

SEEC FORM 20

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



RECEIVED FOR FILING

OCT 31 2023

TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

Olivia Batten

TOWN CLERK

Do Not Mark in This Space For Official Use Only

Page 1 of 17

COVER PAGE

1. NAME OF COMMITTEE

Sam Paruto for Mayor

2. TREASURER NAME

First

Joseph

MI

P

Last

Coss

Suffix

3. TREASURER ADDRESS

Street Address

26 Ralphs Ln

City

East Haven

State

CT

Zip Code

06512

4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)

11/07/2023

5. OFFICE SOUGHT (Complete only if Candidate Committee)

Mayor

6. DISTRICT NUMBER

(if applicable)

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First

Sumantha

MI

Last

Paruto

Suffix

8. TYPE OF REPORT (Check One Box)

☐ January 10 filing

☐ 7th day preceding primary

☐ 7th day preceding referendum

☐ Initial Contribution or Disbursement
(PACs ONLY)

☐ April 10 filing

☐ 30 days following primary

☐ 45 days following referendum

☐ July 10 filing

☐ 7th day preceding election

☐ Deficit

☒ Amendment to
Type of Report:

☐ 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

9. PERIOD COVERED

Beginning Date

7/1/23

Ending Date

thru

9/30/23

10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

TREASURER OR DEPUTY TREASURER (SIGNATURE)

PRINT NAME OF SIGNER

DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

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	
<i>Sam Palumbo for Mayor</i>	<i>Amendment to Oct 10th</i>	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$10,388.31	
13. Contributions Received from Individuals (Sections A and B)	\$8,635.00	\$23,575.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0	\$0
15. Other Monetary Receipts (Sections D through K)	\$0	\$0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0	\$0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$0	\$0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$8,635.00	\$23,575.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$19,023.31	\$23,575.00
19. Expenses Paid by Committee (Section P)	\$12,241.57	\$12,241.57
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$6,781.74	\$6,781.74
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$893.96	\$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)	\$0	\$0
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	↓	\$0.00
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	\$3,552.18
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)	\$0.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sum Paruto 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	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Dematto		Thomas	
Residential Street Address		City	State Zip Code
6 Joan Ct		East Haven	CT 06512
Principal Occupation		Name of Employer	
Toolmaker		Lee Company	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 072723B		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
		7/25/23	\$180.00
Last Name		First	MI
Joseph Cross		Joseph	
Residential Street Address		City	State Zip Code
26 Ralphs Lane		East Haven	CT 06512
Principal Occupation		Name of Employer	
Public Affairs		State of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 072723B		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
		7/20/23	\$150.00
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
SUBTOTAL Section B — This Page		\$250.00	
TOTAL of additional Section B Pages		\$8385.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Paruto 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-	
B. Itemized Contributions from Individuals			
Last Name Nelson		First Dan	
Residential Street Address 1617 Baseline Lane		City Vero Beach	State FL
Principal Occupation Co-owner		Name of Employer Spark LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07223B	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/27/23	
		Aggregate Contributions \$100.00	
Last Name Candelora		First Vineent	
Residential Street Address 405 Sea Hill Rd		City North Branford	State CT
Principal Occupation Legislator		Name of Employer State of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$200.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07223B	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/27/23	
		Aggregate Contributions \$200.00	
Last Name Campbell		First Joseph	
Residential Street Address 93 Old Salt Works Rd		City Westbrook	State CT
Principal Occupation Owner		Name of Employer Julie's Cup & Joe	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07223B	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/25/23	
		Aggregate Contributions \$100.00	
SUBTOTAL Section B — This Page		\$400.00	
TOTAL of additional Section B Pages		\$8235.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Peruto 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 -	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Mellone		Myra Jane	
Residential Street Address		City	State Zip Code
175 Rock Rd		North Haven	CT 06473
Principal Occupation		Name of Employer	
Marketing		Brown & Brown of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 07223B		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/27/23	\$50.00
Last Name		First	MI
Doughty		Steven	
Residential Street Address		City	State Zip Code
459 Thompson Ave		East Haven	CT 06512
Principal Occupation		Name of Employer	
Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 07223B		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/27/23	\$190.00
Last Name		First	MI
Bryk		Holly	
Residential Street Address		City	State Zip Code
121 George St		East Haven	CT 06512
Principal Occupation		Name of Employer	
State Marshal			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 07223B		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/27/23	\$300.00
SUBTOTAL Section B — This Page		\$ 500.00	
TOTAL of additional Section B Pages		\$ 8135.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$ 8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Pasuto for Mayor				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 Individuals					
Last Name		First		MI	
Zalewski		Ben			
Residential Street Address		City		State	Zip Code
34 Kelly Crest Rd		Branford		CT	06405
Principal Occupation		Name of Employer			
Technology Specialists		FH BOE			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/01/23	\$100.00		
Last Name		First		MI	
Ferrari		Scott			
Residential Street Address		City		State	Zip Code
		Stratford		CT	06614
Principal Occupation		Name of Employer			
Real Estate Appraiser		CNB Appraisals LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		8/4/23	\$100.00		
Last Name		First		MI	
Goulart		Rieh			
Residential Street Address		City		State	Zip Code
601 Silver Sands Rd		East Haven		CT	06512
Principal Occupation		Name of Employer			
Baker		Advantage Solutions			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$150.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 012723B		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/23	\$190.00		
SUBTOTAL Section B — This Page				\$350.00	
TOTAL of additional Section B Pages				\$8285.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sum Parato 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 —	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Parato		Milete			
Residential Street Address		City		State	Zip Code
405 Thompson Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Business Architect		Centene Corp.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$ 40.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 042123A		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/19/23	\$ 190.00		
Last Name		First		MI	
Ender		Michael			
Residential Street Address		City		State	Zip Code
230 Oregon Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Instructor		Central Texas College			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$ 40.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 042123A		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/19/23	\$ 140.00		
Last Name		First		MI	
Argento		Michael			
Residential Street Address		City		State	Zip Code
726 Woodward Ave		New Haven		CT	06512
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$ 40.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 042123A		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/10/23	\$ 40.00		
SUBTOTAL Section B — This Page				\$ 120.00	
TOTAL of additional Section B Pages				\$ 8515.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$ 8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Perlate for Mayor		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 Individuals			
Last Name Darmle		First Joseph	
Residential Street Address 7 Myphurake Ct		City East Haven	State CT
Principal Occupation Retired		Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$160.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092123A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/20/23	
Last Name Recitelli		First Patricia	
Residential Street Address 76 Salerno Ave		City East Haven	State CT
Principal Occupation Retired		Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$40.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092123A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/20/23	
Last Name Recitelli		First Carmine	
Residential Street Address 76 Salerno Ave		City East Haven	State CT
Principal Occupation Retired		Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$40.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092123A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/20/23	
Last Name Recitelli		First Carmine	
Residential Street Address 76 Salerno Ave		City East Haven	State CT
Principal Occupation Retired		Zip Code 06512	
SUBTOTAL Section B — This Page		\$240.00	
TOTAL of additional Section B Pages		\$8395.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Paruto 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	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Doughty		Steven			
Residential Street Address		City		State	Zip Code
459 Thompson Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No 092123A		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23		\$190.00	
Last Name		First		MI	
Richardson		Bill			
Residential Street Address		City		State	Zip Code
136 Bennett Rd		East Haven		CT	06512
Principal Occupation		Name of Employer			
Asso Sales Mgr.		Pat Assoc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No 092123A		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23		\$40.00	
Last Name		First		MI	
Murtens		Kerry			
Residential Street Address		City		State	Zip Code
145 Morgan Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Teacher		New Haven BOE			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No 092123A		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23		\$110.00	
SUBTOTAL Section B — This Page				\$120.00	
TOTAL of additional Section B Pages				\$8515.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Perito 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	
B. Itemized Contributions from Individuals			
Last Name Blossom		First Kathy	
Residential Street Address 28 Ozona Rd		City East Haven	State CT
Principal Occupation Auth Coordinator		Name of Employer Midstate Radiology	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$80.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092123A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/21/23	
		Aggregate Contributions \$80.00	
Last Name Lamotte		First Lawrence	
Residential Street Address 55 Cliff St		City East Haven	State CT
Principal Occupation Self		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$40.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092123A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/21/23	
		Aggregate Contributions \$40.00	
Last Name White		First Kern	
Residential Street Address 6 Taylor Ave		City East Haven	State CT
Principal Occupation Self		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092123A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	
		Aggregate Contributions	
SUBTOTAL Section B — This Page		\$120.00	
TOTAL of additional Section B Pages		\$8515.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Paruto 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 -	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Greco		Maria			
Residential Street Address		City		State	Zip Code
16 Angela Dr		East Haven		CT	06512
Principal Occupation		Name of Employer			
Library Aide		EH BOE			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$20.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 092123A		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23	\$20.00		
Last Name		First		MI	
Shavrov		Ilya			
Residential Street Address		City		State	Zip Code
42 Todds Hill Rd		Branford		CT	06405
Principal Occupation		Name of Employer			
Technology Services		EH BOE			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$40.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 092123A		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23	\$40.00		
Last Name		First		MI	
Paruto		Sarah			
Residential Street Address		City		State	Zip Code
470 Thompson Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Secretary		EH BOE			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$40.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 092123A		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23	\$40.00		
SUBTOTAL Section B — This Page				\$100.00	
TOTAL of additional Section B Pages				\$8535.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Paruto 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 —	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Dilunyo		Tennider			
Residential Street Address		City		State	Zip Code
299 Barbours Rd		North Haven		CT	06473
Principal Occupation		Name of Employer			
P.A.		The Radiance MD			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/27/23		\$100.00	
Last Name		First		MI	
Adams		Daniel			
Residential Street Address		City		State	Zip Code
321 N Birch Rd		Fort Lauderdale		FL	33304
Principal Occupation		Name of Employer			
Next Wave Bio Exec Chair		Next Wave Bio			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/24/23		\$1,000.00	
Last Name		First		MI	
Adams		Nicholas			
Residential Street Address		City		State	Zip Code
26 Virginia Rd		East Haven		CT	06512
Principal Occupation		Name of Employer			
Police Detective		Town of East Haven			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/23/23		\$100.00	
SUBTOTAL Section B — This Page				\$1200.00	
TOTAL of additional Section B Pages				\$7435.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)				\$8635.00	
(Enter total on Line 13, Column A of Summary Page Totals)					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Parkato 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 -	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Vieland		Kristie			
Residential Street Address		City		State	Zip Code
15 Stone Pillar Rd		East Haven		CT	06512
Principal Occupation		Name of Employer			
		Gulfport Public Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		\$10.00	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/30/23	\$10.00		
Last Name		First		MI	
Coughlin		John			
Residential Street Address		City		State	Zip Code
1 Horseshoe Hill Rd		North Haven		CT	06473
Principal Occupation		Name of Employer			
Contractor		Coughlin Electric			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		\$300.00	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/30/23	\$300.00		
Last Name		First		MI	
Newland		Patrick			
Residential Street Address		City		State	Zip Code
2 Minor Rd		East Haven		CT	06512
Principal Occupation		Name of Employer			
CPA		Tax Advisory Services, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		\$150.00	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/28/23	\$150.00		
SUBTOTAL Section B — This Page				\$460.00	
TOTAL of additional Section B Pages				\$8175.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Purata 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 -	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Hennessey		Thomas			
Residential Street Address		City		State	Zip Code
34 Columbus Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Owner		AF Forbes Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$150.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event # 072223B		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/27/23	\$200.00		
Last Name		First		MI	
Hennessey		Linda			
Residential Street Address		City		State	Zip Code
34 Columbus Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Homemaker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$150.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event # 072223B		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/27/23	\$200.00		
Last Name		First		MI	
Angelo		Trevor			
Residential Street Address		City		State	Zip Code
219 Hemingway Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$150.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/30/23	\$150.00		
SUBTOTAL Section B — This Page				\$450.00	
TOTAL of additional Section B Pages				\$8185.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)				\$8635.00	
(Enter total on Line 13, Column A of Summary Page Totals)					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Purato 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 -	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Riche		Donna			
Residential Street Address		City		State	Zip Code
67 Charles Dr		East Haven		CT	06512
Principal Occupation		Name of Employer			
Realtor		ZIL			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$700.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 072723B		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/27/23	\$100.00		
Last Name		First		MI	
Parato		Michele			
Residential Street Address		City		State	Zip Code
405 Thompson Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
N/A					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$150.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 072723B		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/27/23	\$190.00		
Last Name		First		MI	
Rebmann		Leon			
Residential Street Address		City		State	Zip Code
160 Brushy Plains Rd		Branford		CT	06405
Principal Occupation		Name of Employer			
Owner		Leon James Intl. Hair Studios			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/30/23	\$100.00		
SUBTOTAL Section B — This Page				\$350.00	
TOTAL of additional Section B Pages				\$8205.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Paruto Sr 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. Itemized Contributions from Individuals					
Last Name		First		MI	
Paruto		Noreen			
Residential Street Address		City		State	Zip Code
146 Tyler St		East Haven		CT	06512
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$150.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 072723B		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/27/23	\$250.00		
Last Name		First		MI	
Vasilko - Paruto		Jordan			
Residential Street Address		City		State	Zip Code
17 Frank St		East Haven		CT	06512
Principal Occupation		Name of Employer			
Patient Care Tech		Middlesex Hospital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 072723B		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/27/23	\$150.00		
Last Name		First		MI	
Clarilla		Paul			
Residential Street Address		City		State	Zip Code
104 Kings Hwy		North Haven		CT	06473
Principal Occupation		Name of Employer			
Business Owner					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 072723B		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/27/23	\$100.00		
SUBTOTAL Section B — This Page				\$350.00	
TOTAL of additional Section B Pages				\$8285.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)				\$8635.00	
(Enter total on Line 13, Column A of Summary Page Totals)					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Paruto for Mayor				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 Individuals					
Last Name		First		MI	
Zullo		Joseph			
Residential Street Address		City		State	Zip Code
2 Lisa Lane		East Haven		CT	06512
Principal Occupation		Name of Employer			
Attorney		Zullo, Zullo, & Tacks			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$300.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 072723B		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received: 7/27/23 Aggregate Contributions: \$300.00			
Last Name		First		MI	
Paruto		Eileen			
Residential Street Address		City		State	Zip Code
17 Frank St		East Haven		CT	06512
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 072723B		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received: 7/27/23 Aggregate Contributions: \$220.00			
Last Name		First		MI	
Morann		Kevin			
Residential Street Address		City		State	Zip Code
28 Jone Rd		East Haven		CT	06512
Principal Occupation		Name of Employer			
		Town of East Haven			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$300.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 072723B		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received: 7/27/23 Aggregate Contributions: \$300.00			
SUBTOTAL Section B — This Page				\$700.00	
TOTAL of additional Section B Pages				\$7935.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Paruto 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	
B. Itemized Contributions from Individuals			
Last Name Desorbo		First Louis	
Residential Street Address 26 Colonel Haynes Rd		City East Haven	State CT
Principal Occupation N/A		Zip Code 06473	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 072723B		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/27/23	Aggregate Contributions \$250.00
Last Name Amushko		First Louis	
Residential Street Address 109 Prospect Place Ext		City East Haven	State CT
Principal Occupation Retired		Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 072723B		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/27/23	Aggregate Contributions \$300.00
Last Name Taffe		First Lorie	
Residential Street Address 140 Hill St # 637		City East Haven	State CT
Principal Occupation Retired		Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 072723B		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/27/23	Aggregate Contributions \$50.00
SUBTOTAL Section B — This Page		\$ 500.00	
TOTAL of additional Section B Pages		\$ 8135.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$ 8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Panuto Jr 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. Itemized Contributions from Individuals			
Last Name		First	MI
Maltese		Salvatore	
Residential Street Address		City	State Zip Code
11 Holland Rd		East Haven	CT 06512
Principal Occupation		Name of Employer	
Tax Preparer		Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section LI?	Is contributor a principal of a state contractor or prospective state contractor?		
If yes, list Event # 8727233	If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		8/27/23	\$190.00
Last Name		First	MI
Delouglery		Leanora	
Residential Street Address		City	State Zip Code
65 Messma Dr		East Haven	CT 06512
Principal Occupation		Name of Employer	
Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section LI?	Is contributor a principal of a state contractor or prospective state contractor?		
If yes, list Event # 0727077233	If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/27/23	\$25.00
Last Name		First	MI
Dowd		Donna	
Residential Street Address		City	State Zip Code
64 Coe Ave		East Haven	CT 06512
Principal Occupation		Name of Employer	
N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section LI?	Is contributor a principal of a state contractor or prospective state contractor?		
If yes, list Event # 0727233	If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/27/23	\$50.00
SUBTOTAL Section B — This Page		\$225.00	
TOTAL of additional Section B Pages		\$840.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Paruto 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-	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Marten		Kern			
Residential Street Address		City		State	Zip Code
145 Morgan Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Teacher		New Haven BOE			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 07223B		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/27/23		Aggregate Contributions \$110.00	
Amount of Contribution \$70.00					
Last Name		First		MI	
Enders		Michael			
Residential Street Address		City		State	Zip Code
23 Oregon Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Online Instructor		Central Texas College			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 07223B		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/27/23		Aggregate Contributions \$140.00	
Amount of Contribution \$100.00					
Last Name		First		MI	
Ruggiero Sr.		Carl			
Residential Street Address		City		State	Zip Code
12 Oak Hill Dr		East Haven		CT	06512
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 07273B		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/27/23		Aggregate Contributions \$140.00	
Amount of Contribution \$100.00					
SUBTOTAL Section B — This Page				\$770.00	
TOTAL of additional Section B Pages				\$8365.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Parato 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	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Adameczyk		Joan			
Residential Street Address		City		State	Zip Code
123 Hellstrom Rd		East Haven		CT	06512
Principal Occupation		Name of Employer			
Director		Sunrise Natl. Corp.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 0921234		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/18/23 Aggregate Contributions \$80.00			
Last Name		First		MI	
Baker		William			
Residential Street Address		City		State	Zip Code
84 Francis St		East Haven		CT	06512
Principal Occupation		Name of Employer			
Utility Worker		U.I.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/30/23 Aggregate Contributions \$100.00			
Last Name		First		MI	
Shtnick		Judith			
Residential Street Address		City		State	Zip Code
41 Chidsey Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
N/A					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 0727238		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/27/23 Aggregate Contributions \$180.00			
SUBTOTAL Section B — This Page				\$280.00	
TOTAL of additional Section B Pages				\$ 8355.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)				\$ 8635.00	
(Enter total on Line 13, Column A of Summary Page Totals)					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Peruto For Mayor				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 Individuals					
Last Name		First		MI	
Zullo		Albert			
Residential Street Address		City		State	Zip Code
357 Horsford Rd		Malden		CT	06443
Principal Occupation		Name of Employer			
Attorney		Zullo, Zullo, & Tucker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$300.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event # 1		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/27/23		\$300.00	
Last Name		First		MI	
Muller		Sahator			
Residential Street Address		City		State	Zip Code
11 Holland Rd		East Haven		CT	06512
Principal Occupation		Name of Employer			
Registered Tax Preparer		Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$40.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event # 092123A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23		\$190.00	
Last Name		First		MI	
Woodhouse		Sandra			
Residential Street Address		City		State	Zip Code
612 Bradley St		East Haven		CT	06512
Principal Occupation		Name of Employer			
Insurance Broker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$80.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event # 092123A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23		\$80.00	
SUBTOTAL Section B — This Page				\$420.00	
TOTAL of additional Section B Pages				\$825.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Pafuto 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 -	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Cravino		Stacy			
Residential Street Address		City		State	Zip Code
132 Vista Dr		East Haven		CT	06512
Principal Occupation		Name of Employer			
Deputy Town Clerk		Town of Storington			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$40.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092123A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23		\$40.00	
Last Name		First		MI	
Hennessy		Thomas			
Residential Street Address		City		State	Zip Code
34 Columbus Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Owner		AF Farkes Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092123A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23		\$200.00	
Last Name		First		MI	
Hennessy		Linda			
Residential Street Address		City		State	Zip Code
34 Columbus Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Homemaker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092123A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23		\$200.00	
SUBTOTAL Section B — This Page				\$140.00	
TOTAL of additional Section B Pages				\$8495.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
Sam Parato for Mayor		Oct 10 Filing
A. Total Contributions from Small Contributors—Received this Period ONLY (See instructions for definition of Small Contributor)		\$ 825 -
SUBTOTAL SECTION A		

B. Itemized Contributions from Individuals

Last Name		First		MI	
DeMatteo		Thomas			
Residential Street Address		City	State	Zip Code	
6 Joan Court		East Haven	CT	06512	
Principal Occupation		Name of Employer			
Toolmaker		The Lee Company			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$80.00
If yes, list Event #	092123A	If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23	\$8180.00	

Last Name		First		MI	
Parato		Norcen			
Residential Street Address		City	State	Zip Code	
146 Tyler St		East Haven	CT	06512	
Principal Occupation		Name of Employer			
Retired					

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$100.00
If yes, list Event #	092123A	If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23	\$250.00	

Last Name		First		MI	
Ruggiero Sr.		Carl			
Residential Street Address		City	State	Zip Code	
12 Oak Hill Dr		East Haven	CT	06512	
Principal Occupation		Name of Employer			
Retired					

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$40.00
If yes, list Event #	092123A	If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23	\$140.00	

SUBTOTAL Section B — This Page

\$220.00

TOTAL of additional Section B Pages

\$8415.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)

(Enter total on Line 13, Column A of Summary Page Totals)

\$8635.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>Sam Parato for Mayor</u>				TYPE OF REPORT <u>Oct 10 Filing</u>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A \$ <u>825.00</u>	
B. Itemized Contributions from Individuals					
Last Name <u>Aello</u>		First <u>Frank</u>		MI	
Residential Street Address <u>73 Sorrento Ave</u>		City <u>East Haven</u>		State <u>CT</u>	Zip Code <u>06512</u>
Principal Occupation <u>N/A</u>		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>092123A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<u>\$80.00</u>	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <u>9/21/23</u>		Aggregate Contributions <u>\$80.00</u>	
Last Name <u>Cappelloni</u>		First <u>Frank</u>		MI	
Residential Street Address <u>122 Allison Way</u>		City <u>East Haven</u>		State <u>CT</u>	Zip Code <u>06512</u>
Principal Occupation <u>N/A</u>		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>092123A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<u>\$100.00</u>	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <u>9/21/23</u>		Aggregate Contributions <u>\$100.00</u>	
Last Name <u>Godart</u>		First <u>Richard</u>		MI	
Residential Street Address <u>661 Silver Sands Rd</u>		City <u>East Haven</u>		State <u>CT</u>	Zip Code <u>06512</u>
Principal Occupation <u>RK Solutions</u>		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>092123A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<u>\$40.00</u>	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <u>9/21/23</u>		Aggregate Contributions <u>\$190.00</u>	
SUBTOTAL Section B — This Page				<u>\$220.00</u>	
TOTAL of additional Section B Pages				<u>\$845.00</u>	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				<u>\$8635.00</u>	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Purata 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	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Cote		Sharon			
Residential Street Address		City		State	Zip Code
30 Vista Dr		East Haven		CT	06512
Principal Occupation		Name of Employer			
N/A					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>092123A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23	\$ 40.00		
Last Name		First		MI	
White		Kevin			
Residential Street Address		City		State	Zip Code
6 Taylor Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
N/A					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>092123A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23	\$ 40.00		
Last Name		First		MI	
Dennis		Kathy Ann			
Residential Street Address		City		State	Zip Code
38 Pine View Dr		East Haven		CT	06512
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>092123A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23	\$ 40.00		
SUBTOTAL Section B — This Page				\$ 120.00	
TOTAL of additional Section B Pages				\$ 8575.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$ 8635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Parato 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	
				\$ 825.00	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Coss		Francine			
Residential Street Address		City		State	Zip Code
26 Ralphs Ln		East Haven		CT	06512
Principal Occupation		Name of Employer			
Superintendent		Thomaston BOE			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$40.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event # 09212312		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23		\$70.00	
Last Name		First		MI	
Parato		Eileen			
Residential Street Address		City		State	Zip Code
17 Frank St		East Haven		CT	06512
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$120.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event # 092123A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23		\$220.00	
Last Name		First		MI	
Vasillo - Parato		Jordan			
Residential Street Address		City		State	Zip Code
17 Frank St		East Haven		CT	06512
Principal Occupation		Name of Employer			
Patient Care Tech		Middletown Hospital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event # 092123A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23		\$150-	
SUBTOTAL Section B — This Page				\$210.00	
TOTAL of additional Section B Pages				\$8,425.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$8,635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Sam Pareto 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 \$ 825.00	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Mauro		Vincent			
Residential Street Address		City		State	Zip Code
58 Vista Dr		East Haven		CT	06512
Principal Occupation		Name of Employer			
Elevator Operator		Korng Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092123A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23	\$40.00		
Last Name		First		MI	
Trella		Lynn			
Residential Street Address		City		State	Zip Code
67 Vista Dr		East Haven		CT	06512
Principal Occupation		Name of Employer			
Hospitality		Jave			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092123A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23	\$100.00		
Last Name		First		MI	
Sittnick		Judy			
Residential Street Address		City		State	Zip Code
41 Chidsey Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092123A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/23	\$180.00		
SUBTOTAL Section B — This Page				\$220.00	
TOTAL of additional Section B Pages				\$8,145.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$8,635.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>San Pedro de Mayor</i>	TYPE OF REPORT <i>Oct 10 Filing</i>
---	--

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
			If yes, list Event # _____		
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
			If yes, list Event # _____		
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
			If yes, list Event # _____		
City	State	Zip Code	Date Received	Aggregate Contributions	<i>0.00</i>

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer	
Address			City	State	Zip Code

Date Received	Expenditure # (if applicable)	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution	Amount of Receipt
Description			

Name of Committee				Name of Treasurer	
Address			City	State	Zip Code

Date Received	Expenditure # (if applicable)	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution	Amount of Receipt
Description			

SUBTOTAL Section C — This Page

\$0

TOTAL of additional Section C Pages

\$0

TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS
(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)

\$0

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Sam Ralston for Mayor

Oct 10 Filing

D. Loans Received this Period

Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	

TOTAL SECTION D

\$0.00

E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

Name of Entity			
Street Address		Date Received	Amount Received
City	State	Zip Code	
Aggregate Contributions			
Name of Entity			
Street Address		Date Received	Amount Received
City	State	Zip Code	
Aggregate Contributions			
Name of Entity			
Street Address		Date Received	Amount Received
City	State	Zip Code	
Aggregate Contributions			

TOTAL SECTION E

\$0.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Sam Daniels for Mayor	Oct 10 Filing

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

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

TOTAL SECTION F

\$0.00

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

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount

TOTAL SECTION G

\$0.00

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

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

TOTAL SECTION H

\$0.00

I. Anonymous Contributions

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

I. MONETARY RECEIPTS (Sections A—K)

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

J. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	

TOTAL SECTION J

0.00

K. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				Amount Received
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				Amount Received
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				Amount Received
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				Amount Received

TOTAL SECTION K

0.00

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)		0
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	0
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	0
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	0
Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)		0.00

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Parlate for Mayor		Oct 10 Filing	
L1. Event Information			
Event # 072723 B Date of Event 7/27/23 Letter B	Description Carnet on Main Street & Show Koko P. Pindar	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address 597 Main St (rear)		City East Haven	State Zip Code CT 06512
Subpart 1: (All Committees)			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="checkbox"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input checked="" type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="checkbox"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input type="checkbox"/> No	
Event # 092123 A Date of Event 9/21/23 Letter A		Description John & Maria's Meet the Candidates	
Location: Street Address 280 Foxon Rd		City East Haven	State Zip Code CT 06512
Subpart 1: (All Committees)			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="checkbox"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="checkbox"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input type="checkbox"/> No	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page		\$0.00	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page		\$0.00	
TOTAL of additional Section L1 Pages		\$0.00	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)		\$0.00	

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Sam Perato for Mayor

Oct 10 Filing

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

Name of Purchaser

Purchase Made By:

- ☐ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

City

State

Zip Code

Date Received

Event #

Aggregate Purchases for All Events

Amount of Program Ad Purchase

Amount of Sign Purchase

Name of Purchaser

Purchase Made By:

- ☐ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

City

State

Zip Code

Date Received

Event #

Aggregate Purchases for All Events

Amount of Program Ad Purchase

Amount of Sign Purchase

Name of Purchaser

Purchase Made By:

- ☐ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

City

State

Zip Code

Date Received

Event #

Aggregate Purchases for All Events

Amount of Program Ad Purchase

Amount of Sign Purchase

Name of Purchaser

Purchase Made By:

- ☐ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

City

State

Zip Code

Date Received

Event #

Aggregate Purchases for All Events

Amount of Program Ad Purchase

Amount of Sign Purchase

Name of Purchaser

Purchase Made By:

- ☐ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

City

State

Zip Code

Date Received

Event #

Aggregate Purchases for All Events

Amount of Program Ad Purchase

Amount of Sign Purchase

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page

0.00

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

0.00

TOTAL of additional Section L3 Pages

0.00

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN
(Enter total on Line 16c, Column A of Summary Page Totals)

0.00

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Sam Paruto for Mayor	Oct 10 Filing

L4. In-Kind Donations Not Considered Contributions

Name of Donor Sarah Paruto				
Street Address 470 Thompson Ave		City East Haven		State CT
Zip Code 06512				
Donation Given By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation Food		Fair Market Value of Donation	
Date Received 7/27/23	Event # 072723B	Aggregate Value for this Event \$893.96	\$893.96	

Name of Donor Joseph Cass				
Street Address 26 Ralphs Lane		City East Haven		State CT
Zip Code 06512				
Donation Given By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation Food/Beverage		Fair Market Value of Donation	
Date Received 7/27/23	Event # 072723B	Aggregate Value for this Event \$893.96	\$400.00	

Name of Donor				
Street Address		City		State
Zip Code				
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
Date Received	Event #	Aggregate Value for this Event		

Name of Donor				
Street Address		City		State
Zip Code				
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
Date Received	Event #	Aggregate value for this Event		

SUBTOTAL Section L4 — This Page	\$893.96
TOTAL of additional Section L4 Pages	\$0.00
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21, Column A of Summary Page Totals)	\$0.00

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Sam Portato for Mayor			Oct 10 Filing	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If yes, complete Itemization in Addendum L5	
Street Address		City		State
				Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If yes, complete Itemization in Addendum L5	
Street Address		City		State
				Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If yes, complete Itemization in Addendum L5	
Street Address		City		State
				Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If yes, complete Itemization in Addendum L5	
Street Address		City		State
				Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If yes, complete Itemization in Addendum L5	
Street Address		City		State
				Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
SUBTOTAL Section L5 — This Page			\$0	
TOTAL of additional Section L5 Pages			\$0	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY			\$0.00	
(Enter total on Line 22, Column A of Summary Page Totals)				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <small>(Provide Complete Name as Registered with Filing Repository)</small>	TYPE OF REPORT
<i>Sam Purata Sr Mayor</i>	<i>Oct 10 Filing</i>

M. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Name			
Street Address		City	State Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Name			
Street Address		City	State Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Name			
Street Address		City	State Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		

SUBTOTAL Section M — This Page

\$0

TOTAL of additional Section M Pages

\$0

TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)

\$0.00

N. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State Zip Code	Amount of Deposit
Name of Telephone Company				
Street Address		City	State Zip Code	

TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)

\$0.00

SEEC FORM 20
Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Sam Parlato for Mayor	Oct 10 Filing

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment:
Joseph Loss	9/30/23	<input checked="" type="checkbox"/> Check # 165 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State Zip Code
26 Ralphs Lane	East Haven	CT 06512

Purpose of Expenditure (by code)	Description	Event #	Amount
RMB	Refund to pay for budgeted Meta Facebook Ad Spending		689.52
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
0001	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

Name of Payee	Date of Payment	Method of Payment:
Joseph Loss	9/6/23	<input checked="" type="checkbox"/> Check # 158 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State Zip Code
26 Ralphs Lane	East Haven	CT 06512

Purpose of Expenditure (by code)	Description	Event #	Amount
RMB	Refunding to pay for budgeted Meta Facebook Ads		659.20
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
0002	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

Name of Payee	Date of Payment	Method of Payment:
Samantha Parlato	9/30/23	<input checked="" type="checkbox"/> Check # 166 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State Zip Code
470 Thompson Ave	East Haven	CT 06512

Purpose of Expenditure (by code)	Description	Event #	Amount
RMB	Reimbursing Sam for payment for large lawn sign / Fan Printing costs		896.83
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
0003	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

Name of Payee	Date of Payment	Method of Payment:
Samantha Parlato	9/13/23	<input checked="" type="checkbox"/> Check # 161 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State Zip Code
470 Thompson Ave	East Haven	CT 06512

Purpose of Expenditure (by code)	Description	Event #	Amount
RMB	Reimbursement for food, staples supplies, Target purchase, drinks, large sign costs		\$2,655.35
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
0004	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

SUBTOTAL Section P — This Page \$4,900.90

TOTAL of additional Section P Pages \$7,340.67

TOTAL OF ALL EXPENSES PAID BY COMMITTEE \$12,241.57
(Enter total on Line 19, Column A of Summary Page Totals)

SEEC FORM 20
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IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sum Danks for Mayor		Oct 10 Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
John & Maria's Pizzeria & Restaurant		9/22/23	<input checked="" type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
280 Foxon Rd	East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	Food for Fundraiser	092123A	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
0005	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="radio"/> Independent Organization <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D		\$1,028.67
Name of Payee		Date of Payment	Method of Payment:
Citizens Bank		8/31/23	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
263 Hemingway Ave	East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount
BNK	Bank Fee		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
0006	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="radio"/> Independent Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		\$3.00
Name of Payee		Date of Payment	Method of Payment:
Citizens Bank		9/29/23	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
263 Hemingway Ave	East Haven	CT	06513
Purpose of Expenditure (by code)	Description	Event #	Amount
BNK	Bank Fee		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
0007	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="radio"/> Independent Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		\$3.00
Name of Payee		Date of Payment	Method of Payment:
Austin CoFrancesco		8/9/23	<input checked="" type="radio"/> Check # 152 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
54 Green St	East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Videosgraphy - Announcement Video		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
0008	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="radio"/> Independent Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		\$750.00
SUBTOTAL Section P — This Page		\$1,784.67	
TOTAL of additional Section P Pages		\$10,456.90	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$12,241.57	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sam Parks for Mayor		OCT 10 Filing	
P. Expenses Paid by Committee			
Name of Payee	Street Address	Date of Payment	Method of Payment:
	Consulatore Photography	8/15/23	<input checked="" type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT
Purpose of Expenditure (by code)	Description	City	State Zip Code
MISC	Photos & Headshots	East Haven	CT 06512
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		Amount
0009	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		\$225.00
Name of Payee	Street Address	Date of Payment	Method of Payment:
	Minuteman Press	8/17/23	<input checked="" type="radio"/> Check # 153 <input type="radio"/> Debit Card <input type="radio"/> EFT
Purpose of Expenditure (by code)	Description	City	State Zip Code
PRNT	Door hanger Palm Cards	East Haven	CT 06512
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		Amount
0010	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		\$398.81
Name of Payee	Street Address	Date of Payment	Method of Payment:
	Minuteman Press	9/8/23	<input checked="" type="radio"/> Check # 156 <input type="radio"/> Debit Card <input type="radio"/> EFT
Purpose of Expenditure (by code)	Description	City	State Zip Code
PRNT	Doorhanger Palm Cards	East Haven	CT 06512
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		Amount
0011	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,346.86
Name of Payee	Street Address	Date of Payment	Method of Payment:
	Minuteman Press	9/14/23	<input checked="" type="radio"/> Check # 162 <input type="radio"/> Debit Card <input type="radio"/> EFT
Purpose of Expenditure (by code)	Description	City	State Zip Code
PRNT	Tri-fold Palm Cards w/ Skate	East Haven	CT 06512
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		Amount
0012	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		\$239.64
SUBTOTAL Section P — This Page		\$2,210.31	
TOTAL of additional Section P Pages		\$10,031.26	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE		\$12,241.57	
(Enter total on Line 19, Column A of Summary Page Totals)			

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IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Sum Ballato For Mayor						Oct 10 Filing	
P. Expenses Paid by Committee							
Name of Payee		Street Address		City		Date of Payment	
Minutemen Press		208 Main St; P.O. Box 120541		East Haven		9/28/23	
Purpose of Expenditure (by code)	Description	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		Event #		Method of Payment:	
PRNT	Tri-Paid Palm Cards w/ RTC	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				<input checked="" type="radio"/> Check # 164 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Expenditure # (if applicable)						State Zip Code	
0013						CT 06512	
Name of Payee						Amount	
Political Strategies, LLC						\$239.64	
Street Address		City		Date of Payment		Method of Payment:	
3293 Bazer Dr		Ocoee		9/6/23		<input checked="" type="radio"/> Check # 155 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Purpose of Expenditure (by code)	Description	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		Event #		State Zip Code	
POLLS	Treed Airport Survey + Townwide Opinion Poll	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				FL 34761	
Expenditure # (if applicable)						Amount	
0014						\$2,088.55	
Name of Payee							
Political Strategies, LLC							
Street Address		City		Date of Payment		Method of Payment:	
3293 Bazer Dr		Ocoee		9/20/23		<input checked="" type="radio"/> Check # 163 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Purpose of Expenditure (by code)	Description	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		Event #		State Zip Code	
MISC	Runless Voice mail Inuthy Residents to Event	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		072723 B		FL 34761	
Expenditure # (if applicable)						Amount	
0015						\$550.00	
Name of Payee							
Austin CoFrancesco							
Street Address		City		Date of Payment		Method of Payment:	
54 Green St		East Haven		9/7/23		<input checked="" type="radio"/> Check # 154 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Purpose of Expenditure (by code)	Description	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		Event #		State Zip Code	
MISC	Videography associated w/ Polling	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				CT 06512	
Expenditure # (if applicable)						Amount	
0016						\$75.00	
Name of Payee							
Political Strategies, LLC							
SUBTOTAL Section P — This Page						\$2,953.19	
TOTAL of additional Section P Pages						\$9,288.38	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)						\$12,241.57	

IV. EXPENDITURES (Sections P—T)

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IV. EXPENDITURES (Sections P—T)										Page 13 of 17	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)										TYPE OF REPORT	
Sam Perata for Mayor										Oct 10 Filing	
P. Expenses Paid by Committee											
Name of Payee		Cabaret on Main				Date of Payment		9/13/23		Method of Payment:	
Street Address		597 Main St (near)				City		East Haven		<input checked="" type="radio"/> Check # 157 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Purpose of Expenditure (by code)		AD & FVDR				Description		General costs to use space & entertainment		State Zip Code	
Expenditure # (if applicable)		0017				Event #		072723B		Amount	
Name of Payee		Anedot Inc.				Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input checked="" type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address		1340 Poydras St Suite 1770				Date of Payment		9/30/23		Method of Payment:	
Purpose of Expenditure (by code)		WEB				Description		Fees for Debit/Credit Contributions		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Expenditure # (if applicable)		0018				Event #				Amount	
Name of Payee						Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Payment				Method of Payment:	
Purpose of Expenditure (by code)						Description				<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Expenditure # (if applicable)						Event #				Amount	
Name of Payee						Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Payment				Method of Payment:	
Purpose of Expenditure (by code)						Description				<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Expenditure # (if applicable)						Event #				Amount	
Name of Payee						Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Payment				Method of Payment:	
Purpose of Expenditure (by code)						Description				<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Expenditure # (if applicable)						Event #				Amount	
Name of Payee						Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Payment				Method of Payment:	
Purpose of Expenditure (by code)						Description				<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Expenditure # (if applicable)						Event #				Amount	
Name of Payee						Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Payment				Method of Payment:	
Purpose of Expenditure (by code)						Description				<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Expenditure # (if applicable)						Event #				Amount	
Name of Payee						Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Payment				Method of Payment:	
Purpose of Expenditure (by code)						Description				<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Expenditure # (if applicable)						Event #				Amount	
Name of Payee						Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Payment				Method of Payment:	
Purpose of Expenditure (by code)						Description				<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Expenditure # (if applicable)						Event #				Amount	
Name of Payee						Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Payment				Method of Payment:	
Purpose of Expenditure (by code)						Description				<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Expenditure # (if applicable)						Event #				Amount	
Name of Payee						Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <	

IV. EXPENDITURES (Sections P—T)

IV. EXPENDITURES (Sections P—T)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Sam Palante for Mayor</i>			TYPE OF REPORT <i>OCT 10 filing</i>		
Q. Campaign Expenses Paid by Candidate					
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>Staples</i>			Date of Payment <i>7/14/23</i>		
Street Address <i>85 N Main St #</i>			City <i>Branford</i>		
Purpose of Expenditure (by code) <i>OFFICE</i>		Description <i>Office Supplies/Folders/Paper</i>		Event # <i>N/A</i>	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>Big Prints</i>			State <i>CT</i>		
Street Address <i>15 Baer Circle, Unit B2</i>			Zip Code <i>06405</i>		
Purpose of Expenditure (by code) <i>PRNT</i>		Description <i>Large Signs & Fans</i>		Amount <i>\$81.43</i>	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>Target</i>			Is reimbursement claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address <i>200 Universal Dr</i>			Date of Payment <i>8/1/23</i>		
Purpose of Expenditure (by code) <i>OFFICE</i>		Description <i>Office supplies / Writing Utensils</i>		Event # <i>N/A</i>	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>North Haven</i>			State <i>CT</i>		
Street Address <i>South Shore Wine</i>			Zip Code <i>06473</i>		
Purpose of Expenditure (by code) <i>FOOD</i>		Description <i>Drinks for Fundraiser</i>		Amount <i>\$3219.83</i>	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>East Haven</i>			Is reimbursement claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address <i>670 Coe Ave</i>			Date of Payment <i>7/19/23</i>		
Purpose of Expenditure (by code) <i>FOOD</i>		Description <i>Drinks for Fundraiser</i>		Event # <i>N/A</i>	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>East Haven</i>			State <i>CT</i>		
Street Address <i>670 Coe Ave</i>			Zip Code <i>06473</i>		
Purpose of Expenditure (by code) <i>FOOD</i>		Description <i>Drinks for Fundraiser</i>		Amount <i>\$7.84</i>	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>East Haven</i>			Is reimbursement claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address <i>670 Coe Ave</i>			Date of Payment <i>243.08</i>		
Purpose of Expenditure (by code) <i>FOOD</i>		Description <i>Drinks for Fundraiser</i>		Event # <i>072723B</i>	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>East Haven</i>			State <i>CT</i>		
Street Address <i>670 Coe Ave</i>			Zip Code <i>06473</i>		
Purpose of Expenditure (by code) <i>FOOD</i>		Description <i>Drinks for Fundraiser</i>		Amount <i>\$243.08</i>	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>East Haven</i>			Is reimbursement claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address <i>670 Coe Ave</i>			Date of Payment <i>243.08</i>		
Purpose of Expenditure (by code) <i>FOOD</i>		Description <i>Drinks for Fundraiser</i>		Event # <i>072723B</i>	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>East Haven</i>			State <i>CT</i>		
Street Address <i>670 Coe Ave</i>			Zip Code <i>06473</i>		
Purpose of Expenditure (by code) <i>FOOD</i>		Description <i>Drinks for Fundraiser</i>		Amount <i>\$243.08</i>	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>East Haven</i>			Is reimbursement claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address <i>670 Coe Ave</i>			Date of Payment <i>243.08</i>		
Purpose of Expenditure (by code) <i>FOOD</i>		Description <i>Drinks for Fundraiser</i>		Event # <i>072723B</i>	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>East Haven</i>			State <i>CT</i>		
Street Address <i>670 Coe Ave</i>			Zip Code <i>06473</i>		
Purpose of Expenditure (by code) <i>FOOD</i>		Description <i>Drinks for Fundraiser</i>		Amount <i>\$243.08</i>	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>East Haven</i>			Is reimbursement claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address <i>670 Coe Ave</i>			Date of Payment <i>243.08</i>		
Purpose of Expenditure (by code) <i>FOOD</i>		Description <i>Drinks for Fundraiser</i>		Event # <i>072723B</i>	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>East Haven</i>			State <i>CT</i>		
Street Address <i>670 Coe Ave</i>			Zip Code <i>06473</i>		
Purpose of Expenditure (by code) <i>FOOD</i>		Description <i>Drinks for Fundraiser</i>		Amount <i>\$243.08</i>	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>East Haven</i>			Is reimbursement claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address <i>670 Coe Ave</i>			Date of Payment <i>243.08</i>		
Purpose of Expenditure (by code) <i>FOOD</i>		Description <i>Drinks for Fundraiser</i>		Event # <i>072723B</i>	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>East Haven</i>			State <i>CT</i>		
Street Address <i>670 Coe Ave</i>					

IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <div style="font-size: 1.2em; font-family: cursive;">Sam Parato for Mayor</div>						TYPE OF REPORT <div style="font-size: 1.2em; font-family: cursive;">Oct 10 filing</div>	
Name of Issuing Institution <div style="font-size: 1.2em; font-weight: bold;">R. Expenses Incurred on Committee Credit Card</div>							
Name of Vendor, Person or Entity				Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:			
Street Address						Date of Transaction	
Purpose of Expenditure (by code)				Description		City	
Expenditure # (if applicable)				Event #		State Zip Code	
Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						Amount	
Name of Vendor, Person or Entity						<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Transaction	
Purpose of Expenditure (by code)				Description		City	
Expenditure # (if applicable)				Event #		State Zip Code	
Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						Amount	
Name of Vendor, Person or Entity						<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Transaction	
Purpose of Expenditure (by code)				Description		City	
Expenditure # (if applicable)				Event #		State Zip Code	
Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						Amount	
Name of Vendor, Person or Entity						<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Transaction	
Purpose of Expenditure (by code)				Description		City	
Expenditure # (if applicable)				Event #		State Zip Code	
Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						Amount	
Name of Vendor, Person or Entity						<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Transaction	
Purpose of Expenditure (by code)				Description		City	
Expenditure # (if applicable)				Event #		State Zip Code	
Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						Amount	
Name of Vendor, Person or Entity						<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Transaction	
Purpose of Expenditure (by code)				Description		City	
Expenditure # (if applicable)				Event #		State Zip Code	
Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						Amount	
Name of Vendor, Person or Entity						<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Transaction	
Purpose of Expenditure (by code)				Description		City	
Expenditure # (if applicable)				Event #		State Zip Code	
Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						Amount	
Name of Vendor, Person or Entity						<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Transaction	
Purpose of Expenditure (by code)				Description		City	
Expenditure # (if applicable)				Event #		State Zip Code	
Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						Amount	
Name of Vendor, Person or Entity						<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Transaction	
Purpose of Expenditure (by code)				Description		City	
Expenditure # (if applicable)				Event #		State Zip Code	
Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						Amount	
Name of Vendor, Person or Entity						<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Street Address						Date of Transaction	
Purpose of Expenditure (by code)				Description			

IV. EXPENDITURES (Sections P—T)						Page 16 of 17		
NAME OF COMMITTEE <small>(Provide Complete Name as Registered with Filing Repository)</small> <u>Sam Purata Jr Mayor</u>					TYPE OF REPORT <u>Oct 10 Filing</u>			
S. Expenses Incurred by Committee but Not Paid During this Period								
Name of Creditor				Street Address		Date Incurred		
Purpose of Expenditure (by code)		Description		City		State Zip Code		
Expenditure # <small>(if applicable)</small>		Type of Expenditure <small>(Itemization in Addendum S Required unless "None of the below" is checked)</small>			Event #		Amount Incurred <small>(Estimate or Actual)</small>	
		<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor				Street Address		Date Incurred		
Purpose of Expenditure (by code)		Description		City		State Zip Code		
Expenditure # <small>(if applicable)</small>		Type of Expenditure <small>(Itemization in Addendum S Required unless "None of the below" is checked)</small>			Event #		Amount Incurred <small>(Estimate or Actual)</small>	
		<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor				Street Address		Date Incurred		
Purpose of Expenditure (by code)		Description		City		State Zip Code		
Expenditure # <small>(if applicable)</small>		Type of Expenditure <small>(Itemization in Addendum S Required unless "None of the below" is checked)</small>			Event #		Amount Incurred <small>(Estimate or Actual)</small>	
		<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor				Street Address		Date Incurred		
Purpose of Expenditure (by code)		Description		City		State Zip Code		
Expenditure # <small>(if applicable)</small>		Type of Expenditure <small>(Itemization in Addendum S Required unless "None of the below" is checked)</small>			Event #		Amount Incurred <small>(Estimate or Actual)</small>	
		<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor				Street Address		Date Incurred		
Purpose of Expenditure (by code)		Description		City		State Zip Code		
Expenditure # <small>(if applicable)</small>		Type of Expenditure <small>(Itemization in Addendum S Required unless "None of the below" is checked)</small>			Event #		Amount Incurred <small>(Estimate or Actual)</small>	
		<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor				Street Address		Date Incurred		
Purpose of Expenditure (by code)		Description		City		State Zip Code		
Expenditure # <small>(if applicable)</small>		Type of Expenditure <small>(Itemization in Addendum S Required unless "None of the below" is checked)</small>			Event #		Amount Incurred <small>(Estimate or Actual)</small>	
		<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor				Street Address		Date Incurred		
Purpose of Expenditure (by code)		Description		City		State Zip Code		
Expenditure # <small>(if applicable)</small>		Type of Expenditure <small>(Itemization in Addendum S Required unless "None of the below" is checked)</small>			Event #		Amount Incurred <small>(Estimate or Actual)</small>	
		<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor				Street Address		Date Incurred		
Purpose of Expenditure (by code)		Description		City		State Zip Code		
Expenditure # <small>(if applicable)</small>		Type of Expenditure <small>(Itemization in Addendum S Required unless "None of the below" is checked)</small>			Event #		Amount Incurred <small>(Estimate or Actual)</small>	
		<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor				Street Address		Date Incurred		
Purpose of Expenditure (by code)		Description		City		State Zip Code		
Expenditure # <small>(if applicable)</small>		Type of Expenditure <small>(Itemization in Addendum S Required unless "None of the below" is checked)</small>			Event #		Amount Incurred <small>(Estimate or Actual)</small>	

IV. EXPENDITURES (Sections P—T)

Page 17 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Sam Parake for Mayor						Oct 10 Filing	
T. Itemization of Reimbursements and Secondary Payees							
Last Name of Worker/Consultant		First		MI		Date of Payment to Vendor, Person or Entity	
Coss		Joseph				9/30/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:			
Joseph Coss				<input checked="" type="checkbox"/> Check # 165		<input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State		Zip Code
26 Ralphs Lane			East Haven		CT		06512
Purpose of Expenditure (by code)	Description			Event #		Amount	
RMB	Refund to pay for budgeted Meta Facebook Ads			N/A		689.52	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						
0001	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						
Last Name of Worker/Consultant		First		MI		Date of Payment to Vendor, Person or Entity	
Coss		Joseph				9/6/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:			
Joseph Coss				<input checked="" type="checkbox"/> Check # 158		<input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State		Zip Code
26 Ralphs Ln			East Haven		CT		06512
Purpose of Expenditure (by code)	Description			Event #		Amount	
RMB	Refund to pay for budgeted Meta Ads on Facebook			N/A		659.20	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						
0002	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						
Last Name of Worker/Consultant		First		MI		Date of Payment to Vendor, Person or Entity	
Parake		Samantha				9/30/22	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:			
Samantha Parake				<input checked="" type="checkbox"/> Check # 166		<input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State		Zip Code
470 Thompson Ave			East Haven		CT		06512
Purpose of Expenditure (by code)	Description			Event #		Amount	
RMB	Reimbursing Sam for payment for large lawn sign / Fan Printing Costs			N/A		896.83	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						
0003	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						
Last Name of Worker/Consultant		First		MI		Date of Payment to Vendor, Person or Entity	
SUBTOTAL Section T — This Page				\$ 2,245.55			
TOTAL of additional Section T Pages				\$ 2,655.35			
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS				\$ 4,900.90			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Sam Paruto for Mayor				Oct 10 Filing			
T. Itemization of Reimbursements and Secondary Payees							
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor, Person or Entity	
Paruto			Samantha			9/13/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
Samantha Paruto					<input checked="" type="radio"/> Check # 161 <input type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code	
470 Thompson Ave			East Haven		CT	06512	
Purpose of Expenditure (by code)	Description		Event #		Amount		
RMB	Reimbursement for food, staples supplies, target purchases, Dunks, large sign costs		N/A				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)					\$2,655.35	
0004	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)						
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
					<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)						
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
					<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT		
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount		
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Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor, Person or Entity	
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code	
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Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
					<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						
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Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
					<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)						
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor, Person or Entity	