract	ch or b	tractor or prospective sta ranches Executive		□No		
Name									***************************************
Street Address				C	ity			State	Zip Code
Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Recei	ved	Aggregate Contribution	ons	Description of In-Kind (Contributio	л		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ibution is in ntributor or at more than	business he/she is a	candida sociate	tte for a chief executive of with have a contract w	officer of ith said n	a municipality, nunicipality		Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	Is contribu		ch or br	ractor or prospective sta		□No		
Name								-	
X									
Street Address				Ci	ity			State	Zip Code
Type of contributor: □Committee □Individual / Sole Proprietorship □Other	Date Receiv	ved	Aggregate Contribution	ns	Description of In-Kind (Contributio	п		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/she is as		te for a chief executive of with have a contract w Yes No				Market Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes, i	tor a principal of a st indicate which branch mment the contract i	h or br	ractor or prospective sta anches		□ No		
		2	SUBTO	AL Se	ection M — This Pag				
	=111 %	1 13	TOTAL of	additi	onal Section M Page	9			
TOTAL OF ALL IN-KIND CON	TRIBU'I	TONS Œ	inter total on Line 23,	Column	A of Summary Page To	tals)	- Maria de Maria		
	N.	Refund	lable Deposit t	o Tel	ephone Compan	y			Ya Piliyu Y
Last Name of Individual			First				MI	Date Deposit	Made
Residential Street Address			City			State	Zip Code	<i>A</i>	Amount of Deposit
Name of Telephone Company							4		
Street Address			City	_		State	Zip Code		
TOTAL SE	CTION	N (Enter t	otal on Line 24. Col	umr A	of Summary Page Total	(e)	L		

SEEC FORM 20 Rayland Junuary 2015

IV. EXPENDITURES (Sections P—T)

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Sam Parlyto for Mayor Ter			nutter			
P. Expenses Paid by Committee						
Name of Payee	CHIZENS Browk	Date of Payment	Method of Payment: ☐ Check # ☐ Check # ☐ EFT			
Street Address	263 Humbyruy Ave City Tasi	Muren	State Zip Code CT 0(517			
Purpose of Expenditure (by code)	Description Bunk Fee	Event#	Amount			
Expenditure # (if applicable)	Considerated without which was a second of the second of t	Independent Organization: O A O B O C O D	\$3.00			
Name of Payee	Citizan's Bank	Date of Payment 2/29/24	Method of Payment: ☐ Check # Debit Card ☐ EFT			
Street Address 263	CIHZAN'S BANK themhymny Me City Too	t Hwen	State Zip Code CT 06512			
Purpose of Expenditure (by CAR) K	Bunk Fee	Event#	Amount			
Expenditure # (if applicable)		ndependent	\$3.00			
Name of Payee	Lithen's Bank	Date of Payment 3/29/24	Method of Payment: Check # Debit Card EFT			
Street Address 263	S dembyrny Fre Eas	82 Huen	State Zip Code CT 06517			
Purpose of Expenditure (by code) BNK	Bonk Fee	Event #	Amount			
Expenditure # (if applicable)		elow" is checked) Independent Organization: OAOBOCOD	\$3.08			
Name of Payee		Date of Payment	Method of Payment: Check #10 (Debit Card EFT			
Street Address	Summershe Farteto 475 thingson Aur City East	- Heren (State Zip Code			
Purpose of Expenditure (by code)	Description Payment of Loan	Event#	Amount			
Expenditure # (If applicable)		Independent	\$5,000			
	Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section	on P — This Page 5 5009	.ÖÓ			
	TOTAL of additiona	l Section P Pages				
	TOTAL OF ALL EXPENSES PAID BY (Enter total on Line 19, Column A of Su		00.			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	(נמ		TYPE OF REPORT		
	O. Campaign Ex	penses Paid by Cand	 lidate			
Name of Payee (Name of V	Vendor, Person or Entity who candidate paid directly)	panner		Date of Payment	T Is reimb	oursement claimed?
	Promotive Activity		!			
Street Address		Total				
Sifeet Address		City			State	Zip Code
						
Purpose of Expenditure (by code)	Description		Event #	#		Amount
(6) 5525/						
Name of Payee (Name of V	Vendor, Person or Entity who candidate paid directly)		بستا	Date of Payment	Is reimb	oursement claimed?
	The second					_
Street Address		Too				
Street Address City					State	Zip Code
Purpose of Expenditure	Description	,,	Event #	#		Amount
(by code)						
Name of Pavee (Name of V	Vendor, Person or Endity who candidate paid directly)			Date of Payment	Is reim!	oursement claimed?
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Street Address		City		Control of the Contro	State	Zip Code
Purpose of Expenditure	Description		Event #	#		Amount
(by code)					Į.	
Name of Daving (Name of V	Zandan Daman on Futitu who sandidate neid discothi)		Щ,	D : - FDyest	 	10
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		1	Date of Payment	_	ursement claimed?	
					- 7	Yes 🗖 No
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Event #	#		Amount
(by code)						
		****	Ц,		<u> </u>	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	ursement claimed?
					☐ Yes ☐ No	
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Event #			Amount
(by code)						Allav was -
			Щ,			
Name of Payee (Name of Ve	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	ursement claimed?
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Street Address	er - m - p - m - m - m - m - m - m - m - m	City			State	Zip Code
Purpose of Expenditure	Description		Event #	ш		Amount
(by code)	Description		Even.	′	-	#Utonur
		SUBTOTAL Section Q —	– This	Page		
	Tr	OTAL of additional Section	on O F	Darras		
		PENSES PAID BY CAI ne 26, Column A of Summary				

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository	, ly	TYPE OF R	REPORT			
N of Louing Insti	R. Expenses Incurre		redit Card				
Name of Issuing Institution Type of Cree Visa			- Cord Discover	□ America:	- Evnyage	- Char	
V CV V N		☐ Visa ☐ Master	Card Discover	American	an Express		
Name of Vendor, Person of	r Entity				Date of T	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 expend Coordinated without reimbursement sought (in-kind or	diture) 🔲 Inde	ependent	ос о р			
Name of Vendor, Person of	r Entity				Date of T	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 expend Coordinated without reimbursement sought (in-kind or	diture) 🔲 Inde	ependent	0 C 0 D			
Name of Vendor, Person or	Entity				Date of Ti	ransaction	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#			Amount	
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	st	UBTOTAL Section R —	- This Page				
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тот	FAL OF ALL EXPENSES INCURRED ON ((Enter total on Line	COMMITTEE CRE					

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	Manual Har	Transfer 18		
					7777		
	S. Expenses Incurred by Comp	mittee but Not Paid	During this Period				
Name of Creditor				Date Incur	тed		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	Event#			Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required and None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind continued)	☐ Indepe		D			
Name of Creditor		9		Date Incur	тed		
Street Address		City		State	Zip Code		
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Name of Creditor				Date Incur	red		
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TOTAL OF ALL F	EXPENSES INCURRED BY COMMITTEE DURIN (Enter total on Li	NG THIS PERIOD BUT ine 28, Column A of Summa					
	Previously reported Expe	enses Unpaid and still Or	utstanding				
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Line	BY COMMITTEE BUT te 28a, Column A of Summar					

NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing Repositor	לער	TYP	E OF RE	PORT	T W	a du Vicin	
	T. Itemization of Reimb	oursements and Second	lary Pay	ees				
Last Name of Worker/Cons	sultant (n.SS	Joseph Joseph			МІ	Date of Payment to Vendor, Person or Entity 3/31/24		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	1					/orker/Consultant as	
	Som Parluto for the	Mor		reported in	Section P:	_ Deb	oit Card 🔲 EFT	
Street Address of Vendor, 1	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code	
26	Relphs Lane	EUST He	un			CT	06512	
Purpose of Expenditure (by code)	Relphs Lane Description Surplys bank und	er \$1,000	Event#			1	Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum T Require					A A	47	
(if applicable)	☐ None of the below ☐ Coordinated with reimbursement sought (joint exper ☐ Coordinated without reimbursement sought (in-kind	nditure) \(\sum_{\text{P}}\) Independ	dent	0 B (осор	φυ	» \ 1	
Last Name of Worker/Cons	ultant	First			М	Date of Pe Person or	nyment to Vendor, Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	L				Committee W	/orker/Consultant as	
]	Chec	Section P:	_ Deb	it Card 🔲 EFT	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code	
Purpose of Expenditure (by code)	Description	I	Event#			A	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind	nditure) 🔲 Indepen	dent	ов с	СОР			
Last Name of Worker/Cons	ultant	First			МІ	Date of Pa Person or	syment to Vendor, Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Section P:	Committee W	orker/Consultant as	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code	
Purpose of Expenditure (by code)	Description]	Event #		18	2	Amount	
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TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VORKERS AND CONSU	JLTANT:	s S	0.4	7		