SEEC FORM 20

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

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Page 1 of 17

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		CO	ן עו	K PA	GF A 17 11				
1. NAME OF COMMITTEE									
RD21									
2. TREASURER NAME									
First		МІ		Last		····		Suffix	
Judy		Α		Szewczy	⁄k				
3. TREASURER ADDRESS									
Street Address			City				State	Zip Code	
166 Mt Pleasant St		Derby						06418	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG						6. DISTRICT NU	MBER	
(mm/dd/yyyy) 11/02/2021	Mayor							(if applicable)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee))						
First		MI	·	Last				Suffix	
Richard		Р		Dziekar)				
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	7th day preced	ding prima	гу	O7th	day preceding referendum		Initial Con	tribution or Disburs	sement
O April 10 filing	O30 days follow	wing prima	ry	O 45 d	ays following referendum	0	Amendme	nt to	
OJuly 10 filing	O7th day preced	ding electio	on	O Def	cit	7	Type of Re	port:	
October 10 filing	O12th day prec			⊙ Tem	nination				
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		on						
9. PERIOD COVERED									
	Beginning Da	ite			Ending Date				1
	10/25/2021			thru	12/31/2021				
	10/25/2021			unu	12/3//2021				İ
							U constant		
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.									
11 de > 2	ew Tu	1	Judy	Szewcz	/k			1/9/2022	
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)	l -	PRIN	T NAME (DF SIGNER		_	DATE (mm/dd/y	уууу)

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					
RD21	termination					
	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						
12. Balance on hand at the beginning of Reporting Period	5046.71					
13. Contributions Received from Individuals (Sections A and B)	350.00	19256.00				
14. Receipts from Other Committees (Sections C1 and C2)	625.00	625.00				
15. Other Monetary Receipts (Sections D through K)		1000.00				
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)						
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed						
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		2950.00				
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	975.00	23831.00				
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	6021.71	23831.00				
19. Expenses Paid by Committee (Section P)	6021.71	23831.00				
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns	0	0				
21. In-Kind Donations not Considered Contributions Received (Section L4)						
22. In-Kind Donations not Considered Contributions — House Party (Section L5)						
23. In-Kind Contributions Received (Section M)						
24. Refundable Deposit to Telephone Company (Section N)						
25. Loan Balance						
25a. + Loans Received (Section D)						
25b. + Interest and Penalties on Loan						
25c Payments on Loan						
25d. Total Outstanding Loan Amount						
26. Campaign Expenses Paid by Candidate (Section Q)						
27. Expenses Incurred on Committee Credit Card (Section R)						
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)						
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
RD21		Termination	
A. Total Contributions from Small Contributors-Receivise (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$ 50.00	
	ontributions from Indivi	duals	
Last Name Smith	First Win		MI
Residential Street Address	City		State Zip Code
334 Edgefield Ave	Milford		CT 06460
Principal Occupation	Name of Employer		<u> </u>
Attorney	Dey Smith Steele L	LC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? Yes No No If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	_	_ O No	
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 11/3/21	250.00	
Last Name	First		MI
Botelho	Michael		I grant I gran
Residential Street Address 15 Pilgard Ln	Glastonbury		State Zip Code CT 06033
Principal Occupation	Name of Employer		101 100000
attorney	Updike, Kelly & Spi	illacy PC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a candidate for a chief executiv	ve officer of a municipality	y, Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event # Is contributor a principal of a If yes, indicate which be of government the contributor.		tte contractor? Yes No Legislative	3
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 10/27/21	100.00	
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? Yes lf contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?			y, Amount of Contributi
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a lifyes, indicate which broad of government the contributor.		_ ONo	3
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	Date Received	Aggregate Contributions	
SUB	TOTAL Section B — This	s Page 350.00	
TOTA	L of additional Section B	Pages 0	
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Sections e 13, Column A of Summary Page	A + B) Totals) 350.00	

	MITTEE (Provide Complete	e Name as Registered w	ith Filing Reposi	itory)			TYPE OF REPORT		
RD21						and the transfer of the Control of t	<u> Termination</u>		
		C1. C	ontributio	ons from O	VERNESSES SELECTION AND DESC	STREET,			12.5
Name of Committee					Name of T	reasurer			
Address				Is this contrevent repor	ted in Section	n L1? es, list Event #		Amount of	Contribution
City		State	Zip Code	Date Rec	eived	Aggrega	te Contributions		
Name of Committee					Name of T	Treasurer			
Address	, A				ted in Section		OYes ONo	Amount of	Contribution
City		State	Zip Code	Date Reco	eived	Aggrega	te Contributions		
Name of Committee					Name of T	reasurer			
Address				Is this contribution associated with an Yes No event reported in Section L1? If yes, list Event #			Amount of Contribution		
City		State	Zip Code	Date Rece			te Contributions		
	C2. R	eimbursemen	ts or Surp	lus Distrib	utions fr	om other	Committees		
Name of Committee					Name of T	Creasurer			
Derby Republi	can Town Committe	ee			Judy Sz	zewczyk			
Address				City				State	Zip Code
166 Mt Pleasar	nt St			Derb	у			СТ	06418
Date Received	Expenditure # (if applicable)	Payment Type OReimbursem	ent for shared	expense O	Surplus Dista	ribution		Amount 625.00	of Receipt
Description Agreed on exp	ense for publishing	RTC slate of can	didates in F	RD21 mailer	s				
Name of Committee					Name of T	Treasurer			
Address				City				State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimburse	bursement for shared expense Surplus Distribution				Amount	of Receipt	
Description		1 -			- -				
			SUBTO	OTAL Secti	on C — T	This Page	625.00		
TOTAL of additional Section C Pages					0				
		ALL COMMIT C1 + C2) (Enter					625.00		
	ATTACONE DE CAMERO DE CAME								

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repositor	y)			ГҮРЕ О	F REPORT		
RD21					Termination			
	D. Loans R	Receiv	ed this Perio	d				
Name of Lender			Source of Loan:				Date of Receipt	
			OBank OC	Candidate O	Individu			
Street Address	City		J		State	Zip Code	Is there a Cosigner or Guarantor of this loan?	
Name of Cosigner/Guarantor (if applicable)		····		<u> </u>			O Yes O No Amount Received	
							Amount Received	
Street Address	City		······································		State	Zip Code		
Name of Lender			Source of Loan:				Date of Receipt	
			OBank OC	andidate O	Individu	Other Committee		
Street Address	City	***************************************	<u> </u>	1	State	Zip Code	Is there a Cosigner or	
							Guarantor of this loan? O Yes O No	
Name of Cosigner/Guarantor (if applicable)				l_			Amount Received	
							Amount Received	
Street Address	City				State	Zip Code		
Name of Lender			Source of Loan:		TOMPS IN THE STATE OF		Date of Receipt	
			OBank OCa	andidate 🔘	Individua		Date of Recorpt	
Street Address	City	1		75	State	Committee Zip Code	Is there a Cosigner or	
							Guarantor of this loan?	
Name of Cosigner/Guarantor (if applicable)			***************************************				O Yes O No	
							Amount Received	
Street Address	City			1:	State	Zip Code		
						'		
		984.54.58V4		asaras Statis				
			TOTAL SECT	TION D	0			
					<u> </u>			
E. Receipts from Entit	ies other than Individi	uals o	r Other Con	nmittees <i>(</i>	Referen	dum Committee	es ONLY)	
lame of Entity								
treet Address					~~~~~			
acce Address				Date Rec	eived		Amount Received	
ity	I.G.							
•	Star	ite	Zip Code	Aggrega	te Contrib	utions		
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ame of Emity								
reet Address								
1100111001000				Date Rec	eived		Amount Received	
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•	Stat	te	Zip Code	Aggregat	e Contrib	utions		
ome of Casity								
ame of Entity								
reet Address								
				Date Rec	eived		Amount Received	
ty		4.	16: 2					
-	Stat	ıe	Zip Code	Aggregat	e Contrib	utions		
		alases (significan						
			TOTAL SECT	PEANT E	lo			

of Receipt					Termination
Is this transaction associated with an event reported in Section L1? Section Treasury (Organization Committee of Receipt		F. Amount Transferred	from Affiliated Busine	ess Treasury (Busi	ess Entity Committees ONLY)
to of Receipt	ate of Receipt	Is this transaction associ	iated with an Oyes If v		
Second Committee Section L1? Section Treasury (Organization Committee of Receipt	te of Receipt			es, list Event#	Amount
TOTAL SECTION F G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committee of Receipt Date of Receipt Amount TOTAL SECTION G Date of Receipt Date of Receipt TOTAL SECTION G O H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) of Receipt Method of payment: OCash O Personal Check O Credit/Debit Card Of Receipt Method of payment: OCash O Personal Check O Credit/Debit Card Of Receipt Method of payment: OCash O Personal Check O Credit/Debit Card OF Receipt OCash O Personal Check O Credit/Debit Card OF Receipt OCash O Personal Check O Credit/Debit Card OF Receipt OCash O Personal Check O Credit/Debit Card OF Receipt OCash OF Personal Check O Credit/Debit Card OF Receipt OCash OF Personal Check O Credit/Debit Card OF Receipt OCash OF Personal Check O Credit/Debit Card OF Receipt OCash OF Personal Check O Credit/Debit Card	te of Receipt			es, list Event #	Amount
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committee of Receipt Date of Receipt	e of Receipt	Is this transaction associ	THE TO J	es, list Event#	Amount
Amount Amount Amount TOTAL SECTION G H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) of Receipt Method of payment: OCash O Personal Check O Credit/Debit Card Method of payment: OCash O Personal Check O Credit/Debit Card Amount OCash O Personal Check O Credit/Debit Card				TOTAL SECTION	NF 0
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TOTAL SECTION G H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Amount OCash OPersonal Check OCredit/Debit Card	e of Receipt				
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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.

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)	ľ	ГҮРЕ О	F REPORT			
RD21]	Гегтіп	ermination			
J.	Interest from Deposits in Autho	rized Account	S				
Name of Institution			Date Rec	eived	Amount		
Street Address	City	Sta	ite	Zip Code			
			manistra de la composición de la compo				
Name of Institution			Date Rec	eived	Amount		
Co A J.J.	La	10.		Ta: 6 I			
Street Address	City	Sta	ite	Zip Code			
	ТО	TAL SECTION	J 0				
K. Miscella	neous Monetary Receipts not C	onsidered Con	tribu	tions			
Name			Dat	e of Transaction	Amount Received		
	***************************************	w		17: 6 1			
Street Address	City		State	Zip Code			
Description			<u> </u>				
Name			Dat	e of Transaction	Amount Received		
	recommende execution execution executions and the contract of						
Street Address	City		State	Zip Code			
Description			<u> </u>				
Name		 	Da	e of Transaction	Amount Received		
			State	Zip Code			
Street Address	City		State	Zip Code			
Description		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
Name			Da	te of Transaction	Amount Received		
Street Address	City		State	Zip Code			
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Description		······					
	TOTAL	SECTION K	0				
SHMMADYO	FOTHER MONETARY RECE	IDTC (Coeffee	. D.4L	wayah IO			
	F OTHER MONETARY RECE	Tr 15 (Sections	3 D tii	rough K)			
Total Loans Received this Period (Section D)							
Total Receipts from Entities other than Indiv	iduals or Other Committees (Section E)	+				
Total Amount Transferred from Affiliated B	usiness Treasury (Section F)		+				
Total Amount Transferred from Affiliated L	abor Union or Other Organization Trea	asury (Section G)	+				
Total Amount of Personal Funds of the Cand			+				
Total Amount of Interest from Deposits in A	uthorized Accounts (Section J)		+				
Total Miscellaneous Monetary Receipts not (Considered Contributions (Section K)		+				
(Add Section	Total of Otl as D through K) (Enter total on Line 15, Co	her Monetary l					

II. EVENT ACTIVITY (Sections L1—L5)

	(Provide Complete Name as Registered with Filing Repository	y)	TYPE OF REPORT		
RD21			Termination		
	L1. Ever	nt Information			
Event # Date of Event Letter	Description			Was this a fur	ndraising event
Location: Street Address		City		State	Zip Code
Subpart 1: (All Commit	tees)			L	
Was this event hosted at		OYes (If yes, go to Section L5 Associated with a Hous purchases made by host(O No	e Party and complet	te required infor	Contributions mation for any
of up to \$200 or items do	de goods or services donated by a business entity mated by an individual of up to \$100?	O Yes (<i>If yes</i> , go to Section L4 and complete required in No		not Considered (Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (<i>If yes</i> , enter Total Recei	ipts here.)	\$	
sign associated with this		or on a Sign and comple	Purchases of Advert	ising Space in a	Program Book
Subpart 3: (Town Committee sell gathering held within the	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (<i>If yes</i> , enter Total Recei	ipts here.)	\$	
Event #	Description				
Date of Event Letter				Was this a fun OYes	draising event
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a		OYes (If yes, go to Section L5 I Associated with a House purchases made by host(s No	Party and complete	required inform	Contributions mation for any
Did this fundraiser includ of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4) and complete required in		not Considered (Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Receip	pts here.)	\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this f	ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a fundraiser?		urchases of Adverti	sing Space in a l	Program Book
Subpart 3: (Town Comm Did your committee sell for gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Receip	ots here.)	\$	
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items — Tl	ois Page		
	SUBTOTAL Secti Total Recei	ion L1—Subpart 3 <i>(Town Committee</i> ipts from Food Purchases — Th	es ONLY) nis Page		
		TOTAL of additional Section L	1 Pages		
		IPTS FROM SMALL PURC	CHASES 0		

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

Les controls and a second								
	IITTEE (Provide Complete Nan	ne as Registered with Filing Re	pository)		TYPE OF REPOR	RT		
RD21					Termination			
	I.a P	urchases of Adver	tising in a Dra	guam Daalt as	L.			
Name of Purchaser			using in a 110	gram Dook or				
							se Made By:	_
							siness Entity	-
Street Address						OInd	lividual/Sole	Proprietorship
Date Hadios			City				State	Zip Code
Date Received	Event #	Aggregate Purc	hases for All Events	Amount of Pr	ogram Ad Danaha		1 66	<u>.L., .</u>
				Amount of 11	ogram Ad Purchas	se	Amount of S	ign Purchase
Name of Purchaser						Purchas	e Made By:	
					- 1		siness Entity	Other
						_		Proprietorship
Street Address			City		L	<u></u>	State	Zip Code
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N . N								
Date Received	Event #	Aggregate Purch	nases for All Events	Amount of Pro	gram Ad Purchas	ie A	Amount of Si	ign Purchase
								_
Name of Purchaser								
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Date Received	Event #	Aggregate Purch	ases for All Events	The ten			<u> </u>	<u> </u>
		riggiogato i uron	ases for All Evelles	Amount of Pro	gram Ad Purchase	e A	Amount of Si	gn Purchase
lame of Purchaser					P	Purchase	Made By:	
					1		siness Entity	Other
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treet Address			City			<u> </u>	State State	Zip Code
							State	Zip Code
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ate Received	Event #	Aggregate Purcha	ases for All Events	Amount of Pro	gram Ad Purchase	e A	mount of Sig	gn Purchase
ame of Purchaser								
arric of f dichasel					P	'urchase	Made By:	
					10) Busi	iness Entity	Other
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II. EVENT ACTIVITY (Sections L1—L5)

L4. In-Kind Donations Not Considered Contributions L4. In-Kind Donations Not Considered Contributions	NAME OF COMMITT	EE (Provide Complete Name	as Registered with Filing Par	nogitom)	Trype	OF DEDODA		
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	7		(Enter total on Line 2)	l, Column A of Si	ummary Page Totals)			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Re	epository)		TYPE OF R	EPORT	ve kosatele te
RD21				Terminati	*****	
	L5. In-Kind Donations Not Consid	lered Contributions Ass	ociated with a	House Par	tv	
Name of Host			Is this event committee?		nore than o	one candidate or
Street Address		City	***************************************		State	Zip Code
Description of Donation			1988 - 1997 - 1997 - 1998 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997	Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	-this host/candidate	_		
Name of Host			committee?	supporting m OYes ON omplete Itemiz	lo .	ne candidate or
Street Address		City			State	Zip Code
Description of Donation		L		Fair Ma	rket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	this host/candidate			
Name of Host			committee?	supporting m OYes ON omplete Itemiz	o	ne candidate or
Street Address		City	1) 765, 00	лиресе жениг	State	Zip Code
Description of Donation			**************************************	Fair Mai	ket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	this host/candidate			
Name of Host			committee?	Supporting mo OYes ON Implete Itemiza	0	ne candidate or
Street Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value o	f Donation
event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—t	this host/candidate			
		SUBTOTAL Section L5	— This Page			
	,	ГОТАL of additional Sect	tion L5 Pages			
TOTA ASSOCIATED WI	L OF ALL IN-KIND DONATIONS NO TH A HOUSE PARTY (Enter total on	OT CONSIDERED CONT Line 22, Column A of Summo		0		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with .	Filing Repository)			ТҮРЕ С	F REPORT		
RD21						Termir	nation		
	-2 -2		M. In-Kin	d Conti	ributions				
Name									
Street Address				T _C	ity			State	Zip Code
				ľ	,				
Type of contributor: OCommittee	Date Recei	ved	Aggregate Contrib	butions	Description of In-Kind	l Contributio	n		J
OIndividual / Sole Proprietorship Oother									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does cor		business he/she is		te for a chief executive I with have a contract w Yes No				Iarket Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	tor a principal of indicate which be rnment the contra	ranch or b	tractor or prospective s ranches Executive				
Name									
Street Address				c	ity	······································		State	Zip Code
Type of contributor: OCommittee	Date Recei	ved	Aggregate Contrib	outions	Description of In-Kind	l Contributio	n		
OIndividual / Sole Proprietorship OOther	Tf name	ibation is in		o o condide	to for a shiof avanting	a officer of	a municipality I	Est. 1	Maralant Valor
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes No Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Fair Market Value of this Contribution									
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is 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: Description Associated with an event action of prospective state contractor? On the properties of the contractor or prospective state contractor? On the properties of the properties									
Name									
Street Address				C	ity	 	-	State	Zip Code
Type of contributor: OCommittee	Date Recei	ved	Aggregate Contrib	outions	Description of In-Kind		<u></u>		
OIndividual / Sole Proprietorship OOther									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/she i		ate for a chief executive of with have a contract Yes No				Market Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes No	If yes,	tor a principal of indicate which brancht the contra	ranch or b	tractor or prospective s ranches Executive	_	ONo		
			SUBT	OTAL S	ection M — This Pa	age			
			TOTAL	of addit	ional Section M Pa	ges	nagamagan Sajakas nadara kabapat di Sajakas na di Saja	, <u>ng ayan da da an da da aya an da d</u>	
TOTAL OF ALL IN-KIND CON	TRIBU'	TIONS Œ	Enter total on Line	e 23, Colum	n A of Summary Page 1	Totals) 0			
	N.	Refund	dable Depos	it to Te	lephone Compa	ny			
Last Name of Individual			F	irst			MI	Date Depos	it Made
Residential Street Address			City			State	Zip Code		Amount of
							Deposit		
Name of Telephone Company									
Street Address			City			State	Zip Code		
TOTAL SI	ECTION	N Œnter	total on Line 24.	Column A	of Summary Page To	tals) 0			

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
RD21			Termination	Termination			
	P. Expenses	Paid by Committee					
Name of Payee			Date of Payment	Method of F	· .		
Sherry Tutillio			10/25/21	O Check			
Street Address		City		O Debit 0	Card OEFT Zip Code		
75 Redwood Dr #7	708	East Haven		СТ	06513		
Purpose of Expenditure (by code) A-DM	Description Misc items for postcards and door-to-door gif		ent#	545.71	Amount		
Expenditure # ((f applicable)							
Name of Payee			OA OB OC OD Date of Payment	Method of P			
Newtown Savings	Bank		10/29/21	O Check			
Street Address		City		State	Zip Code		
815 Bridgeport Av	e	Shelton		СТ	06484		
Purpose of Expenditure	Description	Eve	ent#		Amount		
(by code) B NK	Monthly Service Charge		······································	3.00			
Expenditure # (if applicable)							
Name of Payee			Date of Payment	Method of P	-		
Walmart			10/30/21	O Check O Debit			
Street Address		City		State	Zip Code		
465 Bridgeport Av	e	Shelton		СТ	06484		
Purpose of Expenditure	Description	Eve	ent#		Amount		
A-PH-BNK	Chargers			103.16			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required under None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind control of the Coordinated without reimbursement sought)	re) Independen	t OAOBOCO D				
Name of Payee			Date of Payment	Method of I			
Derby Pizza			11/3/21	O Debit			
Street Address		City	······································	State	Zip Code		
143 Main St		Derby		СТ	06418		
Purpose of Expenditure (by code) A-PH-BNK	Description Pizza for volunteers making phone calls	Ev	ent #	60.66	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the	re) O Independen					
	\$	SUBTOTAL Section P — T	his Page 712.53				
	70	TAL of additional Section	P Pages 5309, 1	8			
		NSES PAID BY COMM e 19, Column A of Summary Pa	deredeleties thread V 1 / L 1 /	.71			

Section P. ADDITIONAL PAGE 1____ of 4____

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT					
RD21			Termination	Termination				
P. Expenses Paid by Committee								
Name of Payee Dunkin Donuts Street Address		City	Date of Payment	Method of Payment: O Check # O Debit Card OEFT State Zip Code				
25 New Haven Av	re	Derby		CT 06418				
Purpose of Expenditure (by code) FOOD	Description Breakfast for HQ staff on Election Day		Event #	Amount				
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri							
Name of Payee Mail Chimp		Co	Date of Payment 11/2/21	Method of Payment: Check # Debit Card State Zip Code				
Street Address	City Atlanta							
Purpose of Expenditure (by code) A-DM	Description Email blast via Mail Chimp	Amount 31.30						
Expenditure # (if applicable)	ent ionOAOBOCOD							
Name of Payee	CONTRACTOR OF THE PROPERTY OF		Date of Payment	Method of Payment:				
Quail and Ale		City	11/4/21	Check #0928 Debit Card DEFT State Zip Code				
328 Derby Ave		Derby		CT 06418				
Purpose of Expenditure (by code) INAUG	Description After election party		Event #	Amount 975.28				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ommittee) re)	·					
Name of Payee Sherry Tutillo			Date of Payment 11/11/21	Method of Payment: Check #0931 Debit Card EFT				
75 Redwood Dr#	708	East Haven		State Zip Code CT 06513				
Purpose of Expenditure (by code) A-DM Expenditure #	Description Postcard expenses Type of Expenditure (Itemization in Addendum P Required un	Event #	Amount 335.36					
Expenditure # (if applicable)								

Section P. ADDITIONAL PAGE 2____ of 4____

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT						
RD21			Termination	Termination					
P. Expenses Paid by Committee									
Name of Payee Valley Independe	ent Sentinel		Date of Payment 11/12/21	Method of Payment: O Check # 0932 Debit Card DEFT					
Street Address 493 Central Ave		City New Haven		State Zip Code CT 06515					
Purpose of Expenditure (by code) A-WEB	Description Online Ads with Valley Indy	·							
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	- 594.00							
Name of Payee Rob Hyder Street Address	Method of Payment: O Check #0929 O Debit Card State Zip Code								
51 Franklin Ave		City Derby		CT 06418					
Purpose of Expenditure (by code) MISC	Description Headquarters Supplies	Amount 111.81							
Expenditure # (if applicable)	ent OBOCOD								
Name of Payee	THE PARTY OF THE P		Date of Payment	Method of Payment:					
UI Street Address		City	11/4/21	Check #0930 Debit Card OEFT State Zip Code					
PO Box 847818		Boston		MA 02284					
Purpose of Expenditure (by code) OVRHD	Description Electric service for HQ		Event #	Amount 69.56					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	mmittee)		07.00					
Name of Payee			Date of Payment	Method of Payment:					
Target Street Address		City	11/11/21	O Check #0931 O Debit Card State Zip Code					
20 W Main St		Ansonia		CT 06401					
Purpose of Expenditure (by code) WAGES				Amount 530.00					
Expenditure # (if applicable)									
	S	UBTOTAL Section P —	- This Page 1305.37						

Section P. ADDITIONAL PAGE 3 of 4

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT						
RD21			Termination	Termination					
P. Expenses Paid by Committee									
Name of Payee USPS			Date of Payment 11/8/21	Method of Payment: O Check #_ O Debit Card OEFT					
Street Address		City		State Zip Code					
74 Olivia St		Derby		CT 06418					
Purpose of Expenditure (by code) POST	Description Misc Postage through out campaign	Event#	Amount 116.00						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr								
Name of Payee Judy Szewczyk	Date of Payment 11/11/21	Method of Payment: Otheck # 0933 Debit Card Defit							
Street Address 166 Mt Pleasant S	t	Derby		CT Zip Code CT 06418					
Purpose of Expenditure (by code) WAGES	Description HQ Staff	Amount 212.00							
Expenditure # (if applicable)	checked) lent tion O A O B O C O D	212.00							
Name of Payee			Date of Payment 12/10/21	Method of Payment: Check #0934 Debit Card EFT					
Street Address PO Box 847818		City Boston		State Zip Code MA 02284					
Purpose of Expenditure (by code) OVRHD	Description Electric service for HQ (final)		Event #	Amount 67.41					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) are) Indeper	adent						
Name of Payee			Date of Payment	Method of Payment:					
Mail Chimp			12/12/21	O Check #O Debit Card OEFT					
Street Address		Atlanta		State Zip Code GA					
Purpose of Expenditure (by code) A-DM	Description email blast	Event #	Amount 31.30						
Expenditure # (if applicable)									
SUBTOTAL Section P — This Page 426.71									

Section P. ADDITIONAL PAGE 4____ of 4____

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
RD21			Termination					
	P. Expenses	Paid by Committee						
Name of Payee Newtown Savings	s Bank		Date of Payment 11/30/21	Method of Payment: O Check # O Debit Card OEFT				
Street Address		City		State Zip Code				
815 Bridgeport A	ve	Shelton		CT 06484				
Purpose of Expenditure (by code) BNL	Description Monthly Service Charge		Event #	Amount 3.00				
Expenditure # (if applicable)	3.00							
Name of Payee			Date of Payment	Method of Payment:				
Judy Szewczyk			12/17/21	Oheck # 0935 Obebit Card OEFT				
Street Address		City		State Zip Code				
166 Mt Pleasant S	t	Derby		CT 06418				
Purpose of Expenditure (by code) PETTY								
Expenditure # (if applicable)	50.00							
Name of Payee			Date of Payment	Method of Payment:				
•	n Town Committee	P	12/17/21	O Check #0936 O Debit Card OEFT				
Street Address 166 Mt Pleasant S	it	City Derby		CT Zip Code CT 06418				
Purpose of Expenditure (by code) SRPLS	Description Closing out surplus		Event #	Amount 2130.59				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below (does not involve another candidate or concluded to the Coordinated with reimbursement sought (joint expenditus). Coordinated without reimbursement sought (in-kind control of the con	ommittee) re) Indepen	ndent	2130.37				
111000	.com		Date of Payment	Method of Payment: O Check # O Debit Card © EFT				
Street Address 5555	Hon Ave ste 106	Baton R	ouge	State Zip Code 70808				
Purpose of Expenditure (by code)	Description		Event #	Amount				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	-	checked)	12.60				
WEB	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD							
	\$	SUBTOTAL Section P —	-This Page 2 C	16.19				

IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing R	TYPE OF REPORT					
RD21				Termination			
	O. Campaig	n Expenses Paid b	ov Candidate				
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	bursement claimed?	
						Yes O No	
Street Address		Lein				~	
Succi Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event	#		Amount	
(by code)							
Name of Pavee (Name of V	 'endor, Person or Entity who candidate paid directly)			Date of Payment	Is roim	bursement claimed?	
rume of a ayee (rume ey r	ones, research samp was communic punt uncerty)			Date of Faymon	1 _	_	
					0	Yes O No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event	#		Amount	
(by code)							
Name of Payce (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reiml	bursement claimed?	
						Yes O No	
Street Address		City	······································		State	Zip Code	
Purpose of Expenditure	Description		Event	#		Amount	
(by code)						Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	Is reiml	bursement claimed?	
					0	Yes O No	
Street Address		City		I	State	Zip Code	
	_					<u> </u>	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?		
						Yes O No	
Street Address		City		<u> </u>	State	Zip Code	
						1	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
Name of Payee (Name of V	l endor, Person or Entity who candidate paid directly)			Date of Payment	Is reiml	bursement claimed?	
						Yes O No	
Street Address		City			State	Zip Code	
Save radios		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
(by code)							
	1						
		SUBTOTAL Se	ection Q — Thi	s Page			
		TOTAL of addition	onal Section Q	Pages			
	TOTAL OF AL	EADENCES DYA) DV CANIDII	NATIF.			
		L EXPENSES PAII al on Line 26. Column A					

	TEE (Provide Complete Name as Registe	ered with Filing Repository)		TYP	E OF REPORT			
RD21					nination			
Name of Issuing Ins		Expenses Incurred on C		dit Card				
Traine of Issuing ins	reaction	I _	Credit Card:		_		_	
		O Vis	a Master Ca	ard ODis	cover OAmeri	ican Expre	ss Other:	
Name of Vendor, Person	or Entity					Date of Transaction		
Street Add								
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in a None of the below Coordinated with reimbursement Coordinated without Coordinated witho	ent sought (joint expenditure)	Independent	dent	Эв Ос От			
Name of Vendor, Person	or Entity						Transaction	
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #	**		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in A) None of the below Coordinated with reimbursemed Coordinated without reimburse	ent sought (joint expenditure)	O Independ	dent)в Ос О 1			
Name of Vendor, Person o	r Entity					-	Transaction	
Street Address		City				State	Zip Code	
Purpose of Expenditure by code)	Description		I	Event #			Amount	
Gxpenditure # If applicable)	Type of Expenditure (Itemization in A None of the below Coordinated with reimburseme Coordinated without reimburse		Independ	lent)в Ос Оп			
		SUBTOTAL	L Section R — Th					
		TOTAL of add	ditional Section R	Pages				
TO	FAL OF ALL EXPENSES I	NCURRED ON COMMI (Enter total on Line 27, Colum	TTEE CREDIT on A of Summary Pa	CARD	0			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Fil	ling Repository)	TYPE OF REPOR	e T	10.00	
RD21			Termination	ion		
	S. Expenses Incurred	l by Committee but Not Pai	d During this Period	la a	- 18	
Name of Creditor				Date Incurred		
Street Address		City		State Zi	p Code	
Purpose of Expenditure (by code)	Description		Event #			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sou	t (joint expenditure) Ind	w" is checked) lependent ranization: A B C	Op		
Name of Creditor				Date Incurred		
Street Address		City		State Zi	p Code	
Purpose of Expenditure (by code)	Description		Event#	3	t Incurred e or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sou	Ind t (joint expenditure)	v" is checked) ependent anization: A B OC	Op		
Name of Creditor			nakanan ya manayara kaman kanan kanan da kata da	Date Incurred		
Street Address		City		State Zi	p Code	
Purpose of Expenditure (by code)	Description		Event #		t Incurred e or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sou	t (joint expenditure) Ind	w" is checked) lependent ganization: OA OB OC	Ор		
		SUBTOTAL Section	on S-This Page			
		TOTAL of additional S	Section S Pages			
TOTAL OF ALL I	EXPENSES INCURRED BY COMMIT (En	TEE DURING THIS PERIOD B nter total on Line 28, Column A of Sum				
	Previously re	eported Expenses Unpaid and still	l Outstanding			
		INCURRED BY COMMITTEE F er total on Line 28a, Column A of Sum		· · · · · · · · · · · · · · · · · · ·		

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) RD21					TYPE OF REPORT Termination					
RD21	T. Itemization of Reimb		soments and Sa	CORC						
Last Name of Worker/Cons		Fir	herical professional expension factor (2000) received as	Come	iaiy ra	yees	мі		Date of Pa	syment to Vendor,
Tutillo			erry				IVII		Person or 10/25	Entity
Name of Vendor, Person or Reliable Mini Mart	Entity Paid by Committee Worker/Consultant	<u> </u>				reported	in Section	P:	_	orker/Consultant as
						O Ch	eck # <u>09</u>			it Card OEFT
	Person or Entity Paid by Committee Worker/Consultant	ı	City						State	Zip Code
360 Seymour Ave	·		Derby					_	CT	06418
Purpose of Expenditure (by code) MISC	butter				Event #				9.98	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint exper	nditu	ure) O In	depen	s checked) adent O cation: o A	O _B	၀့ ၀) D		
Last Name of Worker/Cons	ultant	Fin	st				MI		Date of Pa Person or	ryment to Vendor, Entity
Tutillo		Sł	nerry		naanunaanun seeman keskening				10/25	/21
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Dunkin Donuts						reported	to Reimbi in Section eck # <u>09</u> 2	P:	Committee W	orker/Consultant as
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant		City			<u> </u>			State	Zip Code
39 Pershing Dr			Ansonia						CT	06401
Purpose of Expenditure (by code) FOOD Description donuts & coffee				Event #				68.89	Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Requires None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	nditu	ure) O Ir	ndepe	ndent O	O _o B	၀့ င) D		
Last Name of Worker/Cons	sultant	Fir	st	******	***************************************		MI	meron da		ayment to Vendor,
Tutillo		SI	nerry						Person or Entity 10/25/21	
Name of Vendor, Person or Lowes	Entity Paid by Committee Worker/Consultant	<u>.</u>				reported	in Section	P:	_	Vorker/Consultant as
	Description of Entity Politics Committee Washer/Committee		O'4-			O Ch	eck # <u>09</u>	21	State Det	oit Card EFT Zip Code
496 New Haven Av	Person or Entity Paid by Committee Worker/Consultant		City Derby						CT	06418
······································					T	······································		_		
Purpose of Expenditure (by code) MISC	Air Freshener				Event #				47.20	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	nditı	ure) O Ir	ndepe	ndent Ozation: o A	O o B	၀) D		
		S	SUBTOTAL Section	a T -	– This Pa	ge 12	6.07		-	
		T(OTAL of additional	Sect	ion T Pag	es 1	128.81	*******		
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	wc	ORKERS AND CO	ONS	ULTAN'	TS 12	54.88			
								· · · · · · · ·		

Section T ADDITIONAL PAGE _ 1 _ of _ 4

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repositor	y)	TY	PE OF RE	PORT			
RD21			Ter	minatio	nation			
	T. Itemization of Reimb	oursements and Secon	dary Pa	yees				
Last Name of Worker/Con Tutillo		First Sherry		МІ	Date of Payment to Vendor, Person or Entity 10/25/21			
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant					Committee '	Worker/Consultant as	
Dollar Tree				ـــُــا	ported in Section P: Check #0927			
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		<u> </u>		State	Zip Code	
492 New Haven Av	⁄e	Derby				СТ	06418	
Purpose of Expenditure (by code) MISC	Description Plastic Table Cloths				21.00	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind	nditure) O Indepe		O C) С о в			
Last Name of Worker/Con	sultant	First			МІ	Date of l Person o	Payment to Vendor, r Entity	
Tutillo		Sherry				10/2	•	
repo					o Reimburse n Section P: ck #0927	_	Worker/Consultant as	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		<u> </u>		State	Zip Code	
74 Olivia St		Derby				СТ	06418	
Purpose of Expenditure (by code)	Description		Event #				Amount	
POST	Stampls					157.20)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind	nditure) O Indep		о в с) O			
Last Name of Worker/Con	sultant	First			MI	Date of Person of	Payment to Vendor, or Entity	
Tutillo		Sherry				10/25/21		
Name of Vendor, Person of Staples	r Entity Paid by Committee Worker/Consultant			reported i	to Reimburse in Section P: ck # <u>0927</u>	_	Worker/Consultant as	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		<u> </u>		State	Zip Code	
3 Armstrong Dr		Shelton				CT	06484	
Purpose of Expenditure (by code) MISC	Description Ink, paper, envelopes		Event #			216.76	Amount	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O								
		SUBTOTAL Section T	— This Pa	ge 394	.96			
		TOTAL of additional Sec	ction T Pag	ges 85°	9.92			
TOTAL OF ALI	REIMBURSEMENT TO COMMITTEE V	WORKERS AND CON	SULTAN	TS 125	4.88			
						2022	'JAN 10 AM10	

Section T ADDITIONAL PAGE 2 of 4

	E (Provide Complete Name as Registered with Filing Repositor)	(v		PE OF RE			
RD21	m v · //•			mination			
	T. Itemization of Reimb		dary Pa	yees	I	T5	N 1
Last Name of Worker/Cons Tutillo	ultant	First Sherry		MI	Date of Payment to Vendo Person or Entity 10/25/21		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Committee	Worker/Consultant as
CVS		· · · · · · · · · · · · · · · · · · ·		ا ــــــــــــــــــــــــــــــــــــ	n Section P: ck # <u>0927</u>		bit Card OEFT
	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
656 New Haven Av	e	Derby				CT	06418
Purpose of Expenditure (by code) MISC	Description labels		Event #			11.69	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	nditure) O Indepe		O C) C o D		
Last Name of Worker/Cons	ultant	First	HOMEOWER HOMEOUT AT STUMME		MI	Date of Derson of	Payment to Vendor,
Tutillo		Sherry		·		10/2!	5/21
Name of Vendor, Person or BJS	Entity Paid by Committee Worker/Consultant			reported in	o Reimburse n Section P: ck # <u>0927</u>	_	Worker/Consultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
20 Division St		Derby				СТ	06418
Purpose of Expenditure (by code)	Description		Event #				Amount
Misc	Door-to-door gifts			·····		12.79	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	nditure) O Indepe		O C) O		
Last Name of Worker/Cons	sultant	First			MI		Payment to Vendor, or Entity
Tutillo		Sherry				10/2	•
Name of Vendor, Person or Staples	Entity Paid by Committee Worker/Consultant			reported in	to Reimburse n Section P: ck # <u>0927</u>	_	Worker/Consultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
3 Armstrong Dr		Shelton				СТ	06484
Purpose of Expenditure (by code) MISC	Description Ink		Event#			68.05	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	aditure) O Indep		0 0) O		
		SUBTOTAL Section T -	— This Pa	ge 92.5	53		
		TOTAL of additional Sec	tion T Pag	ges 11 <i>6</i>	52.35		
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKERS AND CONS	SULTAN	TS 125	54.88		VINA NI MANI

Section T ADDITIONAL PAGE 3 of 4

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor	(ער		TY	PE OF RE	PORT		
RD21				Ter	rmination			
T. Itemization of Reimbursements and Secondary Payees								
Last Name of Worker/Const	altant	Fire	st			MI	Date of Pa Person or	nyment to Vendor, Entity
Tutillo		Sh	erry				10/25	/21
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u></u>					Committee W	orker/Consultant as
USPS		····			ا شا	Section P: k # <u>0927</u>	_ Q Deb	it Card OEFT
	erson or Entity Paid by Committee Worker/Consultant		City				State	Zip Code
74 Olivia St			Derby				CT	06418
Purpose of Expenditure (by code)	Description			Event #			_	Amount
MISC	Stamps						88.00	
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	ed u	nless "None of the below" i	s checked)				
(if applicable)	None of the below		0					
	Coordinated with reimbursement sought (joint experiment) Coordinated without reimbursement sought (in-kind)				0_0	0		
		-		zation: o A	ово	COD	Data of Pr	ayment to Vendor,
Last Name of Worker/Const	aitant	Firs				MI	Person or	Entity
Tutillo		Sr	erry				10/25	/21
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Payment to reported in		Committee W	orker/Consultant as
BJs		<u>1</u>			1 -	k# <u>0927</u>	_ O Deb	oit Card OEFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City				CT	06418
20 Division St			Derby				CI	00416
Purpose of Expenditure (by code)	Description			Event #				Amount
FOOD	BBQ at HQ						179.31	
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	ed u	nless "None of the below" i	s checked)	·····			
(if applicable)	None of the below		Q					:
	Coordinated with reimbursement sought (joint experiment) Coordinated without reimbursement sought (in-kind)			ndent O zation: o A	O _B C	$\mathbf{C} \circ \mathbf{D}$		
Last Name of Worker/Cons	ultant	Fir	st		***************************************	МІ	Date of P Person or	ayment to Vendor,
Hyder		Ro	ob				11/04	-
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	ــــــــــــــــــــــــــــــــــــــ			Payment t	n Reimburse	Committee V	Vorker/Consultant as
BJs					1 4	Section P: ck # <u>0927</u>	() Del	oit Card OEFT
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code
20 Division St			Derby				CT	06418
Purpose of Expenditure	Description			Event #				Amount
(by code) MISC	HQ supplies						111.87	
Expenditure #			1. 4N CA. 1.1.4	<u> </u>			111.07	
(if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below	rea u	niess "None of the below" i	is cneckea)				
	O Coordinated with reimbursement sought (joint expe			ndent 🔿	0 0	0		
	O Coordinated without reimbursement sought (in-kind	d con	tribution)	zation: o A	овс			
		5	SUBTOTAL Section T -	– This Pa	ge 379	.18		
TOTAL of additional Section T Pages 875.70								
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WC	ORKERS AND CONS	ULTAN	TS 125	4.88		

Section T ADDITIONAL PAGE 4 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE						PE OF RE	E OF REPORT			
RD21 Te					rmination					
T. Itemization of Reimbursements and Secondary Payees										
Last Name of Worker/Consultant			First			MI		Date of Payment to Vendor,		
Szewczyk		Juc	dy				Person of 11/12	- 1		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to	Reimburse		Worker/Consultant as	
Target					reported in	Section P: k # <u>0933</u>	_	bit Card OEFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City					State	Zip Code	
20 W Main St			Ansonia			· · · · · · · · · · · · · · · · · · ·		CT	06401	
Purpose of Expenditure (by code)	Description				Event #				Amount	
(by code) WAGES	For Phone Bank							212.00)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed ur	nless "None oj	f the below"	is checked)					
	None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind			Indepe	ndent O	0, 0	O O			
Last Name of Worker/Cons		First		La Organi	Zanon. O A	<u> </u>	мі	Date of I	Payment to Vendor,	
Szewczyk		Judy						Person o	r Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Doymant to	Paimburea		Worker/Consultant as	
Petty Cash						reported in	Section P:	_		
			C'			Chec	k # <u>0935</u>	_ O De	bit Card OEFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City					State	Zip Code	
Purpose of Expenditure	Description				Event #				Amount	
(by code) PETTY	Reimburse Treasurer							50.00		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D									
Last Name of Worker/Consultant			t	La Organi	zation. U A	ОВС	мі	Date of Person of	Payment to Vendor,	
								reisone	a Entry	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						reported is	ayment to Reimburse ported in Section P: Check #		Committee Worker/Consultant as Debit Card DEFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City			Che	CK #	State	Zip Code	
Street Address of Volator, Folson of Entity Find by Committee Worker/Constituting			City							
Purpose of Expenditure	Description				Event #				Amount	
(by code)	•								Annount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D									
SUBTOTAL Section T — This Page 262.00										
TOTAL of additional Section T Pages							992.88			
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS						TS 125	S 1254.88			
Lancer Transfer of the Control of th							O complete to the facility of the second	***************************************	ry, — the company of	