SEEC FORM 20

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

RECEIVED FOR FILING OCT 3 1 2023 TOWN CLERK'S OFFICE EAST HAVEN, CONN.

Page 1 of 17

aisa Batto

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE				
	sum Darluso For	. M		
2. TREASURER NAME	an range for	Mayor		
First	MI	Last Ce 5.5		Suffix
3. TREASURER ADDRESS			DO RESTRICT	
Street Address 26 Nalphs Lr	City	East Haven	State	Zip Code 0657 Z
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	ly if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11/07/2023	Mayor			(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			
Sumanthe	MI	Parwio		Suffix
8. TYPE OF REPORT (Check One Box)		To the second se		
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Cont	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	
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination	OCT	- 10 Filing
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November			0
9. PERIOD COVERED			574.57	
	Beginning Date	Ending Date		THE STATE OF THE STATE OF
9	-/1/77	2/3/		
i .	1/1/ 23	thru 9/50/23		
10. CERTIFICATION				
I hereby certify and state, under per Disclosure Statement for the per TREASURER OR DEPUTY TREASURER	lod covered is true, accurate	all of the information set forth on this and complete. To siph (058) T NAME OF SIGNER	s Itemized Can	npaign Finance / 0/30/20 Z3 DATE (mm/dd/yyyy)
A person who is for	ound to have knowingly and wi faces a civil pen	llfully violated any provisions of the nalty or imprisonment or both.	campaign finar	nce statutes

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Sum Palluto Go- Mayor	Amendment to Oct 10 m	
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$10,388.31	
13. Contributions Received from Individuals (Sections A and B)	\$10,388.31	\$23,575.00
14. Receipts from Other Committees (Sections C1 and C2)	30	80
15. Other Monetary Receipts (Sections D through K)	30	50
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	30
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$8635.00	\$23,575,00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$ 19,073,31	\$23,575.00
19. Expenses Paid by Committee (Section P)	\$17,241,57	\$12,24.57
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)		\$6,781.74
21, In-Kind Donations not Considered Contributions Received (Section L4)	\$843.96	\$893.96
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)	90	80
25. Loan Balance	30.00	
25a. + Loans Received (Section D)		30.00
25b. + Interest and Penalties on Loan		
25c. Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)	\$3,552.18	\$3552.18
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	80.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
S. O.1. O.	1 11	-
A Total Contributions from Small Contribute Device Contributions from Small Contribute Device Contribu	Oct 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 825	
	<u> </u>	
B. Itemized Contributions from Individ	duals	
Last Name First	MI	
Le rates Thomas		
Residential Street Address City FORL 14	Even State Zip Code CT UG57	<u> </u>
Principal Occupation Name of Employer	wer (C) 0037	
Toolmaker	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 of valued at more than \$5,000?		tribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches	Contractor? Syes \$100.0	20
Method of Contribution: OCash OPersonal Check	Aggregate Contributions	
Last Name Glego Coss First Tocoph	MI	
Residential Street Address 26 Pulphs Lane City East thu	State Zip Code CT 0651	12
Principal Occupation PUBLIC Affairs Name of Employer Shake of	2-CT	
s 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 of does contributor or business he/she is associated with have a contract we valued at more than \$5,000? Yes O Yes	officer of a municipality, ith said municipality	ribution
s this contribution associated with an event reported in Section L1? If yes, list Event # 0727238 Is contributor a principal of a state contractor or prospective state if yes, indicate which branch or branches of government the contract is with: Executive	QNO 0 FO U.	SC
Method of Contribution: Date Received A	Aggregate Contributions	
Ocash OPersonal Check Fredit/Debit Card OPayroll Deduction OMoney Order 27/20/23	8150.00	
ast Name First	MI	
Lesidential Street Address City	State Zip Code	
rincipal Occupation Name of Employer		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes No Yes If contribution is in excess of \$400 to a candidate for a chief executive of does contributor or business he/she is associated with have a contract with valued at more than \$5,000? Yes No	officer of a municipality, ith said municipality Amount of Contr	ribution
this contribution associated with an vent reported in Section L1? Wes, list Event # Section L1? Wes, list Event # Security Event (Contribution a principal of a state contractor or prospective state of government the contract is with: Security Event (Contribution associated with an invent of government the contract is with: Security Event (Contribution associated with an invent of government the contract is with:	contractor? Yes No	
Method of Contribution: Date Received A	ggregate Contributions	
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order		
SUBTOTAL Section B — This Pa	age \$250.00	
TOTAL of additional Section B Pag		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + (Enter total on Line 13, Column A of Summary Page Total	B) C 5. 2.	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Sam Parate Sol Hayor	Oct W Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY		
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 825-	
B. Itemized Contributions from Indivi	iduals	
Last Name First	MI	
Residential Street Address City		
1617 Buschne Lane Veri Baco	sich State Zip Code FL 32967	
Principal Occupation CO - Owner Name of Employer Spurice	LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract	e officer of a municipality, Amount of Contribution	
valued at more than \$5,000? Ves No Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state.	e contractor? OYes	
event reported in Section L1? No If yes, indicate which branch or branches	OLegislative \$100.00	
Method of Contribution: Date Received	Aggregate Contributions	
OCash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney Order 7/27/23	\$100.00	
Last Name First	MI	
Clehdelora Uncert		
105 Sea Hill Red City North Br	and State Zip Code CT 06471	
Principal Occupation Name of Employer	(2) (0671)	
Legister State of	CT	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes	e officer of a municipality, with said municipality	
s this contribution associated with an event reported in Section L1? No	No Do	
Mahal CO 17 d	Aggregate Contributions	
	\$200.00	
ast Name First	МІ	
Campbell Toseph Residential Street Address		
93 Old Sulf Works Rd Westbrook	State Zip Code OF 06498	
rincipal Occupation Name of Employer		
Owner Julie's Cup	of Tue	
r dependent child of a lobbyist? Yes No Viscontribution 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?	officer of a municipality, Amount of Contribution with said municipality	
this contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches	contractor? Syes \$100.00	
Aethod of Contribution: Date Received	Aggregate Contributions	
Cash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney Order 7/25/23	\$100.00	
SUBTOTAL Section B — This I	Page \$400.00	
TOTAL of additional Section B Pa		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page To	+B) A (125 a)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
S. Dal B.		0.1	Citi.
A. Total Contributions from Small Contributors-Received	Tuyer	Oct 10	MILINE
	UBTOTAL SECTION A	\$ 825 -	
		micros - 1 - 1 - 1 - 1 - 1 - 1	
Last Name B. Itemized Con	tributions from Indivi	duals	
Melone	Hug.		MI
Paris 210 (11)	City City	ne	State Zip Code
175 Rock Rd	North Gar	n	CT 06473
Principal Occupation	Name of Employer	0 0	
Maskethy	Brown	n & Brown	of CT
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	a candidate for a chief executive	e officer of a municipality,	Amount of Contribution
valued at more than \$5,000?	S associated with have a contract Oyes No	with said municipality	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section L1? No If yes, indicate which brane	ate contractor or prospective state	e contractor? Yes	\$50.00
If yes, list Event # 072723 B of government the contract		OLegislative P 10	
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney C	1,0.70	\$50.00	
Dayly hAv	First		MI
Residential Street Address Ici) Jeron		State Zip Code
459 Thompson Ave		liven	(T 06517
Principal Occupation	Name of Employer		[, 0031 [
Rethred			
s 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	a candidate for a chief executive	officer of a municipality,	Amount of Contribution
valued at more than \$5,000?	O Yes No	vith said municipality	
s this contribution associated with an event reported in Section L1? No Is contributor a principal of a state of the section L1? No If yes, indicate which brance of the section L1?	te contractor or prospective state		TIEN OF
If yes, list Event # 0727236 of government the contract i		Legislative No	\$150.00
Method of Contribution: Ocash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Or	5 a c 5 c 5	Aggregate Contributions	
ast Name	12112	\$190.00	
Byk	First		MI
cesidential Street Address Cit	1 10119	I s	State Zip Code
121 George St	East fly	sen /	OT 06517
rincipal Occupation	Name of Employer		01 00012
State Mushul			
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a does contributor or business he/she is a	a candidate for a chief executive	officer of a municipality,	Amount of Contribution
valued at more than \$5,000?	Yes Who	ith said municipality	
this contribution associated with an vent reported in Section L1? No No Wes. indicate which branch			*
If yes, list Event # 07772313 of government the contract is) Legislative	\$ 500.00
Jethod of Contribution:	/	ggregate Contributions	
Cash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney Ord	der 7/27/23	\$300.00	
SUBTO	TAL Section B — This P	age \$ 500.0	Ö
TOTAL -4	f additional Section B Pa		
		0010	00
TOTAL OF ALL CONTRIBUTIONS FROM IT (Enter total on Line 13, 6)	NDIVIDUALS (Sections A - Column A of Summary Page To	rals) 8 835.0	50
	the state of the s		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	ry)	TYPE OF REPORT	
Sum Parula As	Herro (Oct	15 Fling
A. Total Contributions from Small Contributors-Rec	eived this Period ONLY	6875	10 1111
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	1025	
		*	
B. Itemized	Contributions from Indiv	iduals	
Zalewski	First	n	MI
Residential Street Address	City		State Zip Code
34 Kelly Crest Rd	Granford		Ct 06405
Principal Occupation Technology Speud 18ts	Name of Employer	DE DE	
Is contributor a lobbyist, spouse, OYes If contribution is in excess of \$4	400 to a candidate for a chief executive she is associated with have a contract OYes	ve officer of a municipality	y, Amount of Contribution
Is this contribution associated with an Yes Is contributor a principal o	f a state contractor or prospective star	te contractor? PYes	\$100.00
If yes, list Event # of government the con	tract is with:	O Legislative	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	Date Received 19/01/23	Aggregate Contributions	
Last Name	First	φ 100 .00	MI
*Yerrari	Scott		1471
Residential Street Address	City Cl i D 1	XIID:	State Zip Code
Principal Occupation	Struttord		CT 00614
Real Estate Appriser	Name of Employer CNB	-pprakais L	LC
Is contributor a lobbyist, spouse, O Yes If contribution is in excess of \$40	00 to a candidate for a chief executive	e officer of a municipality	
or dependent child of a lobbyist? No does contributor or business he/s valued at more than \$5,000?	he is associated with have a contract O Yes No	with said municipality	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Yes No If yes, indicate which be of government the contribution of government the contribution in the contribution of government the contribution is principal of the principal	_	e contractor? No Legislative	\$100.00
Method of Contribution:	Date Received	Aggregate Contributions	1
OCash OPersonal Check Credit/Debit Card OPayroll Deduction OMon		\$100.00	
Govlart	First Rich		MI
Residential Street Address	City		State Zip Code
661 Stiver Sunds Dd	Cast Ha	ren 8	CT 06512
Principal Occupation Shike	Name of Employer Advivate	iege Solvteni	7
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/st valued at more than \$5,000?	0 to a candidate for a chief executive the is associated with have a contract of Yes No	officer of a municipality, with said municipality	Amount of Contribution
	a state contractor or prospective state	contractor? QYes	\$150.00
If yes, list Event # 07274313 of government the contra	_	O Legislative	J\$130.00
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	1 / / 3 //(4/19)	Aggregate Contributions \$190.00	,
SUB	TOTAL Section B — This l	Page 4'350.	00
ТОТА	L of additional Section B Pa	ages \$8285	5.00
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Sections A : 13, Column A of Summary Page T	+B) \$8635.0	70

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Sum Parlato for rayor	Oct 10 Filing
A. Total Contributions from Small Contributors-Received this Period ONI	Y
(See instructions for definition of Small Contributor) SUBTOTAL SECTION	A DLO
B. Itemized Contributions from In	dividuals
Last Name First	dividuals
Farlete Mole	rhe l
Residential Street Address City	State Zip Code
Principal Occupation Name of Employer	- fluer CT 06512
Principal Occupation Byshiss Areshart Cons	- Huer CT U651Z time Corp.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$400 to a candidate for a chief exe does contributor or business he/she is associated with have a convalued at more than \$5,000?	ecutive officer of a municipality, amount of Contribution number with said municipality
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective of the section L1? Yes If yes, indicate which branch or branches	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Omoney Order	Aggregate Contributions
Last Name First	л <i>Ф190.00</i>
Enders Micha	/
Residential Street Address That 23 Oragin Ne City Tast Herer	
Principal Occupation Name of Employer	
	1 Texas College
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves No Ves No Ves No Ves No Ves No No Ves No Ves No	tract with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # 097173 A Is contributor a principal of a state contractor or prospective of government the contract is with: Executive Section L1? Executive Section L1: Exe	e state contractor? PYes S40.00
Method of Contribution:	Aggregate Contributions
OCash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney Order 9/19/23	\$140.00
Last Name Argento First Michael	MI
Residential Street Address	State Zip Code (T U651Z
726 Wardrevel Ave New Her Principal Occupation Retried Name of Employer	
is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a second or business he/she is a sec	ract with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042123A Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches of government the contract is with: Execution 1.12	state contractor? Ses \$40.00
Method of Contribution: Date Received QCredit/Debit Card OPayroll Deduction OMoney Order OPayroll Deduction OPayroll Deduc	Aggregate Contributions 3 40.00
SUBTOTAL Section B — T	his Page \$120.00
TOTAL of additional Section	B Pages \$6515.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Pa	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Sum Parlate for Hayor	Oct 15 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 825-	
B. Itemized Contributions from Indivi		
Tarmle Toseph	MI	
Residential Street Address 7 Myplurable C+ City Principal Occupation Name of Employer	State Zip Code CT U6517	
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes Over	e officer of a municipality, with said municipality	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of the section L1? If yes, indicate which branch or branches	OLegislative SYes	
Method of Contribution: OCash OPersonal Check	Aggregate Contributions \$ 160.00	
R'scitelli Patricia	МІ	
Residential Street Address 76 Sulerno Ava City Fast Hurn	State Zip Code (T 0651Z	
Principal Occupation Retired Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	officer of a municipality, with said municipality	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 0971234 Section L1? If yes, indicate which branch or branches of government the contract is with: Executive (1)	No 840 00	
Method of Contribution: Ocash OPersonal Check Oredit/Debit Card OPayroll Deduction Omoney Order Date Received 9/20/23	Aggregate Contributions \$40.00	
R'ecitelli First Carmine	МІ	
Residential Street Address 76 Sulerno Ave City Tast Carmine Tast Haven	1 State Zip Code CT 06517	
Principal Occupation Name of Employer		
s contributor a lobbyist, spouse, r 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 we valued at more than \$5,000? Yes O No	officer of a municipality, Amount of Contribution with said municipality	
s this contribution associated with an vent reported in Section L1? No lifyes, indicate which branch or branches	Contractor? Sees \$ 40.00	
	Aggregate Contributions \$ 40.00	
SUBTOTAL Section B — This F	age 3240.00	
TOTAL of additional Section B Pa	ges \$8395.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A Enter total on Line 13, Column A of Summary Page To	+B) 98635.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Sam Parato for Nayor	Oct 10 Filing
A. Total Contributions from Small Contributors-Received this Period ONI (See instructions for definition of Small Contributor) SUBTOTAL SECTION	Y
B. Itemized Contributions from In	dividuals
Last Name Doughty First Steven	MI
Residential Street Address 459 Lumpson Aur Tast H	liver State Zip Code CT 0657Z
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief ex does contributor or business he/she is associated with have a convalued at more than \$5,000? Over the contributor of \$400 to a candidate for a chief ex does contributor or business he/she is associated with have a convalued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective event reported in Section L1?	
Method of Contribution: OCash OPersonal Check	Aggregate Contributions 3 \$190.00
Last Name Richardson First Bill	МІ
Residential Street Address	Heren State Zip Code CT 0651Z
Principal Occupation Name of Employer Part Asso Sales Mys. Part	Heren CT 0651Z - Assoc.
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 exe does contributor or business he/she is associated with have a convalued at more than \$5,000? Yes	cutive officer of a municipality, Amount of Contribution stract with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # 097123A Is contributor a principal of a state contractor or prospective in Section L1? If yes, list Event # 097123A Description:	re state contractor? Syes No 140.00
Method of Contribution: Cash OPersonal Check Credit/Debit Card OPayroll Deduction Omoney Order 9/71/23	Aggregate Contributions
Last Name Mustan3 First Veccu	MI
Residential Street Address 145 Norgan Arc City East His	State Zip Code (+ 06572
Principal Occupation Rame of Employer Vew H	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a candidate for a chief exe does contributor or business he/she is associated with have a convalued at more than \$5,000? Yes	cutive officer of a municipality, tract with said municipality
	tive OLegislative No \$ 40.00
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMoney Order October 19/21/33	Aggregate Contributions \$\frac{\mathcal{T}}{110.00}\$
SUBTOTAL Section B — 1	his rage \$170.05
TOTAL of additional Section	100010
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary P	

NAME OF COMMITTEE AS A COMMITTEE AS		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Sam Millato for rayor	Oct 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY	1 425	
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	1 0 20	
B. Itemized Contributions from Indi	viduals	
Last Name First	MI	
13 losson Kushy	r	
Residential Street Address 28 Ozone Rel City Tast H	liver State Zip Code CT 06512	
Principal Occupation Name of Employer Markety Markety	idstate Padestoyy	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Specification is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contributor or business he/she is a second or	act with said municipality Amount of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective section Is contributor a principal of a state contractor or prospective section Is contributor a principal of a state contractor or prospective section Is contributor a principal of a state contractor or prospective section Is contributor a principal of a state contractor or prospective section Is contributor a principal of a state contractor or prospective section Is contributor approach is contributor approach in Section Is contrib		
Method of Contribution: OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order Date Received 9/2/33	Aggregate Contributions \$ 80.00	
Last Name Lamothe First Lawren	CR MI	
Residential Street Address 55 UNF ST City East Have	State Zip Code (T 0651Z	
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contravalued at more than \$5,000? Yes No	ct with said municipality	
s this contribution associated with an event reported in Section L1? When the section L	tate contractor? Yes Legislative No S40.00	
Method of Contribution: Cash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order OCASH OPERSONAL CHECK OPAYROLL OPAYROLL DEDUCTION OF OPAYROLL DEDUCTION OPAYROLL	Aggregate Contributions \$40.00	
Last Name Kley White Keym	MI	
Residential Street Address G Thylur Acc City East flur	State Zip Code CT 06577	
Principal Occupation Sell Name of Employer		
s contributor a lobbyist, spouse, r dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execution of the contributor of business he/she is associated with have a contract valued at more than \$5,000? Yes Valued at more than \$5,000?	et with said municipality	
sthis contribution associated with an No No Is contributor a principal of a state contractor or prospective structure of state contractor or prospective structures of government the contract is with: State Contributor a principal of a state contractor or prospective structures of government the contract is with: State Contributor a principal of a state contractor or prospective structures of government the contract is with:	ØNo	
Aethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received	Aggregate Contributions	
SUBTOTAL Section B — Thi	s Page \$ 170.00	
TOTAL of additional Section B	Pages \$8515.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Sam Parlito for Mayor	Oct 10 Filling
A. Total Contributions from Small Contributors-Received this Period ONI (See instructions for definition of Small Contributor) SUBTOTAL SECTION	LI (275 -
B. Itemized Contributions from In	ndividuals
Last Name Grcco First Mus	ia
Residential Street Address 16 Angula Or Tast H Principal Occupation I Name of Employer	wer State Zip Code
Traine of Employer	TH BOE
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No life contribution is in excess of \$400 to a candidate for a chief except does contributor or business he/she is associated with have a contributor or business he/she is a	ecutive officer of a municipality, Amount of Contribution ontract with said municipality
Is this contribution associated with an event reported in Section L1? No Yes Is contributor a principal of a state contractor or prospective formula of the section of t	ve state contractor? Yes utive OLegislative Aggregate Contributions
OCash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney Order 9/21/23	\$ \$20.00
Sharror Tirst Tya	MI
Residential Street Address 47 Todds HIII 2d City Brankor	State Zip Code CT UG405
Principal Occupation Technology Somes FLI	BOE
If contribution is in excess of \$400 to a candidate for a chief exe or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief exe does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a sample or busi	ecutive officer of a municipality, Amount of Contribution
s this contribution associated with an event reported in Section L1? When the section L1? We have the section L1? We h	ve state contractor? PYes No S 40.00
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/21/23	Aggregate Contributions \$ 40.00
Parleto First Swah	MI
	Haven State Zip Code (T U657Z
Principal Occupation Secretary Name of Employer EH 8	BOE
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a convalued at more than \$5,000? Yes So	tract with said municipality
s this contribution associated with an event reported in Section L1? If yes, list Event # 0977734 Is contributor a principal of a state contractor or prospective if yes, indicate which branch or branches of government the contract is with: Executive Executive in the contract of the	8No 14 10.00
Method of Contribution: Date Received	Aggregate Contributions \$ 40.00
SUBTOTAL Section B — T	This Page \$100.00
TOTAL of additional Section	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary P	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Terms or an arrangement	
	TYPE OF REPORT	
Sam Parleto @ lor Meyor	Oct 10 Filmy	
A. Total Contributions from Small Contributors-Received this Period ONLY	\$ 275	
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	1 8 27	
B. Itemized Contributions from Indiv	iduals	
Last Name First		MI
Dilungo Dennite		
Residential Street Address 299 Burburny Rd City North Hu	S	State Zip Code
299 Sworry Rd North Hu	ren (CT 06 473
Principal Occupation Name of Employer		
	dunel MD	
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	ve officer of a municipality,	Amount of Contribution
valued at more than \$5,000? OYes ONo	with said municipality	
Is this contribution associated with an event reported in Section L1? We say list Event # No Security of government the contract is with: Of government the contract is with:	te contractor? Yes	\$100.00
If yes, list Event # Of government the contract is with: OExecutive	OLegislative 2	p100 00
Method of Contribution: Date Received	Aggregate Contributions	
OCash OPersonal Check Ocedit/Debit Card OPayroll Deduction OMoney Order 9/27/23	\$100.00	
Last Name First		MI
Residential Street Address City		
321 N Brad Birch Rd Fort Landerdo		Zip Code = 233304
Principal Occupation Name of Employer	1	2 0 3 3 5 7
Word Home Ble Exec Chair Next W	ive Bio	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive		Amount of Contribution
or dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	with said municipality	
s this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state	e contractor? OYes	501 000 00
event reported in Section L1? No If yes, indicate which branch or branches	C Legislative No	\$1,000.00
Method of Contribution: Date Received	Aggregate Contributions	
OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order 9/74/23	\$1,000.00	
ast Vame // /		MI
Isdams Nicholas		
Residential Street Address	St	ate Zip Code
Principal Occupation	iven c	J 06512
26 Virginia 2d City East Harringipal Occupation Police Octector Name of Employer	of tast flow	
10/07		er
s contributor a lobbyist, spouse, r 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	officer of a municipality, with said municipality	Amount of Contribution
valued at more than \$5,000? O Yes No		
vent reported in Section L1? No If yes, indicate which branch or branches	contractor? OYes	\$100.00
of government the contract is with: Executive	O Legislative	_
Method of Contribution: Cash OPersonal Check	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/23/23	\$100.00	
SUBTOTAL Section B — This	Page \$1200.	00
TOTAL of additional Section B Pa		-00
	P	, , ,
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page T	+ B) 86635	.00

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
San Parlato for Mayor		Oct 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ 825 -	0
	sance, in the same has a first of the same	1	
B. Itemize	d Contributions from Indivi	iduals	
Last Name	First		MI
Ubland	1/2ristie		
Villand Residential Street Address 15 Store Pllar Rd	City Tast Hur	en	State Zip Code CT 06512
Principal Occupation	I talle of Employer	Public Schu	vis
	f \$400 to a candidate for a chief executive he/she is associated with have a contract	e officer of a municipality	
	al of a state contractor or prospective statech branch or branches	OLegislative	\$10.00
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check Oredit/Debit Card OPayroll Deduction O	Money Order 9/30/23	\$10.00	
Last Name Coughlin	First		MI
Residential Street Address	City		State Zip Code
1 Kurscstoe Mil 12d	North Hover	1	CT 06473
Principal Occupation Contractor	Name of Employer	im Electre	-
Is contributor a lobbyist, spouse, Yes If contribution is in excess of	\$400 to a candidate for a chief executive the/she is associated with have a contract	officer of a municipality,	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which of government the contribution of government the contribution approximately series and the section of government the contribution associated with an event reported in Section L1?		O Legislative No	\$300.00
Method of Contribution: OCash OPersonal Check Credit/Debit Card OPayroll Deduction O	Money Order Date Received 9/30/23	Aggregate Contributions \$300.00	
Rewland	Patrick	***	MI
Residential Street Address Minus Rd	City	lever	State Zip Code
Principal Occupation CPA		yeary Service	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of does contributor or business h valued at more than \$5,000?	\$400 to a candidate for a chief executive le/she is associated with have a contract Yes No	officer of a municipality,	Amount of Contribution
	of a state contractor or prospective state h branch or branches ontract is with:	Contractor? Yes No Legislative	\$150.00
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OM	a. /	Aggregate Contributions \$ 150.00	
S S	UBTOTAL Section B — This I	Page \$ 460.6	00
ТО	TAL of additional Section B Pa	ages \$0617	5.60
TOTAL OF ALL CONTRIBUTIONS FI (Enter total on I	ROM INDIVIDUALS (Sections A Line 13, Column A of Summary Page T	+B) 3 8635.	00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
PARTY OF CONTINUE Complete Name as Registered with Filing Repository)	
Sam Varlato Gor Mayor	Oct 10 Films
A. Total Contributions from Small Contributors-Received this Period C (See instructions for definition of Small Contributor) SUBTOTAL SECT	
B. Itemized Contributions from	n Individuals
Last Name First	MI
Hennessey Theme	Č.
Residential Street Address City	State Zip Code
24 Columbus Hur Elist	
Principal Occupation Name of Emplo	
Owner	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a child does contributor or business he/she is associated with have valued at more than \$5,000? Yes	
Is this contribution associated with an event reported in Section I.12 No. If we indicate which branch or branches	
If yes, list Event # (1727131) of government the contract is with:	Executive OLegislative
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 7/27	Aggregate Contributions \$ 200.00
Last Name First	MI
Hunnessey	Linda
Residential Street Address City	there State Zip Code T 06517
Principal Occupation Name of Employ Hunneler	yer
Is contributor a lobbyist, spouse, O Yes If contribution is in excess of \$400 to a candidate for a chie	f executive officer of a municipality, Amount of Contribution
or dependent child of a lobbyist? does contributor or business he/she is associated with have valued at more than \$5,000? Yes	a contract with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07777335 Yes No Is contributor a principal of a state contractor or prosp If yes, indicate which branch or branches of government the contract is with:	executive state contractor? Syes No \$ 150.00
Method of Contribution: Date Received	Aggregate Contributions
OCash @Personal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 7/77	123 8200.00
Last Name First	MI
	evol
Residential Street Address City Tast 219 Henryway Avc Tast	Haven State Zip Code (+ 06512
Principal Occupation Name of Employ	
Self	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief does contributor or business he/she is associated with have a valued at more than \$5,000? Yes	f executive officer of a municipality, a contract with said municipality
s this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective figures, indicate which branch or branches of government the contract is with:	ective state contractor? Syes \$150.00
Method of Contribution: Description: Date Received Payroll Deduction Omoney Order Date Received Payroll Deduction Omoney Order	Aggregate Contributions 23 \$150.00
SUBTOTAL Section B -	- This Page \$450.00
TOTAL of additional Sect	h con
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (So (Enter total on Line 13, Column A of Summa	ections A + B)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Sam Parliso for Mayor	Oct (O Fing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 825
B. Itemized Contributions from Indiv	iduals
Rich Pirst Donna	MI
Residential Street Address G7 Charnes Dr City East 1	liven State Zip Code CT 0657Z
Principal Occupation Name of Employer	u R
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of spouse, or dependent child of a lobbyist? No lif contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contractivated at more than \$5,000? Yes one of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contractivated at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 0727238 Is contributor a principal of a state contractor or prospective state of government the contract is with: OExecutive	No \$ 100.00
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney Order 7/27/23	Aggregate Contributions \$\int 100.00\$
East Name Parlate First Michele	MI
Residential Street Address 405 Thompson Avc City East Have	State Zip Code CT 06517
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	e officer of a municipality, with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # 577733 Security S	te contractor? Pres 8150.00
Method of Contribution: OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order 7/27/23	Aggregate Contributions \$\int 190.00
Rebmann First Leon	MI
Residential Street Address 160 Brushy Plums 12d City Brunford	State Zip Code C+ 0640h
Principal Occupation Name of Employer Cein Tume	s Intl. Har Studies
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	e officer of a municipality, with said municipality
	OLegislative Storing
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received 7/30/23	Aggregate Contributions \$100.00
SUBTOTAL Section B — This	Page \$350.06
TOTAL of additional Section B P	ages \$ \$255.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 1	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Sam Parluto Or Mayor	Oct 10 Filing
A. Total Contributions from Small Contributors-Received this Period (See instructions for definition of Small Contributor) SUBTOTAL SEC	
B. Itemized Contributions fr	om Individuals
Last Name First Name	reen
Residential Street Address 146 Tylur SJ City 7281	State Zip Code CT 06517
Principal Occupation 2thred Name of En	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a does contributor or business he/she is associated with h valued at more than \$5,000?	ave a contract with said municipality
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or provent reported in Section L1? Yes Is contributor a principal of a state contractor or provent reported in Section L1?	
Method of Contribution: OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order 7/27	Aggregate Contributions \$250.00
Last Name VaSIII CO - Parato First	Tordan
Residential Street Address 17 Frank St Principal Occupation Name of Em	
Principal Occupation Partner Case Tech Name of Em	Middlesex tespital
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a condess contributor or business he/she is associated with he valued at more than \$5,000?	ve a contract with said municipality
Is this contribution associated with an event reported in Section L1? When the section L1? We have the section L1? If yes, indicate which branch or branches of government the contract is with:	OSPECTIVE STATE CONTractor? State Contractor?
Method of Contribution: Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order Date Receive	d Aggregate Contributions (27/23 \$150.00
Clare Charella Pa	U MI
Residential Street Address 104 Lays Hwy Nos	th Haven State Zip Code C+ 06473
Principal Occupation BUSINESS OFFICE Name of Emp	ployer
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a c does contributor or business he/she is associated with ha valued at more than \$5,000? Yes	ve a contract with said municipality
s this contribution associated with an event reported in Section L1? When the section L1? When the section L1? When the section L1? When the section L1? If yes, list Event #	Executive OLegislative
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney Order Date Received 7/2	Aggregate Contributions 7/23 S 100 .00
SUBTOTAL Section	B — This Page \$350.00
TOTAL of additional S	ection B Pages \$8285.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Enter total on Line 13, Column A of Sun	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Sam Parluto For Mayor	Oct 15 Filing
A. Total Contributions from Small Contributors-Received this Period O (See instructions for definition of Small Contributor) SUBTOTAL SECTION	
B. Itemized Contributions from	Individuals
Zullo First	3-0h
Residential Street Address City	State Zip Code
Principal Occupation Cast	ther CT 06512
Principal Occupation Name of Employ	lo, Zulo, E. Jacks
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chie does contributor or business he/she is associated with have valued at more than \$5,000?	f executive officer of a municipality, Amount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches	
Method of Contribution: OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order 27/27	Aggregate Contributions \$ 300.00
Last Name Panuto First Elleev) MI
Residential Street Address 17 Frank 3+ City This F	Hlwen State Zip Code
Principal Occupation Name of Employee	
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 does contributor or business he/she is associated with have a valued at more than \$5,000? Yes	executive officer of a municipality, contract with said municipality No
s this contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches	
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received 7/27/	Aggregate Contributions
Asst Name First Cevil	
Residential Street Address 28 drove Rd City East	St Haven State Zip Code (+ 16517
Principal Occupation Name of Employe	in of Fact Ther
s contributor a lobbyist, spouse, r dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief does contributor or business he/she is associated with have a valued at more than \$5,000? Yes	executive officer of a municipality, contract with said municipality No
sthis contribution associated with an event reported in Section 117 No	ecutive OLegislative Properties State contractor?
Date Received Cash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 7/7/7/1	Aggregate Contributions 3 \$306.00
SUBTOTAL Section B —	- This Page \$ 700.00
TOTAL of additional Section	on B Pages \$7935.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sec (Enter total on Line 13, Column A of Summer	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Sam Parato For Hayor	Oct 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 825	
B. Itemized Contributions from Indivi-	duals	
Last Name First	MI	
Desorbo Louis		
Residential Street Address 26 Calendal Hoyhts Rd City East tow	State Zip Code (T 06473	
Principal Occupation Name of Employer	10 7	
N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spendent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?		
Is this contribution associated with an event reported in Section I 12	e contractor? Syes \$150.00	
If yes, list Event # 0727235 of government the contract is with: OExecutive	OLegislative *	
Method of Contribution: OCash Orecit/Debit Card OPayroll Deduction OMoney Order 7/27/23	Aggregate Contributions \$ 250.00	
Last Name First	MI	
Anustriso Louis		
Residential Street Address LOS Prospect Pluce Ext City LOSS + the	State Zip Code CT 26577	
Principal Occupation Name of Employer	0 10 (6	
Retred		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	officer of a municipality, Amount of Contribution with said municipality	
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state in Section L1? If yes, indicate which branch or branches	contractor? Pyes \$300.00	
- N	Aggregate Contributions	
OCash Personal Check Ocredit/Debit Card Payroll Deduction Money Order 7/27/23	8300.00	
Jaffe Lorie	MI	
Residential Street Address City	State Zip Code	
140 Mill St + 637 East H	luca CT 06517	
Principal Occupation Name of Employer	-	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract walued at more than \$5,000? Yes No	officer of a municipality, Amount of Contribution with said municipality	
s this contribution associated with an vent reported in Section L1? If yes, list Event # 0727235 Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with: O Executive	Contractor? Syes Solo State St	
Method of Contribution: Cash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 7/27/23	Aggregate Contributions \$ 50.00	
SUBTOTAL Section B — This P	rage \$ 500.00	
TOTAL of additional Section B Pa	ges \$ 8135.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page To		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Panuto Ar Mayor		Oct 10	Film
A. Total Contributions from Small Contributors-Received this Period ONLY		\$ 275 -	
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	823	
Last Name	ontributions from Indivi	duals	Тмі
Maltese	Salvatory		
Residential Street Address [Hwiland Rd	First Sul sufort City CASH— H Name of Employer Sul surface for a chief executive	wer	State Zip Code
Principal Occupation Tax Propert	Name of Employer	12	
	0 to a candidate for a chief executive is associated with have a contract	e officer of a municipanty	Amount of Contribution
	state contractor or prospective stat	OLegislative Syes	\$150.00
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	by Order 7/27/23	Aggregate Contributions	
Last Name Octor g Levy Residential Street Address	First Lecen ora		MI
Residential Street Address 65 Ness ma Dr	City East Hav		State Zip Code 7 06.517
Principal Occupation Retred	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # D177738 Is contributor a principal of a lf yes, indicate which bra of government the contra		e contractor? Yes No Legislative	\$25.00
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received	Aggregate Contributions	
Dowl	Donna		ly 1
Residential Street Address 64 Coe Acc	City	leven	State Zip Code (7 06512
Principal Occupation N/A	Name of Employer		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
s this contribution associated with an event reported in Section L1? If yes, list Event # 0727233		contractor? Yes Clegislative	\$50.00
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	1 , 1	Aggregate Contributions \$57.00	
SUBT	OTAL Section B — This I	'age \$225.0	νŎ
TOTAL	of additional Section B Pa	iges 58410.0	O
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections A 13, Column A of Summary Page To		00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Parlato for Mayor		Oct W	Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ 825-	9
B. Itemized Co.	ntributions from Indivi	duals	
Last Name	First		MI
Residential Street Address	Kerry		
	Name of Employer New H	1	State Zip Code CT 0657Z
Principal Occupation Teacher	Name of Employer New H	wer BOZ	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract	officer of a municipality, with said municipality	Amount of Contribution
	tate contractor or prospective state	OLegislative	\$70.00
Method of Contribution:		Aggregate Contributions	-
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order \$7/27/23	\$110.00	
Last Name	First		MI
Residential Street Address 16	Michael		
Principal Occupation	tast Hu	en !	State Zip Code O651Z
Principal Occupation Bolline Instructor	Name of Employer	1 Texas Colle	10-1
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to			Amount of Contribution
or dependent child of a lobbyist? One does contributor or business he/she is valued at more than \$5,000?	s associated with have a contract v	with said municipality	Amount of Courtibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 2777736 Yes Is contributor a principal of a sl If yes, indicate which bran of government the contract	_	contractor? Yes	\$100.03
Method of Contribution:	Date Received	Aggregate Contributions	
Cash Personal Check Credit/Debit Card Payroll Deduction Money C	172110	\$140,00	
Rugglero 5.	First		MI
Residential Street Address 17 12 OCH HIII Dr	tast to	iver	State Zip Code CT 0651 Z
Principal Occupation Wired	Name of Employer		
s contributor a lobbyist, spouse, ar dependent child of a lobbyist? Yes does contributor is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive associated with have a contract w	officer of a municipality, ith said municipality	Amount of Contribution
s this contribution associated with an vent reported in Section L1? If yes, list Event # 07 27736 Yes No Is contributor a principal of a state of government the contract of government the contract of government.		contractor? Yes	\$100.00
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money O		ggregate Contributions	
SUBTO	OTAL Section B — This P	age \$770.	<i>0</i> 0
TOTAL	of additional Section B Pa	ges \$ 8365.	.00
TOTAL OF ALL CONTRIBUTIONS FROM 1 (Enter total on Line 13,	INDIVIDUALS (Sections A Column A of Summary Page To		50

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Sam Parato Or Mayor	Oct 10 Filling
A. Total Contributions from Small Contributors-Received this Period ONL (See instructions for definition of Small Contributor) SUBTOTAL SECTION	Y & & 7
B. Itemized Contributions from Inc	lividuals
Last Name Adamczyk First Joan	MI
Adamczyk Joan Residential Street Address 173 Hellstrom Rd City East the	State Zip Code CT 0651Z
Principal Occupation Name of Employer	The Natl. Cirp.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is associated with have a convalued at more than \$5,000? Yes	cutive officer of a municipality, react with said municipality Amount of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches	1000
Method of Contribution: OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received OPayroll Deduction OMoney Order	Aggregate Contributions
Last Name Baker First William	MI
Residential Street Address 84 Francis SH City East Ha	ver State Zip Code CT 06512
Principal Occupation UHIIH Writer Name of Employer U. I	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a second or business he/she is	ract with said municipality
	ive O Legislative No \$100.00
Method of Contribution: Cash Personal Check Oredit/Debit Card Payroll Deduction Money Order Date Received 9/30/23	Aggregate Contributions \$100.00
SHrick Tiduth	MI
The state of the s	fuer State Zip Code CT U651Z
Principal Occupation Name of Employer	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a second or business he/she	act with said municipality
s this contribution associated with an vent reported in Section L1? If yes, list Event # 0727238 Section L1? If yes, list Event # 0727238 Section L1? If yes, indicate which branch or branches of government the contract is with: Output Description:	20,000 D
Method of Contribution: Date Received Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order OPayroll Deduction OPayroll D	Aggregate Contributions Sign Sign Sign Sign Sign Sign Sign Sign
SUBTOTAL Section B — TI	is Page \$290.00
TOTAL of additional Section I	Pages \$ 8355.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Page)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Sam Parento Br Mayor	Oct 15 Films
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 825
B. Itemized Contributions from Indi	viduals
Zollo First Al Ared	MI
Residential Street Address 357 Horsepord Rd City Modison	State Zip Code CT 06443
Principal Occupation Name of Employer Zulle, Zulle	10, & Tucks
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contra valued at more than \$5,000?	ive officer of a municipality, et with said municipality Amount of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of the section L1? Yes If yes, indicate which branch or branches	
Last Name Nullese Schaf	OTC MI
Residential Street Address [City EAST	Huer CT U6512
Principal Occupation Name of Employer Se (2)	}
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	ve officer of a municipality, at with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # 04003 P Method of Contribution: Is contributor a principal of a state contractor or prospective state of government the contract is with: Date Received	ate contractor? Syes No Legislative No Legislative Aggregate Contributions
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/21/23	\$ 190:00
Last Name Woodhouse First Sandin	M
Residential Street Address 612 Bruelley St City Fast Il	ver State Zip Code CT 06512
Principal Occupation Instruct Subst	
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?	ve officer of a municipality, twith said municipality Amount of Contribution
	te contractor? OLegislative No Step 1.00
Method of Contribution: OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received 9/21/23	Aggregate Contributions \$ 80.00
SUBIUIAL Section B — This	Page \$420.00
TOTAL of additional Section B I	Pages 98215.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	ository)	TYPE OF REPORT
Sam Palluto Bor Mayor		Oct 10 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ 825-
B. Itemize	ed Contributions from Indiv	iduals
Last Name (Navmo	First	MI
Residential Street Address 37 Vista Dr	City	State Zip Code
Principal Occupation		Heven CT 0651Z
Deputy Town Cher	K Town o	& Storington
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess does contributor or business valued at more than \$5,000	of \$400 to a candidate for a chief executive she/she is associated with have a contract of the state of the s	ve officer of a municipality, twith said municipality
	pal of a state contractor or prospective sta ich branch or branches	OLegislative No \$40.00
OCash Personal Check OCredit/Debit Card OPayroll Deduction O	947	Aggregate Contributions \$40.00
Last Name Hennessey	First Themas	MI
Residential Street Address 34 CIWMPS AVE	City East flux	en State Zip Code (T 06577
Principal Occupation Oww.	Name of Employer	when Inc.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o does contributor or business valued at more than \$5,000?	f \$400 to a candidate for a chief executive he/she is associated with have a contract	e officer of a municipality. Amount of Contribution
s this contribution associated with an Yes Is contributor a princip	nal of a state contractor or prospective statich branch or branches	de contractor? Syes \$50.00
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction C		Aggregate Contributions
Hennessey	First Linda	MI
Residential Street Address 34 (Ulumbro Avc	City	Heren CT 06512
24 Columbrs Ave Principal Occupation	Name of Employer	
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business I valued at more than \$5,000?	\$400 to a candidate for a chief executive the/she is associated with have a contract Yes No	c officer of a municipality, with said municipality
	oll of a state contractor or prospective states the branch or branches contract is with:	Contractor? Syes \$50.00
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction On		Aggregate Contributions \$2.00.00
8	UBTOTAL Section B — This l	Page 9 140,00
то	TAL of additional Section B Pa	ages \$8495.00
TOTAL OF ALL CONTRIBUTIONS F	ROM INDIVIDUALS (Sections A	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite	ory)	TYPE OF REPORT	
Sum Parato As	1 0 0 7 0 .	Oct 10	Filing
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	ceived this Period ONLY SUBTOTAL SECTION A	\$ 825 -	V
	Contributions from Indivi	duals	
Last Name DeMa Hoo	First Thumas	,	MI
Residential Street Address 6 Joan Court	City East Her	ren	State Zip Code CT 0651Z
Principal Occupation Toolmatee	Name of Employer	Lee Compa	iney
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?	5400 to a candidate for a chief executive/she 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? If yes, list Event # 0971234 Method of Contribution: Peash OPersonal Check OCredit/Debit Card OPayroll Deduction OM-	of a state contractor or prospective state branch or branches intract is with: Date Received	OLegislative Aggregate Contributions \$\frac{180}{180} \time 000000000000000000000000000000000000	\$80.00
Parlato	Pirst Narcen		MI
Residential Street Address 146 Tyler St	City East Hur	en	State Zip Code () (6517
Principal Occupation Referred	Name of Employer	L	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/ valued at more than \$5,000?	400 to a candidate for a chief executive /she is associated with have a contract Yes	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042123A Method of Contribution: Cash Personal Check Oredit/Debit Card Payroll Deduction Mo	ntract is with: Executive	e contractor? Yes O Legislative Aggregate Contributions	\$100.00
Pugyllin St.	First		MI
Residential Street Address 12 Valc HIII Or Principal Occupation	City East Have		State Zip Code CT 06512
Ditted	Name of Employer	1	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a chief executive she is associated with have a contract v	officer of a municipality, vith said municipality	Amount of Contribution
s this contribution associated with an event reported in Section L1? If yes, list Event # 042123 A Method of Contribution: Section L1? No If yes, indicate which to of government the contribution:	tract is with: O Executive	O Legislative No	\$40.08
Cash Personal Check OCredit/Debit Card OPayroll Deduction OMor		Aggregate Contributions \$\int f \langle \tilde{\theta} \cdot 0 \cdot 0	
en a la companya de l	BTOTAL Section B — This F	age \$220.00	5
ТОТА	AL of additional Section B Pa	iges \$8415	.00
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections A ne 13, Column A of Summary Page To		.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Sam Parato Sor Mayor	Oct 10 Fling
A. Total Contributions from Small Contributors-Received this Period Of (See instructions for definition of Small Contributor) SUBTOTAL SECTION	NLY S COST
B. Itemized Contributions from	Individuals
Last Name First First	inla
	that State Zip Code CT 0651Z
Principal Occupation Name of Employ Name of Employ	/er
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chie does contributor or business he/she is associated with have valued at more than \$5,000? Ores	f executive officer of a municipality, a contract with said municipality
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prosp when the property is the section L1? Yes Is contributor a principal of a state contractor or prosp when the property is the section L1?	
Last Name Cappelloni First Frank	nlc MI
Residential Street Address 122 Allison Way East	rlc State Zip Code CT 0651Z
Principal Occupation Name of Employe	
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 does contributor or business he/she is associated with have a valued at more than \$5,000? Yes	executive officer of a municipality, contract with said municipality No Amount of Contribution
Method of Contribution: Date Received	Aggregate Contributions XCCUTIVE O Legislative No S(((0.00)))
7 7 7	23 \$100.00
Govart	arz
	Hwen CT 06512
Principal Occupation Richard Solutions Name of Employee	r
s contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief does contributor or business he/she is associated with have a valued at more than \$5,000? Yes	executive officer of a municipality, contract with said municipality No
	ecutive State contractor? Syes \$40.00
Method of Contribution: Date Received Personal Check Ocredit/Debit Card OPayroll Deduction OMoney Order October 19/21/	Aggregate Contributions \$\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
SUBTOTAL Section B -	- This Page \$220.00
TOTAL of additional Secti	on B Pages \$ 8415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Se (Enter total on Line 13, Column A of Summa)	

NAMES OF COLD STEED.	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Sam Partuto for Mayor	Oct 10 Filmy
A. Total Contributions from Small Contributors-Received this Period ONI (See instructions for definition of Small Contributor) SUBTOTAL SECTION	
B. Itemized Contributions from In	
COte Star	n
30 Visia Dr City East-H	wen State Zip Code CT 06517
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$400 to a candidate for a chief exe does contributor or business he/she is associated with have a convalued at more than \$5,000?	ecutive officer of a municipality, tract with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # 072123 A Yes Is contributor a principal of a state contractor or prospective figures, indicate which branch or branches of government the contract is with: OExecutive figures of the contract o	e state contractor? Se Yes Attive OLegislative No SHO.OO
Method of Contribution: OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received 9/21/2	Aggregate Contributions 3 \$40.00
Last Name White Kevir	MI
White Kevir Collapse Arc City Cast Ha	state Zip Code CT 06512
Principal Occupation Name of Employer	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a convalued at more than \$5,000? Yes O Yes	tract with said municipality
s this contribution associated with an event reported in Section L1? If yes, list Event # 9721734 Section L1? Is contributor a principal of a state contractor or prospective of government the contract is with: Executive Section L1.	e state contractor? Pres No \$40.00
Method of Contribution: OCash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney Order 9/71/23	Aggregate Contributions \$40.00
Dennis First Waithy	(>nn
Residential Street Address 38 Pine Vew Dr East H	State Zip Code C+ 0657Z
rincipal Occupation Name of Employer	
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a contributor or valued at more than \$5,000? Yes	ract with said municipality
It is contribution associated with an event reported in Section L1? If yes, list Event # 42224 Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Section L1?	
Method of Contribution: OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order	Aggregate Contributions 5 40.00
SUBTOTAL Section B — TI	ds Page 3120.08
TOTAL of additional Section 1	0 10:00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Pa	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Sam Parato for rayor	Oct 10 Allmy
A. Total Contributions from Small Contributors-Received this Period ONLY	\$ 500 = 0.0
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	1, 872-00
B. Itemized Contributions from Indiv	
1, 12	MI MI
Residential Street Address Residential Street Address City East Hea	State Zip Code CT 0651Z
Principal Occupation Principal Occupation Sprintendent Tast Here Name of Employer Thomast	ton BOE
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executi does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective statement reported in Section L1? No If yes, indicate which branch or branches	OLegislative No \$40.00
Method of Contribution: Date Received Payroll Deduction OMoney Order Date Received 9/71/73	Aggregate Contributions \$70.00
Last Name Parlate First Ellen	МІ
Residential Street Address 17 Frank St City East H	leven State Zip Code
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	re officer of a municipality, with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # 972/73A Is contributor a principal of a state contractor or prospective sta If yes, indicate which branch or branches of government the contract is with: Executive	te contractor? Pres No \$120.00
Method of Contribution: OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 9/21/23	Aggregate Contributions B 220.00
Vusilla - Parato First Torder	MI
Residential Street Address 17 Frank St City East +	Ruen CT (1651Z
Principal Occupation Patternt Care Tech Name of Employer Middles	icx tempetal
s contributor a lobbyist, spouse, r dependent child of a lobbyist? No Yes No If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	e officer of a municipality, with said municipality Amount of Contribution
s this contribution associated with an vent reported in Section L1? If yes, list Event # 012123 > Section L1? If yes, indicate which branch or branches of government the contract is with: Executive	OLegislative State Out in the state of the
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/Z1/22	Assertable Contributions 5/50 —
SUBTOTAL Section B — This	Page \$210.00
TOTAL of additional Section B P	ages \$6,425.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 1	

NAME OF COMMETTEE TO A COMMETTE TO A COMMETTEE TO A COMMETTEE TO A COMMETTEE TO A COMMETTEE TO A	Towns on Subob 2
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Sam Parento Sor Mayor	Oct 10 Hing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 825.00
B. Itemized Contributions from Indi	viduals
Last Name Mauro First VINCENT	MI
Residential Street Address City Cast Hu	State Zip Code CT 06512
Principal Occupation Elevator Operator Elevator Operator Vanc of Employer 1 Con	up Inl.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes One does contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contra valued at more than \$5,000?	ct with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # 021212312 Yes Is contributor a principal of a state contractor or prospective state of government the contract is with: OExecutive	ate contractor? Yes No S40.00
Method of Contribution: OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order 4/21/23	Aggregate Contributions \$40.00
Last Name Isralla First Lynn	МІ
Residential Street Address 67 V:3ku Dr City East Fe	wen State Zip Code CT (1651Z
Principal Occupation Name of Employer When the state of Employer	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contribution is in excess of \$400 to a candidate for a chief executi does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contribution is in excess of \$400 to a candidate for a chief executi does contributor or business he/she is associated with have a contribution of a chief execution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution of	ve officer of a municipality, t with said municipality
	ate contractor? SYes No S(00.00
Method of Contribution: Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order Date Received 9/21/23	Aggregate Contributions
Sittlick Tudy	MI
Residential Street Address 41 Chiefsey Ave City East Ha	State Zip Code CT 06512
Principal Occupation Name of Employer	
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No Yes No If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	ve officer of a municipality, with said municipality
If yes, list Event # 2273A System of government the contract is with: System of government the contract is with: Executive	_ S No (880.00
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Money Order Date Received 9/21/23	Aggregate Contributions \$180.00
SUBTOTAL Section B — This	Page \$720.00
TOTAL of additional Section B I	Pages \$8,145.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page	

Page 4 of 17

THE OF C	OMMITTEE (Provide Con	npleie Name as Registered	with Filing Repos	itory)	TYPE OF REPORT	
	San	OC1	10 Filing			
Non 6 Commit		C1.	Contributio	ons from Other Com	mittees	0
Name of Commit	tee			Name of Tre	аѕигет	
Add						
Address				Is this contribution associatevent reported in Section 1	ated with an Yes No	Amount of Contribution
				If yes,	list Event #	3
City		State	Zip Code	Date Received	Aggregate Contributions	
Name of Committ	ee			Name of Tre	asurer	
	-					iii
Address				Is this contribution associa	ted with an Yes No	Amount of Contribution
				event reported in Section I	_1?	
City		State	Zip Code	Date Received	list Event # Aggregate Contributions	
			1			
Name of Committee	ρ			Name of Trea		
tame of Committee				Name of trea	surer	
Address						
rduress				Is this contribution associate event reported in Section L	ted with an TYes No	Amount of Contribution
v.				If yes,	list Event#	
City		State	Zip Code	Date Received	Aggregate Contributions	0.00
	C2.	Reimbursemen	ts or Surpli	us Distributions fron	o other Committees	
ame of Committee				Name of Trea	surer	
2						
ddress				City		State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type				Amount of Receipt
		☐ Reimburseme	ent for shared ex	xpense Surplus Distribu	tion	
escription						-
ame of Committee			-	Name of Treas	rurer	
ame of Committee				Name of Treas	urer	
				Name of Treas	uret	State Zip Code
ame of Committee					urer	State Zip Code
ldress	Expenditure # (if applicable)	Payment Type			urer	
ldress	Expenditure # (if applicable)		nent for shared	City		State Zip Code Amount of Receipt
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idress ate Received			nent for shared	City		
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idress ate Received				City	oution	
			SUBTOT	City expense	Page SO	
ddress	(if applicable)	☐ Reimburser	SUBTOT	City expense	Page SO	

NAME OF COMMITTEE (Provide Comple					TYPE O	F REPORT	
	Sam Pellute	FOR				OCH	10 Fring
	D. Le	oans Rece	eived this Perio	d			9
Name of Lender			Source of Loan:			_	Date of Receipt
			☐ Bank ☐ Ca	andidate 📙	Individu	al ☐ Other Committee	
Street Address	City	/			State	Zip Code	Is there a Cosigner o
							Guarantor of this loan
Name of Cosigner/Guarantor (if applicable)						<u> </u>	Amount Received
							Amount Received
Street Address	Cit	у		1	State	Zip Code	1
Name of Lender			Source of Loan:				Date of Receipt
			Bank Ca	ndidate 🔲	Individua		Date of Receipt
Street Address	City		-l	13	State	Committee Zip Code	Is there a Cosigner or
					,,,,,,,	Zip Code	Guarantor of this loan
Name of Cosigner/Guarantor (if applicable)							☐ Yes ☐ No
Tame of Cosignet/Outstantor (19 appreciate)							Amount Received
Street Address	Los						
oreet Aumess	City	,			State	Zip Code	
Name of Lender			Source of Loan:	ndidota 🎵 I	ndividuo	I 🗂 Othor	Date of Receipt
C			☐ Bank ☐ Car	nuidate [] I	ndividua	Committee	
treet Address	City			S	tate	Zip Code	Is there a Cosigner or
							Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)						•	Amount Received
treet Address	City			15	State	Zip Code	
					Tx A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			TOTAL SECT	TON D	AC	60.0	
P Desirate P . T							
	Intities other than In	dividuals	or Other Com	mittees (Referen	dum Committee	es ONLY)
ame of Entity							
reet Address							
eet Address				Date Rec	eived		Amount Received
у			1				
,		State	Zip Code	Aggregat	e Contribu	ations	
me of Entity							
A A 15							
eet Address				Date Rece	ived		Amount Received
		State	Zip Code	Aggregate	Contribu	tions	
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ne of Entity							
et Address				Date Rece	ived		Amount Received
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		State	Zip Code	Aggregate	Contribu	tions	
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					1 .		
			TOTAL SECT	ION E	15/	ω .	

NAME OF COMMIT	TEE (Provide Complete Nume as Reg	istered with Filing Repositor	y)	TYP	E OF REPORT		
		writing for			Oct 10 Filling		
	F. Amount Transferre	d from Affiliated	Business Treasury (Bus	iness Ent	ity Committees ONLY)		
Date of Receipt	Is this transaction asso event reported in Secti				Amount		
Date of Receipt	Is this transaction asso event reported in Secti				Amount		
Date of Receipt	Is this transaction asso event reported in Secti				Amount		
ate of Receipt	Is this transaction associated in Section	ciated with an Ye			Amount		
			TOTAL SECTIO	NF	\$0.00		
					1		
G. Amount 7	Transferred from Affilia	ted Labor Union	or Other Organization	Treasi	ary (Organization Committees ONLY)		
ate of Receipt		Date of Receipt		Date of I			
	Amount	Amount			Amount		
			TOTAL SECTION	G 6	0.00		
	H. Personal Funds of	the Candidate Re	eceived this Period (Car	ndidate C	ommittees ONLY)		
te of Receipt	Method of payment:				Amount		
	☐ Cash	☐ Personal C	heck	Card			
e of Receipt	Method of payment:				Amount		
	☐ Caoh	☐ Personal C	hcck	Card			
e of Receipt	Method of payment:				Amount		
	☐ Cash	☐ Personal Cl	heck	Card			
of Receipt	Method of payment:		****	****	Amount		
	☐ Cash	☐ Personal Ch	neck	Card			
			TOTAL SECTION	ON H	\$0.00		
		I. Anonymou	us Contributions		The second secon		
	Der Dublie A et 11 40	A	. 11				

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.

Revised January 2015	1. MONETART RECEIPTS (Sections A	(-N)		1 agc / 01 1 /
NAME OF COMMITTEE (Provide Complete	Name as Registered with Filing Repository)		TYPE C	OF REPORT	
	J. Interest from Deposits in Authorize	ed Account	he .	···	
Name of Institution	or interest it our peposits in righter the	- TREEOUIN	Date Rec	eived	Amount
				iii lee	
Street Address	City	St	ate	Zip Code	
Name of Institution			Date Rec	eived	Amount
					1 Allouit
Street Address	City	St	ate	Zip Code	
	TOTAL	SECTION	J	0.00	
K. M	iscellaneous Monetary Receipts not Consi	idered Con	tribu	tions	
Name			Dat	e of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name		****	Date	e of Transaction	Amount Received
Street Address				Te: o	
Silver Address	City		State	Zip Code	
Description		100			
Name			Date	e of Transaction	
				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Amount Received
Street Address	City		State	Zip Code	
Description					-
V					
Vame			Date	of Transaction	Amount Received
treet Address	City		State	Zip Code	_
escription					
	TOTAL SEC	TION K	0	00	
SUMMAR	Y OF OTHER MONETARY RECEIPTS	(Sections		Manager 1	
otal Loans Received this Period (Secti		(Sections	D till	O	
	Individuals or Other Committees (Section E)		+	0	
otal Amount Transferred from Affilia			+	0	
	ted Labor Union or Other Organization Treasury (Section G)		0	
	Candidate Received this Period (Section H)		+	10	
otal Amount of Interest from Deposits			+	0	
	not Considered Contributions (Section K)		+	10	
	Total of Other M	onetary D	-		2.
(Add S	ections D through K) (Enter total on Line 15, Column A	of Summary Pa	ge Total	S 0.00	١

		13 121 123)	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	A7721	TYPE OF REPO	
Sam Parlute Gor	Mayo	Oct 10	Hing .
	event Information		V
Date of Event Letter Cabarct on Main Brack	& Show 1666	of findaiser	Was this a fundraising every Yes □ No
Location: Street Address	City	***************************************	State Zip Code
597 Mun St (Rar)	East the	en	CT 06517
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Associated	o Section L5 In-Kind Donatio with a House Party and comp nade by host(s) for food, bever	ns not Considered Contributions plete required information for an age and invitations.)
Did this fundraiser include goods or services donated by a business ent of up to \$200 or items donated by an individual of up to \$100?		Section L4 In-Kind Donation te required information.)	ns not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items	☐ Yes (If yes, enter	Total Receipts here.)	
with purchases from an individual of up to \$100?	ĭ∕ No		→ \$
Subpart 2: (Party Committees, Municipal Candidates and Political C Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	☐ Yes (If yes, go to	ploratory Committees) Section L3 Purchases of Adva and complete required information	vertising Space in a Program Book rmation.)
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 Receipts here.)	\$
Event # 092123 A Description Plate of Event OFFI Description Plant OFFI Description Plant OFFI OFFI OFFI OFFI Description OFFI OFFI OFFI OFFI OFFI OFFI OFFI Description OFFI OFFI	Parallel Comment	es	Was this a fundraising ever
250 Toxon Rd	Tast the	n	State Zip Code CT 06512
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Associated w purchases ma	Section L5 In-Kind Donation rith a House Party and compide by host(s) for food, beverage	s not Considered Contributions lete required information for any ge and invitations.)
Did this fundraiser include goods or services donated by a business entit of up to \$200 or items donated by an individual of up to \$100?		Section L4 In-Kind Donation required information.)	is 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 Receipts here.)	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Con Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	☐ Yes (If yes, go to S	loratory Committees) Section L3 Purchases of Adve and complete required inform	ertising Space in a Program Book mation.)
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass athering held within the state with this fundraiser?	☐ Yes (If yes, enter 7	Fotal Receipts here.)	\$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts	-	ems — This Page	.00
SUBTOTAL Se Total Re	ection L1—Subpart 3 (Town ceipts from Food Purch	Committees ONLY) ases — This Page	0.06
	TOTAL of additional	Section L1 Pages 46	.60
TOTAL OF ALL REC	EIPTS FROM SMAI on Line 16a, Column A of S	L PURCHASES).00

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT OCT 10 FILLING Sum Levento for runor 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 Zip Code Date Received Event # Aggregate Purchases for All Events **Amount of Program Ad Purchase** Amount of Sign Purchase Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City Zip Code Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase **Amount of Sign Purchase** Name of Purchaser Purchase Made By: ■ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: ☐ Business Entity Other ☐ Individual/Sole Proprietorship Street Address City Zip Code Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase **Amount of Sign Purchase** SUBTOTAL Section L3 Total Purchases of Advertising in Program Book - This Page . 00 SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page E09 **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)

NAME OF COMMIT	TEE (Provide Complete Name as Re	gistered with Filing Reposito	ימ		TYPE OF REPO	RT		
	Sum Parhito for Mayor Oct 1						Tling	
		n-Kind Donations			tions		1	
	ah Parlato					******		
Street Address	170 Thumpson	1 Ave	City	- Hwen			State	Zip Code 06517
Donation Given By:	Description of Donation					Fair I	Market Va	due of Donation
☐ Business Entity Maintiness Entity	Tood					1 \$	8 1. C.	1 6.6
Sole Proprietorship	Date Received	Event # 07 27 2	3B	Aggregate Value for		- B\$493.96		
Name of Donor	suph Cuss							
Street Address	Description of Donation Food/ Pare Page 1991	ne	City	it Haven			State	Zip Code
Donation Given By:	Description of Donation			. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Fair N		lue of Donation
☐ Business Entity	Food/R	ungl				"" "	141160 14	or Donation
Individual Sole Proprietorship	Date Received 7/27/23	Event # 07272	3 B	Aggregate Value for		\$	400	.00
Name of Donor						***************************************		
Street Address			City				State	Zip Code
Donation Given By: Business Entity	Description of Donation			1/3		Fair M	larket Val	ue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for t	his Event			
lame of Donor								***************************************
treet Address			City				State	Zip Code
Oonation Given By: ☐ Business Entity	Description of Donation					Fair M	arket Valu	ue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for th	is Event			
		SUBTO	TAL Section I	⊿— This Page	J893.	96		
		TOTAL	of additional S	ection L4 Pages	80.00			
ТОТА	L OF ALL IN-KIND DON (Ente	ATIONS NOT CONS total on Line 21, Colu	SIDERED COM	NTRIBUTIONS ary Page Totals)	\$0.00			
					V			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing R	(epository)		TYPE OF REPORT	
	Sam Parlate Gor	May or		Oct 1	0 Fing
	L5. In-Kind Donations Not Consideration	dered Contributions A	ssociated with a l	House Party	
Name of Host			Is this event committee?	supporting more the Yes No	
Street Address		City		State	
Description of Donation				Fair Market Va	alue of Donation
Event #	Aggregate Value of this Eventall hosts	Aggregate Value of all Events	this host/candidate		
Name of Host	:		committee?	L Supporting more that ☐ Yes ☐ No mplete Itemization in	
Street Address		City	Jy yes, co	State	Zip Code
Description of Donation				Fair Market Va	lue of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	—this host/candidate		
Name of Host			committee?		
Street Address		City	IJ yes, col	nplete Itemization in	Zip Code
Description of Donation		- 1		Fair Market Val	ue of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	this host/candidate		
lame of Host			committee?	upporting more than Yes \(\square\) No uplete Itemization in	
treet Address		City	Jy yes, con	State	Zip Code
escription of Donation				Fair Market Val	ue of Donation
vent #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	-this host/candidate		
		SUBTOTAL Section L5	— This Page	0	
	T	OTAL of additional Sec	tion L5 Pages	٥	
TOTAL SSOCIATED WIT	L OF ALL IN-KIND DONATIONS NOTH A HOUSE PARTY (Enter total on L	T CONSIDERED CONT Line 22, Column A of Summ	TRIBUTIONS ary Page Totals)	0.00	

NAME OF COMMITTEE (Provide Comple	te Name as I	Registered wit	h Filing Reposi	itory)			TYPE C	OF REPORT		
Sam Purtus Sor Hujor OC+ 107						Fling	-			
			M. In-	Kind Co	ntr	ibutions			0	
Name						7+ -				
Street Address					Cit	v			State	Zip Code
						,				Zip Code
Type of contributor:	Date Rec	eived	Aggregate C	Contributions	4-	Description of In-Kind C	ontributio	n n		4
☐ Individual / Sole Proprietorship ☐ Othe	г									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? No September 1 No September 2 No S							Market Value Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	utor a princip , indicate whi ernment the c	ich branch o	г bra	actor or prospective stanches Executive		□No		
Name	***************************************									
Street Address								345		
556 TS 1998 (2015 MIN)					City				State	Zip Code
Type of contributor: □Committee □Individual / Sole Proprietorship □Other			Aggregate Co			Description of In-Kind Co				
Is contributor a lobbyist, spouse,	does co	ribution is in ontributor or at more than	business he/s	00 to a cand she is associ	ated '	for a chief executive of with have a contract with Yes No	ficer of a h 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 principa indicate whic mment the co	h branch or	brar	ctor or prospective state aches Executive		□No		
fame										
treet Address					City				State	Zip Code
			Pi							
ype of contributor: Committee Individual / Sole Proprietorship Other	Date Recei	ved	Aggregate Cor	ntributions	l	Description of In-Kind Co	ntribution			
s contributor a lobbyist, spouse,	does co	ibution is in ntributor or at more than	business he/s	00 to a candi he is associa	ted v	for a chief executive of vith have a contract with Yes No	icer of a said mu	municipality, nicipality		Market Value Contribution
this contribution associated with an event reported listed in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes, in	or a principal ndicate which nment the cor	i branch or	ntrac bran	etor or prospective state		☐ No		
			SUI	BTOTAL S	Secti	ion M — This Page	150)		W
			TOTA	AL of addi	tion	al Section M Pages	\$			-
OTAL OF ALL IN-KIND CON	ribut	TONS Œn	ter total on L	ine 23, Colun	nn A	of Summary Page Total	_			
	N.	Refund	able Dep	osit to Te	elep	hone Company				
t Name of Individual				First				MI	Date Deposit	Made
idential Street Address		1100	City			Sta	te	Zip Code		mount of Deposit
ne of Telephone Company					-				-	-
et Address			City			Sta	te [Zip Code	-	
TOTAL SEC	CTION	N (Enter to	tal on Line 2-	4, Column A	ofS	Summary Page Totals)	\$0	00		

SEEC FORM 20 Revised Jacousty 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMM	MITTEE (Provide Complete Name as Registered with Filing Reposite	ory)	TYPE OF REPORT	
	Sam Parato Sor Mayor		Oct 10 Fili	rev
		es Paid by Committee		0
Name of Payee	Joseph Coss		Date of Payment	Method of Payment: Check # 165 Debit Card EFT
Street Address	O Labora I	City	2	State Zip Code
Purpose of Expenditur	e Description Reforme to puy for budgets	East flan	vent#	CT 06517
(by code)	PB Ad Spending	ac Acta Pacenson		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below		ecked)	689.52
0001	Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	VO.50 (c. 1	t n:oA oB oC oD	
Name of Payee			Date of Payment	Method of Payment:
Street Address	Ussiph Coss	To:	9/6/23	Check # 158
21	0	City		State Zip Code
Purpose of Expenditure	Description	Last the	en	CT 0651Z
(by code) RMB	Description Descri	ited Meta Face - 1	en #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below	inless "None of the below" is che	cked)	659.20
0002	Coordinated with reimbursement sought (joint expenditused to Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought)	-	OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment:
Street Address	amantha Parlato		9/30/23	Check # 166 Debit Card DEFT
4	70 Thimpson Hoc	city East H	even	State Zip Code (T 0651Z
rurpose of Expenditure by code)	Description Reimbursing Sam 801 por Large Lawn Sign / Fan Printing Cus	iyment for Bue	nt#	Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required)	unless "None of the below" is che	cked)	896.83
0003	None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	_	од ов ос ор	
lame, of Payee		- Organization	Date of Payment	Method of Payment:
St.	mantha Parlato	•	9/13/23	Check # [6] Debit Card
470		East the	cn ·	State Zip Code CT 0651Z
upose of Expenditure y code) RMB	Description Reimbyrgement for Bood, 5 Target purchuse, Drinks, Large Si	Hyples supplies, Ever	nt#	Amount
xpenditure # 「applicable)	Type of Expenditure (Itemization in Addendum P Required un		ked)	2,655.35
0004	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	TOTAL	OA OB OC OD	
	S	SUBTOTAL Section P — Thi		90
	то	TAL of additional Section P		4.7
		NSES PAID BY COMMI 19, Column A of Summary Page		.57

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
	San Parlus for Mayor		OCTIOF	ling
	P. Expenses Paid	by Committee		
Name of Payee	John & Mara's Pizzera		Date of Payment 9/22/23	Method of Payment: O Check # Debit Card OEFT
	1 foxon 2d city	East Hwen	1	State Zip Code (T 06517
Purpose of Expenditure (by code)	Food Sor Fonderieser	Event	# 92123A	Amount
0005	Type of Expenditure (Itemization in Addendum P Required unless ") None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	O Independent	а Ов Ю с О р	1,028.67
Street Address	Citizens Bunk		Pate of Payment 8/31/2-3	Method of Payment: O Check # Debit Card OEFT
263 H		ast Hurn		State Zip Code CT 06517
Purpose of Expenditure	Bank Fee	Event #	#	Amount
0006	ype of Expenditure (Itemization in Addendum P Required unless "None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent	A OB OC OD	£3.00
Name of Payee	Citians Bink		Date of Payment 9/29/23	Method of Payment: O Check # Debit Card DEFT
263	3 Henryway Huc City	COSH Haven	Ë	State Zip Code CT 06513
BNK	Bunk Fee	Event #		Amount
0007 8	ype of Expenditure (Itemization in Addendum P Required unless "N None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	[Markendent]	AOBOCO D	\$3,00
ame of Payee	Austin Cofrancesco		Date of Payment	Method of Payment: Of Check # 152 Debit Card OEFT
54	4.56,7 0.	ist then		State Zip Code CT 06512
MISC	Vulesquety - Announce	nent Video Event#		Amount
0008 8	be of Expenditure (Itemization in Addendum P Required unless "No.") None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent	OB OC OD	♦750.06
		FAL Section P — This P	diacon	.67
	TOTAL of	additional Section P Pag	ges 1510,145	6.90
	TOTAL OF ALL EXPENSES P (Enter total on Line 19, Colum	PAID BY COMMITT mn A of Summary Page Tot	EE \$12,241	.51

, Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed. SEEC FORM 20

Reflect teams 1819 Reflect teams 1819		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	tive Leadership, Legislative Caucus or B-	
Sections P	P_T)	rty Committees. Section O ren
Sam Du Out - 1		Page 13 of 1
The set May of	TYPE OF REPORT	
Name of Payee P. Expenses Paid by Committee	OCT 10 File	
Committee	10 /11/	1
100311412	Date of Payment M	IC ON THE
Street Address Thotograpy	IVIE	thod of Payment:
80 Pages A City	1 8/15/13/18	Check #
Pursual Dockson Alex		Debit Card OFFT
Purpose of Expenditure Description	Stat	Debit Card OEFT
Purpose of Expenditure Description Task Have	α	20
Even Should Even		T 106512
(If applicable) Type of Expenditure (In the International Control	1	Amount
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked Coordinated with reimburgances.	1	- Joune
Coordinated with rainty	ed)	^ -
Name of Payee Coordinated with reimbursement sought (joint expenditure) Name of Payee Coordinated without reimbursement sought (in the second transfer of the below" is checked to the below is che	1 %	225.00
and contribution and chefident		
M'A. Ja a O Organization O	10000	1
Street Address Minuteman Press	A O B O C O D Date of Payment Method	
1,000	Method	of Payment:
Purpose of Expenditure (by code) PONT POR NOTE Description Descrip	0/17/12 1 W Che	eck # 153
Purpose of Expenditure Description P.O. Box 1704541 Fact 10		oit Card OFF
Purpose of Expenditure (by code) Description Description Description	State	Zip Code
PRNT Day Character Day	(T	06517
Event#		
(if applicable) Type of Expenditure (Itemization in Add.		Amount
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimburgers.		1
Name of Payce	2020	12 m
Name of Payee Coordinated without reimbursement sought (joint expenditure) Independent	19つて	8.81
Organical Contribution)		
MINULEMAN POSS Street Addresses Date Street Addresses Post Post	OB OC OD	
	Market	
208 Mam St, P.O. Box 120541 City Purpose of Expenditure Description Description Description	/8/23 Check	syment:
208 Main St. P.O. BOX 1705111 City	O Debit C	
Purpose of Expenditure (by code) Description Description	State	ard OEFT Zip Code
	100	_ Lower
Event#	10, 10	06512
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement	Ar	nount
O None Sci Addendum P Required unless (2)		ount
Coordinated with reimburgers	- di	
Coordinated with	1 D1,3	46.86
Sitt (iii-kind contribute		0.00
Minuteman Dass	0.0	J.
Minukmun Press Date of Press	SUCO D	_ 1
	I Method of Dave	ent:
pose of Expenditure St PO. Par 1700 City 9/1	₩ / フス W Check #	67
	Debit Card	OEFT
code) Description Description	State Zip (Code
	_ ICT 06:	512
enditure of the second of the	- CI PU	16
Type of Expenditure (Itemization in All)	Amou	nt
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimburgance and the below is checked)		
None of the below Coordinated with reimbursement	17/12=	1
Coordinated with reimbursement sought (joint expenditure)	\$239.6	54
Midchellieus Midchellieus		
Organization OA OR	Oc On	1
	2,210,31	
of autiqual Section P. p.		
TOTAL OF ALL EVEN	0,031.26	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary 2)		
(Enter total on Line 19, Column A of Summary Page Totals)	2,241,57	
o Toldis) (Y(671.51	1

r Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed. SEEC FORM 20

Revised January 2015	are no longer required to itemize	[PCoint - C			
NAME OF COLD	IV EVER	receipt of organization expenditures fro	om Leaislativa L		
OF COMMITTEE (Pro	vide Complete Name	NDITURES (Some	Leadership, Legi	slative Caucus or Party Comm	f**
	IV. EXPE	Receipt of organization expenditures fro NDITURES (Section of Section of Sec	ons P—T)	- y comm	itees. Section O re
	oum Parato For Mayor	- 37			Page 13 of
Name of Payee	D E		TYPE OF	KEPORT	31.
	r. Exp	enses Paid by Commit	100	- 10 Filling	
Min	utemen Press	Johnni	tee	-	
Street Address	Hernem Press		Date of Payme	ent	V
			1	vietnod of p	ayment:
200 Mal	nSt. Da D	City	9/28/	12 Decheck t	2 7/11
Purpose of Expenditure Description	n St, P.O. Box 12054	11 5		Debit C	ard OFF
20		- 1 Wood H	uven	State	Zip Code
PRNT	Ta Qua Qua			CT	11=3
Expenditure # (If applicable) Type of Expense	Tri-Sold Pain Card	S al RT	Event #		06512
Type of Expend	diture (Hemization in Addendum P Required the below ted with reimbursement county)			An	hount
0013 Sounding	the below	d unless "None of the bal "		1	
Coordinat	ted with reimbursement court	is of the below is	checked)	\$239	1/21
Name of Payee Coordinat	the below ted with reimbursement sought (joint expend ed without reimbursement sought (in-kind co	liture)		100	.07
			dent	1	1
1011110	(1) 5-1	Organizat	tionOA OB OC	0.	- 1
Street Address	argus, LI	-(Date of Payment	O B	
1 3293 0	ill Strakgus, LL			Method of Paymer	nt:
	cazer Or	City	9/6/23	Check #	55
1 (a) code)		Ocoee		O Debit Card	OEFT
POLLS Treed	A	Deale		1 - 12 PC	ode
Expandin	Alrport Survey + Town	T _E ,	vent #	FL 34	1761
(Fapplicable) Type of Expenditure	(Itemization in Addendum P Required unli	Will apinion Pall	VOIL #		
None of the	Mauendum P Required			Amoun	t
OUI4 Some of the be	the reimbursement sought (joint expenditure) thout reimbursement sought (so the control of the c	ess "None of the below" is chee	akad)		1
Name of Payee O Coordinated wi	ith reimbursement sought (joint expenditure) thout reimbursement sought (in-kind contribu	400	-neu)	87,088.	5:-
1	"Sen (III-Kind contest				, ,
Puller		O Organization	OA OB OC OD	1	1
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3202 0	Strategles, LLC		- ayanent	Method of Paymani	
L 1267	- Ci	ty	9/20/23	Check # 1/0 4	1
Purpose of Expenditure Description	Ur			Debit Card	Trong
(by code) Description	V	Ocoze		State Zip Code	EFT
MISC Ringless	Volce meil Ingthe Desi	1)		FL 3476	. 1
Expenditure # Type of Expanditure	Valle Meil In thy Resternite mization in Addendum P Required unless eimbursement sought (joint expendit)	lents Event #		13416	1
Type of Expenditure (Ite)	mization in Addendum n	107	27233	Amount	
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lame of Payee	eimbursement sought (joint expenditure) ut reimbursement sought (in-kind contribution	Independent	F	\$550.06	1
A	gas (ar-kind contribution	5 Independent	1	,	1
reet Address AUSTIN (2 12 2 2	Organization A	OBOCO D		1
reet Address	rancesco		it of Payment	Method . C	
51. 4			9/7/23	Method of Payment:	
Oose of Expenditure To Gree	city City		11/00	Check # 154	1
Oose of Expenditure Description	31 34	East Haven	St	Debit Card OEF	
MIS/		March	1	Zip Code	7
ndia UVIANOVYI	Why association	From #		T 06512	1
Type of Expenditure (Itemizate	ion in Addendum P Required unless "Non	/ Holling /			4
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St. St. St. St. Land	arsement sought (joint expenditure) nbursement sought (in-kind contribution)	Q Independent	- 1	-0	
	The state of the s	Organization			1
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	-314	L Section P — This Page	T O		
	TOTAL	3141	DZ1953	.19	
Try	DTAY OF AND	ditional Section P Pages			
	OF ALL EVERY		\$9,288.	38	
	(Enter total on Line 19, Column	D BY COMMITTEE			
	, -commit	a of Summary Page Totals	117.241 =	7	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

F	NAME C	IV. EXPENDITURES (Sections P F COMMITTEE (Provide Complete Name as Registered with Filing Repository)	tive Leadership, Legislative Caucus	Or Posts o
1 1	Marrie		2 —T)	
	Name of Pay	TO STORY MALINE	TYPE OF REPORT	Page 13 of
1 1	or Pay		0.1	iling
91	rant I in			7
Jou	reet Addres	in on run	Date of Payment	Method of Payment:
		39/ Main St Com > City	9/13/23	Check # 157
Purp (by c	pose of Exp	renditure Description East Haven		O Debit Card OEFT State Zip Code
		REANDR GINEZI COSTA		Code Code
Expe (if app	enditure #	Type of Expenditure (Itemization in Addendum P Required values with ment	#	06512
1 1		None of the below Coordinated with reimbursement experts.	727233	Amount
II L	017	Coordinated with reimbursement sought (joint expenditure)	d)	\$200.00
Name o	of Payce	Coordinated without reimbursement sought (included and included and in		(J200.00
		Organization O	OB OCO D	
Street Ac	ddress	Anedot Inc. O Organization O A	Date of Payment Me	0
	13		9/30/23	thod of Payment; Check #
Purpose of (by code)	f Expenditu	tre Drenning	100	Debit Card OFF
	VEB	Frew Orleans	State	ZIP Code
Expenditur				A 70112
(if applicable,	e)	Type of Expenditure (Itemization in Addendum P. Roguin		Amount
1001	18	Coordinate below	,	1
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		Organization OA) n O =	
Street Address	S	Date o	Payment V	
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(by code)		description	State	Zip Code
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nditure #		Event#		į.
uditure # vlicable)	Type o	f Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Arr	lount
	S _N	one of the below		Продп
	Joc.	pordinated with reimbursement sought (joint expenditure)		1
		muchendent	1	1
		Organization O - O	0.0	ſ
		- Section P - This Page		
		TOTAL of additional S- a	397.50	
		TOTAL OF ALL EXPENSE	11,849.07	
		TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		
		A Of Summary Page Totals)	2,241.57	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		
Sum Di O Section Supposition	tions P—T)	
		Page 14 of 12
Q. Campaign Expenses Paid by Castreet Address	TYPE OF REPORT	
Address Supply	andidate OCF 10	Fliny
Purpose of Expenditure Described to the City	Date of Payment	
Purpose of Expenditure Description	7/14/23	Is reimbursement claimed?
1 Description		Yes D No
Name of Payer (Name of Vendor, Person or Entity who candidate paid directly) Street Address Street Address		State Zip Code
(Name of Vendor, Person or Emily who camples	Event#	CT 06405
Street Address: Ble Panks	LNA /	Amount
	Date of Payment	581.43
Purpose of Expenditure Description Description PONT	8/1/23	Is reimbursement claimed?
(by code) Description Description	10/1/23	Yes 🗆 No
	State	Zip Code
E Tans	vent #	106517
Street Address (arget	N/A /	Amount
	Date of Payment 53	3219.83
Purpose of Expenditure Description City City City	7/0/100 Isr	eimbursement claimed?
(by code) Description	17/19/23	Yes No
Name of Paragraph of Oliver C	State	Zip Code
Event	# CT	06473
Street Address South 7	NA d	Amount
	Date of Payment \$7	84
Purpose of the Core	Juicin	ursement claimed?
(by code) Description (by code)	- Je .	Yes 🗆 No
Secription East History Same of Payee (Name of Vendor, Person or Entity who candidate paid the secretary)	State	Zip Code
Tame of Payee (Name of Vendor, Person or Entity who candidate paid directly) Set Address WYCO Event # 072	CT	06517
cet Address O72	7020 / AL	nount
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of Paves (A).	State Zip (4
Event # Event #		1
diress	Amou	nt
Date of Pa	Vinens	1
Expenditure Description City	Is reimbursement	claimed?
Description	☐ Yes ☐	No
	State Zip Code	
Event #		
	Amount	
SUBTOTAL Section Q — This Page 5		
TOTALOS	3,552.18	
TOTAL of additional Section Q Pages TOTAL OF ALL EXPENSE		
TOTAL OF ALL EXPENSES PAID BY CANDIDATE) ,	
wo, Column A of Sum		1

	Plate State	Sam	Palluto Go	(Iling Repository)	1	TVDC OF T	Pag
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Name of V	endor, Person	or Entity		PT 7			
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Street Addre	ess						ate of Transaction
				City		1	anderion
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(by code)		Description					Zip Code
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IV. EXPENDITURES (Sections P-T)

L			plete Name as Registered with			TYPE OF RE	PORT	
Name of Cre	editor	S	Expenses Incurr	ed by Committee bu			et 10	
1				of Committee bu	it Not Paid Du	ring this Pari	od to	Filing
Street Addres	e e					8 1 (1)		
1	55						l ^D	ate Incurred
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IV. EXPENDITURES (Sections P-T)

NAME (OF COMMITTEE OF	IV.	EXPENI	DITURES (Sections P	P—T)		
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		000	FOT M	by or		TYPE OF R		, ,
Last Name	of Worker/Consultant	z. nemizan	on of Reimi	oursements an	d Seconda	Ty Power	+ 10 Filing	
						y rayees		
Name of Ve	endor, Person or Entity P	aid by Committee Worker/Consultant		0084	ph		MI Date of Pay Person or E	ment to Vendor,
	-	1810		0			913	21/02
Street Addres	ess of Vendor, Person or I	OSCPH (OS Entity Paid by Committee Worker/Com	55			Payment to	Reimburse Committee Work	ker/Consultant
1 1	21 0 1	Shirty Paid by Committee Worker/Con	sultant	City		▼ Check	# 165 Debit (_
Purpose of Ex	penditure D	ohs lane						Card EFT
(to code)	MB Description	Reford to acc	0	1 (10)	the	•	1 / 1	/46
Expenditure #	110	Meta Trockery	for b	edgeted	Event	#		6517
(if applicable)	Type of Ex	on Reford to pay Meta Facebook (penditure (Itemization in 144)	C Ads			NA	Amo	unt
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1	60		First		Organization: o	АОВОС	0 D	1
Name of Vendor,	Person or Entire Parity	Committee Worker/Consultant		De.	7	MI	Date of Payment	to Vendor
1	Carlos Entry Paid by	Committee Worker/Consultant		Jose	ph		Diffity	
Street Address of V	Vendon D.	en (055				Payment to Rein	aburse Committee Worker/Con P;	23
	rendor, Person or Entity	Paid by Committee Worker/Consultar	nt la			Check #1		
Purpose of Expendit	He	Neilphs Lo	Ci	y	74 N	1 (Debit Card	☐ EFT
(by code)	Description	2000		<u>tasi</u>	Hurch		Zip Cod	1
RMI	15	refund to pay s	or body	rted	Event #		CT 065	121
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Last Name of Worker/	/Consultant	ed with reimbursement sought (jo ed without reimbursement sought	(in-kind contribution	on)	ependent		1	
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Name of Vendor, Person	On or Entity P	mittee Worker/Consultant	1	0		MI	Date of Payment to V	ndos
S.	or Chilly Paid by Com			Sumant	her_		Person or Entity 9/30/22	0 1
Street Address of Vendo	unanthe	Paralo			Pa	yment to Reimburs	e Committee Worker/Consul	
Lin	rerson or Entity Paid	by Committee Worker/Consultant	Tay		I re	Ported in Section P; Check #_166	•	tant as
urpose of Expenditure	O Thomps	ion Arc	City		7		_ Devil Card	EFT
	Description (2)	mbursing fam a	-1t	ast tem	en		C.p Code	7
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						\$ 2,24	5,55	
FAT OF AT-			TOTAL of a	dditional Section	T Pages	t 0		_
THE OF ALL R	REIMBURSEME	NT TO COMMITTEE V	Vor		- Bea	1,65	5.35	
		- TAME	WORKERS A	AND CONSUL	TANTS	110-		-
					14	4,900	,40	
					1.5			-

NAME OF COMM	MITTEE (Provide Complete Name as Registered with Filing Rep	soften)		Taran ana		
	Sam Parluto for			TYPE OF R	+ 10	5),
	T. Itemization of Re			Pavees	1 10	Filip
Last Name of Worker	Parleto	First	Samanth		МІ	Date of Payment to Ver Person or Entity
1	son or Entity Paid by Committee Worker/Consultant			reported	to Reimburs in Section P:	e Committee Worker/Consult
Street Address of Ven	dor, Person or Entity Paid by Committee Worker/Consultant	City			CK #_ / G	State Zip Code
Purpose of Expenditure	70 Thompson Ave		TOST Ha	en		CT 0651
(by code) RMB	Thempson Ave Description Reimbursement For B Target purchases, Danks	, large	Sign Costs	"NA		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Req None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-	quired unless "No		ked)		\$2,655,
Last Name of Worker/C	Consultant	First			МІ	Date of Payment to Vend Person or Entity
Name of Vendor, Person	n or Entity Paid by Committee Workeт/Consultant			Payment to reported in Chec	Section P:	Committee Worker/Consultation
Street Address of Vendo	or, Person or Entity Paid by Committee Worker/Consultant	City		O Chec	К. #	_ O Debit Card O I State Zip Code
Purpose of Expenditure by code)	Description		Event #			Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kin)	nenditure)	Independent Organization: o		0	
ast Name of Worker/Co	nsultagt	First			мі	Date of Payment to Vendo Person or Entity
arne of Vendor, Person	or Entity Paid by Committee Worker/Consultant			Payment to reported in S	Reimburse C	Committee Worker/Consultant
reet Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		Check		O Debit Card O E. State Zip Code
rpose of Expenditure y code)	Description		Event #			Amount
spenditure # applicable)	Type of Expenditure (Itemization in Addendum T Require One of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind)	enditure)	of the below" is checked Independent Organization: 0	0 0	0	
		SUBTOTAL	L Section T — This P.	THE PARTY NAMED IN		5.35
1		TOTAL of ad	ditional Section T Pa	The state of the s	1245	5,55
OTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKERS A	ND CONSULTAN	TS \$ 4	,900	.90
			TOTAL VOLUME	14	 	