## **SEEC FORM 20**

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

RECEIVED TOWN/CITY CLERK DERBY, CT

TRBY, CT

Page 1 of 17

2021 OCT 26 PM 3: 30

**COVER PAGE** 

1. NAME OF COMMITTEE						TRUI PALL			All Services
RD21									
2. TREASURER NAME									
First		MI		Last					Suffix
Judy		Α		Szewcz	yk				
3. TREASURER ADDRESS									
Street Address			City				ate	Zip Co	1
166 Mt Pleasant St			Der	by			T	064	18
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	HT (Comple	te only	if Candidate	Committee)				RICT NUMBER
(mm/dd/yyyy) 11/02/2021	Mayor							(if applicable)	Derby
7. CANDIDATE NAME (Complete only if	Cundidate or Explorato		Y						
First		MI		Last					Suffix
Richard		P		Dzieka	n	mee sees warm oo oo oo oo			
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	O7th day prece	ding primar	y	<b>O</b> 7th	day preceding referendum		tial Cont Cs ONLY)		r Disbursement
O April 10 filing	O30 days follow	wing prima	ry	O45	days following referendum	OAm	nendmen	it to	
OJuly 10 filing	⊙7th day prece	ding electio	n	<b>O</b> Def	icit	Тур	e of Rep	ort:	
October 10 filing	O12th day prec			<b>O</b> Ter	mination				
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		n						
9. PERIOD COVERED									4.57
	Beginning Da	ite			Ending Date				
	10/01/2021			thru	10/24/2021				
10. CERTIFICATION									
I hereby certify and state, under positions of the period						his <b>Itemi</b>	ized Car	mpaign F	inance
May Ize	way	K	Jud	y Szewcz	yk			10/25/	2021
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)	1	PRIN	IT NAME	OF SIGNER			DATE	(mm/dd/yyyy)
									5

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

2021 OCT 26 PM 3:31

## **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
RD21	7th Day Preceeding Election	
	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	8180.86	
13. Contributions Received from Individuals (Sections A and B)	4255.00	18906
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		1000
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)	750.00	2950
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	5005.00	22856
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	13185.86	22856
19. Expenses Paid by Committee (Section P)	8139.15	17809.29
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	5046.71	5046.71
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)		

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Nan	ne as Registered with Filing Repository)			TYPE (	F REPORT	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			
RD21				7th Day Preceeding Election					
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$ 695	2	2021 OCT 26 PM			
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	B. Itemized Co	nostradas de	utions from Indivi	duals					
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Residential Street Address		City	al			State	2ip C		
12 Sampson Ave		Milfo				СТ	1004	100	
Principal Occupation			Name of Employer						
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?								
Is this contribution associated with an event reported in Section L1?  If yes, list Event # fr4	Yes Is contributor a principal of a s No If yes, indicate which brat of government the contract	nch or l	branches	tor or prospective state contractor? Yes					
Method of Contribution:		·····	Date Received	Aggregat	e Contributions				
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	10/7/21	80.00					
Last Name		Fir	st	<del>1</del>			francosticosc	MI	
3ingham		R	yan						
Residential Street Address		City				State	Zip C	ode	
20 Spencer Brook Road		New	Hartford			СТ	060	)57	
Principal Occupation		<u> </u>	Name of Employer				<del></del>		
Lobbyist			Sullivan & LeShane	e, Inc.					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract O Yes O No	or a chief executive officer of a municipality th have a contract with said municipality Yes No			100.00		
	Yes Is contributor a principal of a  No  If yes, indicate which bra  of government the contra	nch or	branches		<b>⊙</b> No				
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Cole		T	homas					<u> </u>	
Residential Street Address		City				State	Zip (		
273 Derby Ave #810		Derb				СТ	06	418	
Principal Occupation			Name of Employer						
Mechanic			Sikorsky Aircraft						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contractory Yes O No	ve officer t with sai	of a municipali d municipality	- 1	nount o	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	_	ctor? SYe				
Method of Contribution:			Date Received		te Contributions				
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	SUB'	TOTA	AL Section B — This	Page	480.00				
	TOTA	Lofa	dditional Section B	Pages	3080.00				
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line	M IND	DIVIDUALS (Sections lumn A of Summary Page	A + B) Totals)	4255.00	o-constitution			

# Section B ADDITIONAL PAGE 1 of 4

of 9	

NAME OF COMMITTEE (Provide Complete Nan	ne as R	egistered with Filing Repository)			TYPE (	F REPORT			
RD21					7th day preceeding election				
A. Total Contributions from S (See instructions for definition of Small				this Period ONLY BTOTAL SECTION A \$ 695.00					
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		B. Itemized Cor	atr	ibutions from Indivi	duals				
Last Name				First					MI
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Residential Street Address			City	·			State	Zip C	Code
260 Moss Farms Rd			Cł	neshire			CT	064	110
Principal Occupation				Name of Employer					
Recycler				Country Disposal					
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	does	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?						ount of 0.00	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # fr4	Yes No	Is contributor a principal of a s  If yes, indicate which bran of government the contract	ıch	or branches	_	No			
Method of Contribution:		1		Date Received		e Contributions	7		
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esidential Street Address			City	orth Haven			State CT	Zip C	473
4 Fawn Ridge Rd			1/1				<u> </u>	100,	T13
rincipal Occupation				Name of Employer					
retired				retired					
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	doe: valu	ontribution is in excess of \$400 s contributor or business he/she aed at more than \$5,000?	is a	ssociated with have a contract O Yes O No	with said	l municipality	80.		f Contribution
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Method of Contribution:				Date Received		te Contributions			
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ast Name	<del>2011</del> 200			First					MI
Dalessio				Michael					
Residential Street Address			Cit	y			State	Zip	Code
168 Prospect S	+		Α	nsonia			CT	06	401
Principal Occupation	•		L	Name of Employer	) ,	, <u>,</u>	1	1	
Tirector				Hosonia t	as	lic N	lor	Ł5	
s contributor a lobbyist, spouse, Yes	Ifc	ontribution is in excess of \$400	to s						f Contribution
or dependent child of a lobbyist?	doe	es contributor or business he/she ued at more than \$5,000?	is a	associated with have a contract O Yes O No	t with sai	d municipality		.00	
	Yes No	Is contributor a principal of a <i>If yes</i> , indicate which bra of government the contra	nch		_	<b>⊙</b> No			
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Contribution:	Card (	Payroll Deduction OMoney	y Oı	Date Received 10/7/21	Aggrega 60.00	te Contributions			
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		TOTA	Lo	f additional Section B	Pages	3360.00	······································		
TOTAL OF	ALL	CONTRIBUTIONS FROM		NDIVIDUALS (Sections Column A of Summary Page		4255.00			

# Section B ADDITIONAL PAGE 2 of 9

NAME OF COMMITTEE (Provide Complete Nam	ne as R	egistered with Filing Repository)			TYPE C	F REPORT			
RD21					7th day preceeding election				
A. Total Contributions from S (See instructions for definition of Small				is Period ONLY OTAL SECTION A	\$ 695.00				
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		B. Itemized Con	ıtrib	utions from Indivi	duals				
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Oziekan			C	athleen					
Residential Street Address		Ţ¢	City				State	Zip (	Code
1204 Main St #314			Brant	ford			CT	064	405
Principal Occupation				Name of Employer					
retired				retired					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 ts contributor or business he/she is ed at more than \$5,000?	o a car is assoc	ndidate for a chief executive ciated with have a contract OYes ONo	e officer of with said	municipality	40		f Contribution
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Method of Contribution:				Date Received	Aggregat	e Contributions	7		
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Fernino			c	Carol					
Residential Street Address			City				State	Zip (	Code
1021 Roosevelt Dr			Derb	у			СТ	06	418
Principal Occupation				Name of Employer	<u></u>				
property manager				-					
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	does valu	ontribution is in excess of \$400 ts contributor or business he/she and at more than \$5,000?  Is contributor a principal of a second contributor and contributo	is asso	ciated with have a contract  O Yes  O No	with said	l municipality	50	00000000000000000000000000000000000000	f Contribution
	No	If yes, indicate which bran of government the contract	nch or	branches Executive	O Leg	islative			
Method of Contribution:		<b>.</b>		Date Received	1	e Contributions			
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Forte		1		Robert			T 64	71	Code
Residential Street Address			<sup>City</sup> Derk	ov			State	) -	418
59 Mohawk Ave			DCI	Name of Employer			10,		
Principal Occupation				retired					
retired	T 7.7				cfc	of a municipal	tu, T A	ma4 -	of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe	contribution is in excess of \$400 cs contributor or business he/she used at more than \$5,000?	is asso	ociated with have a contrac O Yes O No	t with said	d municipality		1.00	or Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # fr4	Yes No	Is contributor a principal of a single of government the contract	nch or	branches ith: O Executive	OLeg	islative ONG			
Method of Contribution:  OCash OPersonal Check OCredit/Debit	Card (	OPayroll Deduction OMoney	Order	Date Received 10/7/21	Aggrega 60.00	te Contributions			
		SUBT	ГОТА	AL Section B — Thi	s Page	130.00		nimikin Fabilit koas	kakang papagan kanang kana
		TOTAL	Lofa	additional Section B	Pages	3430.00			
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections olumn A of Summary Page		4255.00			

## Section B ADDITIONAL PAGE 3 of \_\_\_\_\_

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NAME OF COMMITTEE (Provide Complete Name as It	Registered with Filing Repository)			TYPE C	F REPORT			
RD21				7th da	y preceeding	election	on	
A. Total Contributions from Smal (See instructions for definition of Small Contr			is Period ONLY OTAL SECTION A	\$ 695	.00			
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	B. Itemized Con	tribu	utions from Indivi	duals	<del>tom spared Hardki Sonor and Sonor for the</del>	<u> </u>		Hilliam 19.
Last Name		Fir	st					MI
Geaski		G	reg					
Residential Street Address	1	City				State	Zip C	1
232 Amity Rd		Wood	dbridge			CT	065	525
Principal Occupation			Name of Employer					
Business Manager			ServPro					
or dependent child of a lobbyist?	contribution is in excess of \$400 to es contributor or business he/she i ued at more than \$5,000?						ount of 0.00	Contribution
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If yes, list Event #  Method of Contribution:	of government the contract	15 WILL	Date Received	,	e Contributions	-		
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Gray		- 1	lichael					
Residential Street Address	To	City				State	Zip C	Code
4 Commodore Hull Dr	1	Derb	у			CT	064	418
Principal Occupation	<u> </u>		Name of Employer	·			-L	
Business & Ops Director			Orange Bd of Ed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes odde	contribution is in excess of \$400 to es contributor or business he/she is used at more than \$5,000?	o a can	adidate for a chief executive ciated with have a contract Yes No	e officer with said	of a municipality municipality	, Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  Yes No  If yes, list Event #	Is contributor a principal of a s  If yes, indicate which brar of government the contract	ich or	branches	_	<b>⊙</b> No			
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Guardiano		l v	/incent					<u> </u>
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8 Grandview Rd		Derb				СТ	100	418
Principal Occupation ADDICUSED			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contributor a lobbyist?	contribution is in excess of \$400 tes contributor or business he/she lued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer t with said	of a municipality I municipality		ount o	f Contribution
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Method of Contribution:  OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	Date Received 10/7/21	Aggrega 200.0	te Contributions			
	SUBT	OTA	AL Section B — This	s Page	1300.00			
	TOTAL	ofa	dditional Section B	Pages	2260.00			
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections lumn A of Summary Page		4255.00			

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## Section B ADDITIONAL PAGE 4 of 9

of	9	

NAME OF COMMITTEE (Provide Complete Na	me as .	Registered with Filing Repository)	######################################		TYPE (	OF REPORT				
RD21					7th da	ay preceedin	g elec	tion		
A. Total Contributions from S (See instructions for definition of Small			ived this Period ONLY SUBTOTAL SECTION A \$			5.00	ŕ	2021 OCT 26 PM		
		B. Itemized Con	trib	utions from Indivi	duals				Тмі	
ast Name Kopjanski			- 1 -	ave					1711	
Residential Street Address		1	City	440			State	Zip	Code	
12 Krakow St			Derb	v			CT		418	
Principal Occupation				Name of Employer			1			
building official				State of CT						
s contributor a lobbyist, spouse, Yes	Ifo	contribution is in excess of \$400 t	o a car	l didate for a chief executive	e officer	of a municipalit	y, A	mount o	f Contribution	
or dependent child of a lobbyist?   No	doc val	es contributor or business he/she i ued at more than \$5,000?	s assoc	ciated with have a contract OYes Lo	ve a com-act with said municipality			40.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # fr4		Is contributor a principal of a s  If yes, indicate which bran of government the contract	ch or l	branches						
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ast Name			Fiz		1				MI	
Coshes			F	rank						
Residential Street Address		Ţ	City				State	Zip	Code	
43 Pinecrest Rd			Oran	ge			СТ	06	477	
Principal Occupation		<u> </u>		Name of Employer						
police officer				town of Orange						
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	do	contribution is in excess of \$400 t es contributor or business he/she is used at more than \$5,000?  Is contributor a principal of a s	state co	ontractor or prospective sta	t with said	1 municipality ctor? OYe	4 s	mount o	f Contribution	
event reported in Section L1?  If yes, list Event # fr4	No	If yes, indicate which bran		th:			<u>`</u>			
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Residential Street Address 31 Oak Hollow Rd		ĺ	ery Bran	ford			CT	1 -	405	
Principal Occupation	······		J. 011	Name of Employer			1.			
retired				retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?		I ndidate for a chief executi				0.00	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # fr4	Yes	Is contributor a principal of a s  If yes, indicate which brain of government the contract	nch or	ontractor or prospective sta branches	_	ctor? OYe	s	0.00		
Method of Contribution:  Cash Personal Check Credit/Debit	Card	OPayroll Deduction OMoney	Order	Date Received 10/7/21	Aggrega 190.0	te Contributions				
		SUBT	OTA	AL Section B — Thi	s Page	120.00				
		TOTAI	of a	dditional Section B	Pages	3440.00				
TOTAL OF	ALI	CONTRIBUTIONS FROM (Enter total on Line	I IND 13, Co	DIVIDUALS (Sections lumn A of Summary Page	A + B) e Totals)	4255.00				

## Section B ADDITIONAL PAGE 5 of 9

of	9	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
RD21			7th day preceeding election				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$ 695.00	75	1001	25 PH [	
B. Itemized Co	ontribu	tions from Indivi	duals		1		
ast Name	First				M	I	
Mascolo	Eu	igene					
tesidential Street Address	City			State	Zip Code		
25 Paugassett Rd (front house)	Derby	,		СТ	06418	5 	
Principal Occupation		Name of Employer					
analyst		Bureau of ATF & Ex					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	00 to a cand he is associ	lidate for a chief executive inted with have a contract of the No.	with said municipality	100		ontribution	
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Matto	Ma	ark					
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or dependent child of a lobbyist?   No does contributor or business he/she valued at more than \$5,000?	he is associ	iated with have a contract Yes No  ntractor or prospective state oranches h: Executive	ractor or prospective state contractor? Yes anches				
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retired  Is contributor a lobbyist, spouse,  Yes If contribution is in excess of \$40	00.45 -		vo officer of a municipality	hy 1 A	ourt of C	ontributio	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?				40.		ontround	
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Method of Contribution:		Date Received	Aggregate Contributions				
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TOTA	AL of ad	lditional Section B	Pages   3380.00				
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDI	IVIDUALS (Sections umn A of Summary Page	A + B) 4255.00				

SEEC FORM 20 Revised January 2015

## Section B ADDITIONAL PAGE 6 of 9

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NAME OF COMMITTEE (Provide Complete Nam		TYPE OF REPORT						
RD21				7th da	7th day preceeding election			
A. Total Contributions from Some (See instructions for definition of Small)			s Period ONLY OTAL SECTION A	\$ 695	.00	2	021 O.	7725 pm 2
	B. Itemized Co	ntribu	itions from Indivi	iduals				
Last Name		Firs						MI
Parker 	·		ary			<del> </del>		
Residential Street Address		City	_:_			State	Zip (	
38 N Coe Ln		Ansor				СТ	064	101
Principal Occupation			Name of Employer					
engineer			SLR Consulting					
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes			a candidate for a chief executive officer of a municipality associated with have a contract with said municipality  Oyes  No  ate contractor or prospective state contractor?  Oyes			y, Amount of Contribute 100.00		
event reported in Section L1?	orted in Section L1? No If yes, indicate which branch or branches							
Method of Contribution:			Date Received	Aggregate	e Contributions			
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	y Order	10/7/2021	300.00	0			
Last Name		Firs	st	<del></del>			***************************************	MI
Patel		Ja	у					
Residential Street Address	City				State	Zip (	Code	
2 Shire Dr		Wallir	ngford			СТ	064	492
Principal Occupation			Name of Employer			A		
principal			Chapel West Wine	& Liquo	or			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	ontribution is in excess of \$400 to a candidate for a chief executive officer of a municipal s contributor or business he/she is associated with have a contract with said municipality and at more than \$5,000?  Yes  No					0.00 nount	f Contribution
	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	inch or b	oranches	_	<b>⊙</b> No			
Method of Contribution:			Date Received	Aggregate	e Contributions	_		
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	y Order	10/1/2021	250.0	0			
Last Name		Fir					<del>() (                                  </del>	MI
Pellacia		Fr	rank					
Residential Street Address		City				State	1 -	Code
92 Oak Ave		Shelt				СТ	06	484 
Principal Occupation			Name of Employer					
trash management			City of Derby Publ					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?						1	mount o	f Contribution
	Is contributor a principal of a state contractor or prospective state contractor or prospectit state contractor or prospective state contractor or prospective				tor? Yes			
Method of Contribution:			Date Received	1	te Contributions	7		
Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney	y Order	10/7/21	110.0	0			
	SUB	тота	L Section B — Thi	s Page	390.00			
	TOTA	L of ac	dditional Section B	Pages	3170.00			
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections umn A of Summary Page		4255.00			

## Section B ADDITIONAL PAGE 7 of 9

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
RD21			7th da	ay preceeding	g electio	n	
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$ 695	5.00	202	10	726 %
B. Itemized Co.	ntrib	outions from Indivi	duals			NOON THE COLUMN	
Last Name		irst				·	MI
Sadlick	F	Ray					
Residential Street Address	City				State	Zip	Code
5 Cullens Hill Rd	Derl	by			CT	06	418
Principal Occupation		Name of Employer	ررا				
electrician		RS ASSOC	In	<u> </u>			
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?						Amount of Contribution	
event reported in Section L1? No If yes, indicate which bran							
Method of Contribution:	26 125 VV	Date Received		e Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	10/7/2021	180.0					
Last Name	-	irst					MI
Sadlick	ı	Ray					
Residential Street Address	City				State	Zip	Code
5 Cullens His Rd	Derl	by			СТ	06	418
Principal Occupation		Name of Employer			<u> </u>		
electrician		Rs HSSOE	L	ne			
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?					7, Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # fr4  Yes  Yes  Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	_	<b>⊙</b> No		.00	
Method of Contribution:		Date Received		te Contributions	1		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/7/2021	180.0	00	İ		
Last Name	F	First				<del>AşımpıyAD</del> ÇS	MI
Sampson		Charles					
Residential Street Address	City				State	1 -	Code
6 Commodore Hull Dr	Der	by			СТ	06	418
Principal Occupation		Name of Employer	, , , , , , , , , , , , , , , , , , , ,				
Police Officer		Town of Westport					
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, <b>Amo</b>		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # fr4  Yes  Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	_	<b>⊙</b> No			
Method of Contribution:		Date Received		te Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 10/7/21	140.0	10			
SUB	гот	AL Section B — This	Page	220.00			
TOTA	L of	additional Section B	Pages	3340.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M IN	DIVIDUALS (Sections . olumn A of Summary Page	A + B) Totals)	4255.00			

## Section B ADDITIONAL PAGE 8 of 9

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Т	TYPE OF REPORT			
RD21		7	th day preceedin	g electio	n
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period SUBTOTAL SEC		\$ 695.00	292	
B. Itemized Con	ntributions fro	m Individu	ıals		
Last Name	First				MI
Somma	Craig		<u></u>	·	
Residential Street Address	City				Zip Code
54 Pine River Rd	North Haven			СТ	06473
Principal Occupation	Name of Em	ployer			
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?		ive a contract wi		y, <b>Amo</b>	unt of Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a section L1?  Yes, indicate which branches in the section L1?	nch or branches		_ <b>⊙</b> №		
If yes, list Event # fr4 of government the contract	Date Receive		Legislative ggregate Contributions	-	
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		30.00			
Last Name	First				Тмі
Soderberg	Bill				
Residential Street Address	City			State	Zip Code
30 Belleview Dr	Derby			СТ	06418
Principal Occupation	Name of Em	ployer ;			L
rotired	ret	ired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves University No Ves Valued at more than \$5,000?		ive a contract wi		y, Amor	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	state contractor or pr nch or branches		<b>⊙</b> No	S	.00
Method of Contribution:	Date Receive	ed A	ggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 10/7/20	)21	200.00		
Last Name	First				MI
Szewczyk	Joseph			State	Zip Code
Residential Street Address  166 Mt Pleasant St	City Derby			CT	06418
Principal Occupation	Name of Em	plover		1	
Day Trader		F -3			
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?		ave a contract w		ty, <b>Amo</b>	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which bra of government the contra	nch or branches ct is with:	Executive (	DLegislative		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Receiv y Order 10/7/21	1	Aggregate Contributions		
SUB'	TOTAL Section	B — This P	age 380.00		
TOTA	L of additional	Section B Pa	ges 3180.00		
TOTAL OF ALL CONTRIBUTIONS FROM					

## Section B ADDITIONAL PAGE 9 of 9

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
RD21			7th da	y preceeding	g electi	on	
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		s Period ONLY OTAL SECTION A	\$ 695	5.00	21	210	
		itions from Indivi	duals			******	
Last Name Tutillo	Firs	st nerry					MI
Residential Street Address	City				State	Zip (	Code
75 Redwood Dr	East F	Haven			CT	1 -	513
Principal Occupation	L	Name of Employer	<del></del>	<del></del>	L	1	
secretary		Cardio Vascular He	alth				
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?	is assoc	iated with have a contract OYes No	with said	l municipality	/, <b>Am</b>		f Contribution
Is this contribution associated with an event reported in Section L1?  Yes   Is contributor a principal of a lf yes, indicate which bra of government the contraction of government the contraction.	inch or b	ranches	e contrac OLegi	<b>⊙</b> No			
Method of Contribution:		Date Received	Aggregat	e Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	10/7/2021	100.0	0			
Last Name	Firs						MI
VanEtten	Ri	ch					
Residential Street Address	City	our			State	1 ^	Code 402
113A Colony Rd	Seym				СТ	100	483
Principal Occupation plumber		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					/, Am		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # fr4  Yes  No  If yes, indicate which bra of government the contra	anch or t	branches		<b>⊙</b> №			
If yes, list Event # fr4 of government the contra  Method of Contribution:	act 15 With	Date Received		e Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	10/7/2021	240.0	00			
Last Name	Fir	st	kaucinning-thi 10°s				MI
Residential Street Address	City			· · · · · · · · · · · · · · · · · · ·	State	Zip	Code
Principal Occupation	<u> </u>	Name of Employer			L		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000?					y, Am	ount o	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	branches h: O Executive	OLeg	islative ONo			
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ev Order	Date Received	Aggrega	te Contributions			
				140.00			
		L Section B — This		140.00	<del>ZZNIJONI CONTORPI</del>	<del>do a sector occ</del>	
	-contracted apparent	dditional Section B		3420.00	Ministrans and application		
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		IVIDUALS (Sections Jumn A of Summary Page		4255.00			

## I. MONETARY RECEIPTS (Sections A—K)

RD21		<u> </u>	ith Filing Reposit	ory)		7th day prec	eeding election
							county discrion
		C1. C	ontributio	ns from O	Name of Tre		
ame of Committee					Name of 11	casurei	2821 <b>OCT 26</b> PM (
ddress			<u></u>	Is this contri event report	ed in Section	iated with an OYes ONG L1? s, list Event #	Amount of Contribution
ity		State	Zip Code	Date Rece	ived	Aggregate Contributions	
ame of Committee					Name of Tr	easurer	
ddress				Is this contr	ed in Section	iated with an Yes No L1? s, list Event #	Amount of Contribution
ity		State	Zip Code	Date Rece		Aggregate Contributions	
ame of Committee					Name of Tr	easurer	
ddress				Is this contr	ted in Section	iated with an Yes N L1? s, list Event #	Amount of Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions	
	Co I	Daimhurcaman	te or Sura	ne Dietrih	ntions fr	m other Committe	25
		Reimbursemen	ts or Surp	us Distrib	Name of To	om other Committed	State Zip Code
			ts or Surp				State Zip Code
Address		Payment Type	nent for shared	City		reasurer	
Address Date Received	Expenditure #	Payment Type		City	Name of Ti	ibution	State Zip Code
Address  Date Received  Description	Expenditure # (if applicable)	Payment Type		City	Name of Tr	ibution	State Zip Code
Name of Committee Address Date Received Description Name of Committee Address	Expenditure # (if applicable)	Payment Type		City	Name of Ti	ibution	State Zip Code
Address  Date Received  Description  Name of Committee	Expenditure # (if applicable)	Payment Type OReimbursen	nent for shared	City  expense O	Name of Ti	ibution	State Zip Code  Amount of Receipt
Address  Date Received  Description  Name of Committee  Address  Date Received	Expenditure # (if applicable)	Payment Type OReimbursen	nent for shared	City  expense O	Name of Ti	ibution	State Zip Code  Amount of Receipt  State Zip Code
Address  Date Received  Description  Name of Committee  Address  Date Received	Expenditure # (if applicable)	Payment Type OReimbursen	nent for shared	City  expense O	Name of To	ibution reasurer	State Zip Code  Amount of Receipt  State Zip Code
Address  Date Received  Description  Name of Committee	Expenditure # (if applicable)  Expenditure # (if applicable)	Payment Type OReimbursen	sement for shared SUBTO	City  City  City  City  Add expense  Of addition	Name of To	ibution  reasurer  stribution  this Page 0  C Pages 0	State Zip Code  Amount of Receipt  State Zip Code

#### I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Reposit	ory)		TYPE OF		Jostian
PD21				7th day	preceeding e	election
	D. Loans	Receive	ed this Period			<del>T</del>
ame of Lender			Source of Loan:  OBank  Cand	idate 🔘 Individua	Other Committee	Date of Receipt
rreet Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
fame of Cosigner/Guarantor (if applicable)					<u></u>	Amount Received
	City			State	Zip Code	- 2021 OCT 26 pm :
treet Address	City				•	
ame of Lender			Source of Loan: OBank Cand	lidate O Individua	Other Committee	
reet Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  O Yes O No
ame of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	_
						Description
Name of Lender		-	Source of Loan: OBank O Cand	didate 🔘 Individu	al Other Committe	Date of Receipt
treet Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)		***************************************				Amount Received
Street Address	City			State	Zip Code	
			TOTAL SECT	ION D 0		
						ttees ONI V
E. Receipts from Ent	tities other than Indi	viduals			endum Commi	ttees ONLY)
	tities other than Indi	viduals		mittees (Refere	endum Commi	
Name of Entity	tities other than Indi	viduals			endum Commi	Amount Received
Name of Entity Street Address	tities other than Indi	viduals     State		mittees (Refere		
Name of Entity  Street Address	tities other than Indi		or Other Com	mittees (Refere		
E. Receipts from Ent Name of Entity Street Address City Name of Entity	tities other than Indi		or Other Com	mittees (Refere		
Name of Entity  Street Address  City  Name of Entity	tities other than Indi		or Other Com	mittees (Refere		
Name of Entity  Street Address  City	tities other than Indi	State	or Other Com	Date Received  Aggregate Cont	ributions	Amount Received
Name of Entity  Street Address  City  Name of Entity  Street Address	tities other than Indi		or Other Com	Date Received  Aggregate Cont	ributions	Amount Received
Name of Entity  Street Address  City  Name of Entity  Street Address	tities other than Indi	State	or Other Com	Date Received  Aggregate Cont	ributions	Amount Received
Name of Entity  Street Address  City  Street Address  City  Name of Entity	tities other than Indi	State	or Other Com	Date Received  Aggregate Cont	ributions	Amount Received
Name of Entity  Street Address  City  Name of Entity	tities other than Indi	State	or Other Com	Date Received  Aggregate Cont  Date Received  Aggregate Cont	ributions	Amount Received  Amount Received

#### I. MONETARY RECEIPTS (Sections A—K)

RD21	EE (Provide Complete Name as Registered	man 1 mag repository)			7th day preceeding election			
	. Amount Transferred fro	om Affiliated Business	Treasury (Bus	iness Entity Comm	ittees ONLY)			
ate of Receipt	Is this transaction associated	l with an OYes If yes,	ist Event#		Amount			
	event reported in Section L1	? O No			2021 <b>OCT 2</b> 5 PM			
nte of Receipt	Is this transaction associated		ist Event#		Amount			
	event reported in Section L	1? <b>O</b> No						
ate of Receipt	Is this transaction associated		list Event #		Amount			
	event reported in Section L	1? O No						
ate of Receipt	Is this transaction associated event reported in Section L		list Event#		Amount			
	event reported in Section 12	0140						
		7	OTAL SECTION	ONF 0				
		17 1 H : OA		n Transmer We	canization Committees ONLY)			
G. Amount 7	Transferred from Affiliate	d Labor Union or Uthe ate of Receipt	a Organizado	Date of Receipt	guniquion Commuces O1111)			
ate of Receipt								
	Amount	Amount			Amount			
				NG 0				
		T	TAL SECTIO	NG C				
	H. Personal Funds of the	ie Candidate Received	this Period (	Candidate Committ	ees ONLY)			
ate of Receipt	Method of payment:				Amount			
	<b>O</b> Cash	O Personal Check	O Credit/De	bit Card				
ate of Receipt	Method of payment:				Amount			
	<b>O</b> Cash	O Personal Check	O Credit/De	bit Card				
Date of Receipt	Method of payment:				Amount			
	OCash	O Personal Check	O Credit/De	bit Card				
Date of Receipt	Method of payment:				Amount			
	OCash	O Personal Check	O Credit/De	ebit Card				
			TOTAL SEC	TION H 0				
		I. Anonymous Co	ntributions					
	Per Public Act 11-48,	Anonymous Contribu	tions may no	longer be depo	sited in any			
•	amount If a committee t	eceives an anonymou	s contribution	i, the campaign	i treasurer snall			
	immediately remit the	contribution to the St	ate Elections	Enforcement C	OIIIIIIISIOII			
		for deposit in the	Compand David					

Page 7 of 17

. ID (Bections A.	12)		
7	YPE O	F REPORT	
	th day	y preceeding e	lection
thorized Accounts	}		
	Date Rec	eived	Amount
			2821 OCT 26 PM
Sta	te	Zip Code	Thur Are The en
	Date Rec	eived	Amount
			Amount
Sta	te	Zip Code	-
TOTAL SECTION	j lo		
ot Considered Con			
			Amount Received
	State	Zip Code	
	<u> </u>		
	Da	te of Transaction	Amount Received
			Amount Received
	State	Zip Code	
	<u> </u>		
onnen okrafovodnjebila u kod A Prist III i Matrid II do 11 pri sprava i prema	Da	te of Transaction	Amount Received
	State	Zip Code	
	Da	te of Transaction	Amount Received
	State	Zip Code	
		1	
TAL SECTION K	0		
CEIPTS (Section	n th	rough K)	
77			
on E)	+		
	+		
Treasury (Section G)	+		
Treasury (Section G)	+ +		
	+		
	TOTAL SECTION  TOTAL SECTION  AL SECTION K	TYPE CO 7th da state Date Reconstruction of the contribution of th	TYPE OF REPORT 7th day preceeding of athorized Accounts    Date Received     Date Received     Date Received     Date Received     Date Received     Date of Transaction     Date of Transaction

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
RD21			7th day preceedi	ng elect	tion	
	L1. Event	Information				
Event # Date of Event Letter 10/7/2021 fr4	Description Dinner at Twisted Vine				s a fun Yes	draising event?
Location: Street Address		City		Stat	te	Zip Code
285 Main St		Derby		С	Т	06418
Subpart 1: (All Committee Was this event hosted at		OYes (If yes, go to Section LS  Associated with a Hou purchases made by host  No	se Party and complete	e require	d infor	
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section Land complete required in No				Contributions CT26 Ph T
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items advividual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$		
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	nittees other than Exploratory OYes (If yes, go to Section Laor or on a Sign and comp	Purchases of Adverti		ce in a l	Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$		
Event # Date of Event Letter	Description			1	s a fun Yes	ndraising event?
Location: Street Address		City		Sta	te	Zip Code
Subpart 1: (All Commit Was this event hosted at	•	OYes (If yes, go to Section L.S.  Associated with a Hot purchases made by hos ONo	ise Party and complet	e require	d infor	
Did this fundraiser included of up to \$200 or items do	de goods or services donated by a business entity onated by an individual of up to \$100?	O Yes ( <i>If yes</i> , go to Section L and complete required O No		not Consi	idered (	Contributions
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Rec	ceipts here.)	\$		
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Comn advertising space in a program book or on a fundraiser?	Name and Address of Control of the C	3 Purchases of Advert		ce in a	Program Book
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$		
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page 0			
		ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —				
		TOTAL of additional Section	n L1 Pages 0	Marrow Walled Co. 15-2		
		IPTS FROM SMALL PU				

	rublic Act 11-48, effect al purchases from a co							
NAME OF COMMITTEE	(Provide Complete Name as Register	red with Filing Reposite	ory)		TYPE OF REPO	RT		······································
RD21					7th day prece	eding	election	
	L3. Purchase	es of Advertisi	ng in a Progra	m Book or o	n a Sign		TT (MITTER STORT FOR THE STORT	<del>destination destaurant destaurant des</del>
Name of Purchaser	**************************************	- Characteristic and Construction of the Const				Purchas	se Made By:	
Marino, Zabel & Schell	lenberg					_	siness Entity	Other
Street Address	<b>~</b>		T			Olno	lividual/Sole P	<del></del>
			City				State	Zip Code
657 Orange Center Rd			Orange				СТ	06477
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ase	Amount of Si	gn Purchase
10/7/21	fr4	250.00		250.00			7891 A	OTZR pm 7
Name of Purchaser						Purchas	e Made By:	WIZEPR .
Debra B Marino						<b>⊙</b> Bu	siness Entity	Other
****		***************************************				OInc	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
657 Orange Center Rd			Orange				CT	06477
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise .	Amount of Sig	gn Purchase
10/7/21	fr4	250.00		250.00				
Name of Purchaser						Purchas	e Made By:	
657 Orange Ctr Rd LL0	2					<b>⊙</b> Bu	siness Entity	Other
·	**************************************	***************************************		····		OInd	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
830 Bayberry Rd			Orange				CT	06477
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise .	Amount of Sig	gn Purchase
10/7/21	fr4	250.00		250.00				
Name of Purchaser						Purchas	e Made By:	
							siness Entity	Other
						OInd	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se .	Amount of Sig	ın Purchase
Name of Purchaser						Dunchaa	e Made By:	
							siness Entity	Other
						_	ividual/Sole Pi	_
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se	 Amount of Sig	n Purchasa
				Amount of 1 to	gram Au r urena	*	Amount of Sig	in I wichase
No. Constant								
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in P	ogram Book —	- This Page 75	50.00		
	SUBTOTAL Section	on L3 Total Purc	hases of Advertis	ing on a Sign —	- This Page ()			
			TOTAL of a	dditional Sectio	n L3 Pages 0			
TOTA	L OF ALL PURCHASES O		G IN A PROGRA Line 16c, Column			50.00	TO THE PROPERTY OF THE PROPERT	

NAME OF COMMITT	EE (Provide Complete Name as Regis	tered with Filing Reposito	ry)	T	YPE OF REP	ORT		
RD21				71	th day prec	eeding e	lection	
	L4. In-	Kind Donations	Not Conside	red Contributi	ons			
Name of Donor			de plante met de la como de colo de de la como que de la que de la colo de la colo de la colo de la colo de la				*************	
		C-1974-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair I	Market V	alue of Donation
Business Entity								
Individual Sole Proprietorship	Date Received	Event #		Aggregate Value for the	his Event			
Sole Proprietorality								
ame of Donor							2921	007 26 m
							1000 to 1000 to 1	THE TAX C SHARM TOOL F E I
treet Address			City				State	Zip Code
Oonation Given By:	Description of Donation					Fair I	Market V	alue of Donation
Business Entity								
Ondividual	Date Received	Event #		Aggregate Value for th	nis Event			
Sole Proprietorship								
fame of Donor				National Control of the Control of t				
treet Address			City				State	Zip Code
Onation Given By:	Description of Donation					Fair I	Market V	alue of Donation
Business Entity								
Individual	Date Received	Event #		Aggregate Value for th	nis Event			
Sole Proprietorship								
ame of Donor		Martin de la production de la companya de la compa					***************************************	
treet Address		<u> </u>	City				State	Zip Code
Oonation Given By:	Description of Donation				· · · · · · · · · · · · · · · · · · ·	Foir B	Market V	alue of Donation
Business Entity						Fair	viatket v	aide oi 1700ation
) Individual	Date Received	Event #	WERE LAND WATER COLUMN TO THE TAX	Aggregate value for th	is Event			
Sole Proprietorship								
				J	<del></del>			
		SUB'	TOTAL Section	L4 — This Page	0			
		TOTA	<b>M</b> of additional	Section L4 Pages	0			
TO	TAL OF ALL IN VIND DO		Mornenes of	ANTED FOR THE CATO				
TO	TAL OF ALL IN-KIND DOI (Ente				0			

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Rep	pository)	alen kendikan tibi dibetan daripanan kesalasi	TYPE OF REPORT	
RD21				7th day preceed	ing election
1	.5. In-Kind Donations Not Consideration	ered Contributions As	ssociated with a l	House Party	
lame of Host			committee?	supporting more that OYes O No omplete Itemization in	
treet Address		City		State	Zip Code
escription of Donation				Fair Market Va	lue of Donation
vent #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events	s—this host/candidate		
Jame of Host			committee?	supporting more that OYes ONo complete Itemization in	
treet Address		City		State	Zip Code
Description of Donation		1		Fair Market Va	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events	s—this host/candidate	4823	00 26 pm :
	1			_1	
Tame of Host		and the second s	committee?	supporting more tha OYes ONo omplete Itemization in	
		City	committee?	supporting more tha OYes O No omplete Itemization in State	
Street Address		City	committee?	OYes ONo complete Itemization in	Addendum L5 Zip Code
Street Address Description of Donation	Aggregate Value of this Event—all hosts	City  Aggregate Value of all Events	committee?  If yes, co	OYes ONo omplete Itemization in State	Addendum L5 Zip Code
Name of Host  Street Address  Description of Donation  Event #	Aggregate Value of this Event—all hosts		committee?  If yes, co	OYes ONo complete Itemization in State  Fair Market Val supporting more that OYes ONo	Addendum L5 Zip Code ue of Donation
Description of Donation  vent #	Aggregate Value of this Event—all hosts		committee?  If yes, co	OYes ONo complete Itemization in State  Fair Market Val supporting more that	Addendum L5 Zip Code ue of Donation
Description of Donation Event #  Jame of Host  treet Address	Aggregate Value of this Event—all hosts	Aggregate Value of all Events	committee?  If yes, co	OYes ONo complete Itemization in  State  Fair Market Val  supporting more that OYes ONo complete Itemization in	Addendum L5    Zip Code     Line of Donation
Description of Donation  Event #  Hame of Host  treet Address  Description of Donation	Aggregate Value of this Event—all hosts  Aggregate Value of this Event—all hosts	Aggregate Value of all Events	committee?  If yes, co	OYes ONo complete Itemization in  State  Fair Market Val  supporting more that OYes ONo complete Itemization in  State	Addendum L5    Zip Code     Line of Donation
Description of Donation  Event #  Hame of Host  treet Address  Description of Donation		Aggregate Value of all Events  City	committee?  If yes, co  -this host/candidate  Is this event committee?  If yes, co  -this host/candidate	OYes ONo complete Itemization in  State  Fair Market Val  supporting more that OYes ONo complete Itemization in  State	Addendum L5    Zip Code     Line of Donation
Street Address  Description of Donation  Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events  City  Aggregate Value of all Events	Is this event committee?  If yes, committee?  Is this event committee?  If yes, committee?  If yes, committee?  This host/candidate	Fair Market Val	Addendum L5    Zip Code     Line of Donation

## III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Registered with	Filing Repository)		TYPE OF R			
RD21				7th day pr	eceeding e	lection	
		M. In-Kind Cont	ributions				
Vame							
treet Address	···	T	Sity			State	Zip Code
det / halfons			,				
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		<u> </u>	
Individual / Sole Proprietorship Oother							
Is contributor a lobbyist, spouse,  Yes		excess of \$400 to a candida				<b>17.1.</b>	NA 1 - 4 X7 - 1
or dependent child of a lobbyist? O No	valued at more than	business he/she is associated \$5,000?	OYes ONo	ith said munici	panty		Market Value s Contribution
s this contribution associated with an	Yes Is contribu	ntor a principal of a state con		tate contractor?	QYes No		
event reported in Section L1?  If yes, list Event #		indicate which branch or be enment the contract is with:		O Legislative	, 01101		
lame						2021 (	)CT 26 pm
treet Address		[6	City			State	Zip Code
	I Data Bassissad	LAggragate Contait time	Description of In-Kind	Contribution			
Type of contributor: OCommittee  Individual / Sole Proprietorship OOther	Date Received	Aggregate Contributions	Description of 11-1/2110	CONGROUNDII			
	YCibti in in	n excess of \$400 to a candid	ate for a chief executive	officer of a m	micipality.	Fair	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does contributor of valued at more that	r business he/she is associate	ed with have a contract v	with said munic	cipality		is Contribution
Is this contribution associated with an event reported in Section L1?		tor a principal of a state cor indicate which branch or b		tate contractor?	QYes No		
If yes, list Event #		ernment the contract is with:		OLegislative			
Name							
turat Addana			Shr			State	Zip Code
treet Address			City			State	Z.p code
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution			
Individual / Sole Proprietorship Oother							
Is contributor a lobbyist, spouse, O Yes		n excess of \$400 to a candid					Market Value
or dependent child of a lobbyist? No	does contributor of valued at more that	r business he/she is associat n \$5,000?	ed with have a contract v	with said muni	cipality	of th	is Contribution
Is this contribution associated with an		itor a principal of a state con	ntractor or prospective st	tate contractor?	8Yes No		
event reported listed in Section L1?  If yes, list Event #		indicate which branch or be ernment the contract is with:		OLegislative	ONO		
		SURTOTALS	Section M — This Pa	ige 0			
	<del>les son de la company de la c</del>						
		TOTAL of addit	tional Section M Pag	ges 0			
TOTAL OF ALL IN-KIND CON	NTRIBUTIONS (	Enter total on Line 23, Colun	nn A of Summary Page T	Totals) ()			
		dable Deposit to Te	elephone Compa	nv			
	N. Refun	nanic neposit to 1	rando 🗕 proprio programa (per altra de la Particio)	a de 🕶 a digita di sinteni je se je sigalije.	and the second control of the A. Ph.		
ast Name of Individual	N. Refun	First			MI	Date Depo	osit Made
ast Name of Individual	N. Refun				MI	Date Depo	osit Made
Last Name of Individual Residential Street Address	N. Refun			State Z	MI ip Code	Date Depo	
	N. Refun	First		State Z		Date Depo	Amount of Deposit
Residential Street Address	N. Refun	First		State Z		Date Depo	Amount of
	N. Refun	First		State Z		Date Depo	Amount of
Residential Street Address	N. Refun	First				Date Depo	Amount of

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#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
RD21			7th day preceedir	ng election
	P. Expenses	Paid by Committee		
Name of Payee Derby Pizza			Date of Payment 10/2/21	Method of Payment: O Check #_ O Debit Card OEFT
Street Address		City	<u> </u>	O Debit Card OEFT State Zip Code
143 Main St		Derby		CT 06418
Purpose of Expenditure (by code) A-PH-BNK	Description foor for volunteers		Event #	Amount 44.27
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) () Indepen		
Name of Payee Valley Publishing			Date of Payment 10/7/21	Method of Payment:  O Check #921  O Debit Card  O EFT
Street Address		City		State Zip Code
7 Francis St		Derby		CT 06418
Purpose of Expenditure (by code) A-DM	Description mailer		Event #	Amount 1939.89
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)	re) O Indepen		7 2021 OCT 26 pm 3:
Name of Payee			Date of Payment	Method of Payment:
Twisted Vine			10/14/21	O Check #922 O Debit Card OEFT
Street Address		City		State Zip Code
285 Main St		Derby		CT 06418
Purpose of Expenditure (by code) FNDR	Description Dinner		Event #	Amount 712.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought).	ure) O Indepe		D
Name of Payee		and of the state o	Date of Payment	Method of Payment:
White Eagles			10/14/21	O Check #923 O Debit Card O EFT
Street Address		City		State Zip Code
70 Factory St		Derby		CT 06418
Purpose of Expenditure (by code) OVHD	Description Rent		Event #	Amount 500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below Coordinated with reimbursement sought (joint expenditused Coordinated without reimbursement sought (in-kind control of the	ure) <b>Q</b> Indepe		D
		SUBTOTAL Section P -	— <b>This Page</b> 3196.16	
	Te	OTAL of additional Sect	ion P Pages 山 4	2,99
	TOTAL OF ALL EXP	ENSES PAID BY CO ne 19, Column A of Summa	MMITTEE DI30	7,15

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## Section P. ADDITIONAL PAGE 1\_\_\_\_ of 2\_\_\_

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
RD21				7th day preceedin	ding election	
	P. Expenses	Paid by Committee	е			
Name of Payee				Date of Payment	Method of	•
Apollo Pizza				10/12/21	O Check #O Debit Card	
Street Address		City		<u> </u>	State	Card OEFT Zip Code
235 Roosevelt Dr		Derby			СТ	06418
Purpose of Expenditure	Description	<u> </u>	Event	:#	1	Amount
A-PH-BNK	Food for volunteers				44.74	/ Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" i	s check	ed)	41.74	
(f applicable)	None of the below (does not involve another candidate or co			,	292:	LOCT 26 PM
	O Coordinated with reimbursement sought (joint expenditure	re) Indepe				
iomo of Dovice	Coordinated without reimbursement sought (in-kind cont	ribution) Organiz	zation	Date of Payment	Method of	Payment:
Name of Payee				1	O Check	•
Derby Pizza				10/18/21	O Debit	Card OEFT
treet Address		City			State	Zip Code
143 Main St		Derby			СТ	06418
urpose of Expenditure	Description		Event	#		Amount
A-PH-BNK	Food for volunteers				45.00	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the helow" is	s checke	ed)	45.03	
îf applicable)	None of the below (does not involve another candidate or co			>		
	Coordinated with reimbursement sought (joint expenditure	re) O Indeper				
	Coordinated without reimbursement sought (in-kind control	ribution) Organiz	zationO	A OBOC OD	Malladas	D
lame of Payee				Date of Payment	Method of Check	-
Derby Pizza				10/20/21	( Debit	
treet Address		City			State	Zip Code
143 Main St		Derby			CT	06418
urpose of Expenditure	Description		Event	#		Amount
A-PH-BNK	Food for volunteers				44.05	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required 1)	ınlass "Nona of the helow"	is check	(cad)	16.95	
(if applicable)	None of the below (does not involve another candidate or continuous another candidate or		.,	,		
1	Coordinated with reimbursement sought (joint expendit	ure) O Indepe				
					1	
	Coordinated without reimbursement sought (in-kind con	tribution) Organi	ization	OA OB OC OD		· D
•		ntribution) Organi	ization(	Date of Payment	Method of	-
·		tribution) Organi	ization (			k#
Vesta AT&T		(City	ization (	Date of Payment	Method of Chec	k#
Name of Payee Vesta AT&T Street Address online only			ization	Date of Payment	Method of Chec	k# Card OEFT
Vesta AT&T  Street Address  Online only  Purpose of Expenditure		City	Even	Date of Payment	Method of O Check O Debit State	k# Card OEFT
Vesta AT&T  Street Address  Online only  Purpose of Expenditure	Coordinated without reimbursement sought (in-kind con	City		Date of Payment	Method of Checi    O Debit    State    TX	k# Card OEFT Zip Code
Vesta AT&T Street Address Online only Purpose of Expenditure by code) A-PH-BNK	Description hours for phone	City Dallas	Even	Date of Payment 10/18/21	Method of O Check O Debit State	k# Card OEFT Zip Code
Vesta AT&T Street Address Online only Turpose of Expenditure by code) A-PH-BNK Expenditure #	Description hours for phone Type of Expenditure (Itemization in Addendum P Required u	City Dallas unless "None of the below"	Even	Date of Payment 10/18/21	Method of Checi    O Debit    State    TX	k# Card OEFT Zip Code
Vesta AT&T  Street Address  Online only  Purpose of Expenditure (by code)  A-PH-BNK  Expenditure #	Description hours for phone	City Dallas  Inless "None of the below" ommittee)	Even	Date of Payment 10/18/21	Method of Checi    O Debit    State    TX	k# Card OEFT Zip Code
Vesta AT&T  Street Address  Online only  Purpose of Expenditure (by code)	Description hours for phone  Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or c	City Dallas  Inless "None of the below"  committee) are)  Independent	Even  is checke	Date of Payment 10/18/21	Method of Checi    O Debit    State    TX	k# Card OEFT Zip Code
Vesta AT&T  Street Address  Online only  Purpose of Expenditure (by code)  A-PH-BNK  Expenditure #	Description hours for phone  Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	City Dallas  Inless "None of the below"  committee) are)  Independent	Even  is checkendent ization	Date of Payment 10/18/21  t#  Seed)  DA OB OC OD	Method of Checi    O Debit    State    TX	k# Card OEFT Zip Code

## Section P. ADDITIONAL PAGE 2\_\_\_\_ of 2\_\_\_\_

NAME OF COMMIT				
RD21			7th day preceed	ding election
	P. E	xpenses Paid by Com	mittee	
Name of Payee			Date of Payment 10/24/21	Method of Payment:  Oheck #924
		LC:L	10721721	O Debit Card OEF
Street Address		City		
PO Box 847818		Boston		MA 02284
Purpose of Expenditure by code) OVHD	Description Electric service for HQ		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P of None of the below (does not involve another can Coordinated with reimbursement sought (join Coordinated without reimbursement sought)	andidate or committee) int expenditure)		13.46 2021 OCT 26 PM
Name of Payee			Date of Payment	Method of Payment:
Valley Publishing			10/24/21	O Check # 925 O Debit Card OEFT  State Zip Code
Street Address		City		
7 Francis St		Derby		CT 06418
Purpose of Expenditure by code) A-DM	Description mailer		Event #	Amount 1971.95
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P I	_	nelow is checkedy	
	None of the below (does not involve another ca Coordinated with reimbursement sought (joi Coordinated without reimbursement sought	int expenditure)	Independent Organization A O B O C O	
•	Coordinated with reimbursement sought (joi Coordinated without reimbursement sought (	int expenditure)	Organization A O B O C O Date of Payment	Method of Payment:
•	Coordinated with reimbursement sought (joi Coordinated without reimbursement sought (	int expenditure)	Organization O A O B O C O	Method of Payment:  Check #926
Valley Publishing	Coordinated with reimbursement sought (joi Coordinated without reimbursement sought (	int expenditure)	Organization A O B O C O Date of Payment	Method of Payment:  Check #926
Valley Publishing	Coordinated with reimbursement sought (joi Coordinated without reimbursement sought (	int expenditure) (in-kind contribution)	Organization A O B O C O Date of Payment	Method of Payment:  Check #926 Debit Card  EF
Valley Publishing Street Address 7 Francis St Purpose of Expenditure	Coordinated with reimbursement sought (joi Coordinated without reimbursement sought (	int expenditure) (in-kind contribution)	Organization A O B O C O Date of Payment	Method of Payment:  Check #926 Debit Card State Zip Code
Valley Publishing Street Address 7 Francis St Purpose of Expenditure	Coordinated with reimbursement sought (joi Coordinated without reimbursement sought (	int expenditure) (in-kind contribution)	Organization A O B O C O Date of Payment 10/24/21	Method of Payment:  Check #926 Debit Card EF  State Zip Code CT 06418  Amount
Valley Publishing Street Address 7 Francis St Purpose of Expenditure by code) A-DM Expenditure #	Coordinated with reimbursement sought (joi Coordinated without reimbursement sought ()  Description mailer  Type of Expenditure (Itemization in Addendum P	City Derby  Required unless "None of the	Organization A O B O C O Date of Payment 10/24/21  Event #	Method of Payment:  Check #926 Debit Card EFT State Zip Code CT 06418
Valley Publishing Street Address 7 Francis St Purpose of Expenditure by code) A-DM Expenditure #	Coordinated with reimbursement sought (joi Coordinated without reimbursement sought ()  Description mailer	City Derby  Prequired unless "None of the candidate or committee) coint expenditure)	Organization A O B O C O Date of Payment 10/24/21  Event #	Method of Payment:  Check #926 Debit Card DEF  State Zip Code CT 06418  Amount  2779.15
Valley Publishing Street Address 7 Francis St Purpose of Expenditure by code) A-DM Expenditure # (if applicable)	Description mailer  Type of Expenditure (Itemization in Addendum P Coordinated without reimbursement sought (in Coordinated without reimbursement sought)  Coordinated with reimbursement sought (in Coordinated without reimbursement sought)	City Derby  Prequired unless "None of the candidate or committee) coint expenditure)	Date of Payment    Date of Payment	Method of Payment:  Check #926 Debit Card EF  State Zip Code CT 06418  Amount  2779.15  Method of Payment:
Valley Publishing Street Address 7 Francis St Purpose of Expenditure by code) A-DM Expenditure # (if applicable)	Description mailer  Type of Expenditure (Itemization in Addendum P  One of the below (does not involve another of Coordinated with reimbursement sought)	City Derby  Prequired unless "None of the candidate or committee) coint expenditure)	Organization A O B O C O Date of Payment 10/24/21  Event # below is checked) Independent Organization O A O B O C O	Method of Payment:  Check #926 Debit Card EF  State Zip Code CT 06418  Amount  2779.15  Method of Payment: C Check #
Valley Publishing Street Address 7 Francis St Purpose of Expenditure by code) A-DM Expenditure # (If applicable) Name of Payce	Description mailer  Type of Expenditure (Itemization in Addendum P Coordinated without reimbursement sought (in Coordinated without reimbursement sought)  Coordinated with reimbursement sought (in Coordinated without reimbursement sought)	City Derby  Prequired unless "None of the candidate or committee) coint expenditure)	Date of Payment    Date of Payment	Method of Payment:  Check #926 Debit Card EF  State Zip Code CT 06418  Amount  2779.15  Method of Payment:
Valley Publishing Street Address 7 Francis St Purpose of Expenditure (by code) A-DM Expenditure # (ff applicable)  Name of Payee Anedo	Description mailer  Type of Expenditure (Itemization in Addendum P Coordinated without reimbursement sought (in Coordinated without reimbursement sought)  Coordinated with reimbursement sought (in Coordinated without reimbursement sought)	City Derby  Prequired unless "None of the candidate or committee) coint expenditure)	Organization A O B O C O Date of Payment 10/24/21  Event #  below" is checked)  Independent Organization O O O O O O O O O O O O O O O O O O O	Method of Payment:  Check #926 Debit Card OEF  State Zip Code CT 06418  Amount  2779.15  Method of Payment: O Check # Debit Card OEF
Valley Publishing Street Address 7 Francis St Purpose of Expenditure by code) A-DM Expenditure # (If applicable)  Name of Payee Anedo Street Address 5555	Description Type of Expenditure (Itemization in Addendum P O None of the below (does not involve another of Coordinated without reimbursement sought (i) Coordinated with reimbursement sought (i) Coordinated without reimbursement sought Com  Then Ave Ste location in Addendum P O None of the below (does not involve another of Coordinated with reimbursement sought Com  The	City Derby  City Derby  City Derby  City Committee  Condidate or committee  Continue of the condidate or committee  Continue of the contribution  City Committee  Continue of the condidate or committee  Condidate or	Organization OA OB OC O Date of Payment 10/24/21  Event #  below" is checked)  Independent Organization OA OB OC O Date of Payment 10/24/2  ROME  Event #	Method of Payment:  Check #926 Debit Card OEF State Zip Code CT 06418  Amount  2779.15  Method of Payment: O Check # Debit Card ©EF State Zip Code LA 70808  Amount
Expenditure # (if applicable)  Name of Payee	Description mailer  Type of Expenditure (Itemization in Addendum P Ocoordinated without reimbursement sought (ioi Coordinated with reimbursement sought (ioi Coordinated with reimbursement sought (ioi Coordinated without reimbursement sought	City Derby    City Derby   City Derby   City Derby   City Derby   City Derby   City Derby   City Contribution   City Contribut	Organization OA OB OC O Date of Payment 10/24/21  Event #  below" is checked)  Independent Organization OA OB OC O Date of Payment 10/24/2  ROME  Event #	Method of Payment:  O Check #926  O Debit Card OEF  State Zip Code  CT 06418  Amount  2779.15  DD  Method of Payment: O Check # Debit Card EF  State Zip Code  LA 70808  Amount  36.80

<del></del>	ITEE (Provide Complete Name as Regis	tered with Filing Repository)	TYPE OF REPORT	
RD21			7th day preceed	ling election
Name of Bayon (Name -	(Vendor, Person or Entity who candidate p	. Campaign Expenses Paid by C		
Name of Payee (Name of	venaor, Person or Emity who canataate p	aid directly)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description	***************************************	Event #	Amount
(by code)				
Nama as Danca (Managara	CV1- P			
Name of Fayee (Nume of	Vendor, Person or Entity who candidate p	ala airectiy)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				1
Name of Payee (Name of	Vendor, Person or Entity who candidate p	aid directly)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City	······································	State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)	•			
				2021 OCT 25 PM 3
Name of Payee (Name of	Vendor, Person or Entity who candidate p	aid directly)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event#	Amount
(by code)	Description		Event #	Amount
Name of Payee (Name of	Vendor, Person or Entity who candidate po	aid directly)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description	<u> </u>	F #	
(by code)	Description		Event #	Amount
Name of Payee (Name of	Vendor, Person or Entity who candidate pe	aid directly)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
B OVI	Tp. : ::			
Purpose of Expenditure (by code)	Description		Event #	Amount
		OPTION	6 m; = 1	
		SUBTOTAL Section	Q — This Page 0	
		TOTAL of additional	Section O Passes	
		I OTAL OF ACCIDENTAL	Section Q Pages 0	
	TOI	TAL OF ALL EXPENSES PAID BY	CANDIDATE 0	
		(Enter total on Line 26, Column A of Sui		

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT			1	
RD21				ceeding election
		Incurred on Committee (	Credit Card	
Name of Issuing Insti	itution	Type of Credit Card:  O Visa O Mas	er Card Discover C	American Express Other:
Name of Vendor, Person	or Cotity		or card O prisover C	
vanie of vehicor, reison	or Endity			Date of Transaction
Street Address		City		State Zip Code
urpose of Expenditure by code)	Description		Event #	Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum Items None of the below Coordinated with reimbursement sought (i) Coordinated without reimbursement sough	joint expenditure)	dependent	2021 OCT 26 PM
lame of Vendor, Person of	or Entity	forest de la material de contractiva de la contractiva de la companya de la contractiva de la contractiva de l		Date of Transaction
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Expenditure # if applicable)  Name of Vendor, Person of Street Address  urpose of Expenditure by code)	Type of Expenditure (Itemization in Addendum Item)  None of the below  Coordinated with reimbursement sought  Coordinated without reimbursement sough	joint expenditure) In tt (in-kind contribution) Or	ow" is checked) dependent	Date of Transaction
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NAME OF COMMIT	TEE (Provide Complete Name as Registered with	i Filing Repository)		TYPE OF	ICLA CACA			
RD21			7th day preceedi			ding election		
	S. Expenses Incurr	ed by Committee but N	ot Paid Du	ring this l	Period			
Name of Creditor						Date Incu	rred	
Street Address		City		**************************************		State	Zip Code	
Purpose of Expenditure by code)	Description		Eve	ent#			nount Incurred stimate or Actual)	
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendary) None of the below Coordinated with reimbursement sou Coordinated without reimbursement	nght (joint expenditure)	Independe	nt	oc Or	1	21 OCT 25 PM	
Name of Creditor						Date Incu	nred	
Street Address		City		<del>, , , , , , , , , , , , , , , , , , , </del>		State	Zip Code	
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if applicable)	None of the below Coordinated with reimbursement sou	ight (joint expenditure)	O Independe	nt	OC O	Date Incu	nrred	
if applicable) Name of Creditor	None of the below Coordinated with reimbursement sou	ight (joint expenditure)	O Independe	nt	OC OE	ļ	zired Zip Code	
Expenditure # if applicable)  Name of Creditor  Street Address  Purpose of Expenditure by code)	None of the below Coordinated with reimbursement sou	aght (joint expenditure) sought (in-kind contribution)	O Independe	nt	OC OF	Date Incu		
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Vame of Creditor  Street Address  Purpose of Expenditure by code)  Expenditure #  if applicable)	Description  Type of Expenditure (Itemization in Addentional Coordinated without reimbursement sour Coordinated without reimbursement in Coordinated with reimbursement sour Coordinated without Reimbursement Source S	right (joint expenditure) sought (in-kind contribution)  City  dum S Required unless "None of ught (joint expenditure) sought (in-kind contribution)  SUBTOTA  TOTAL of add	Independe Organization  Eventhe below" is cheese of the below" is cheese of the below organization organization of the below organization organizati	ent #  hecked) chis Page  n S Pages  OT PAID	0 0	State  Ar (E	Zip Code  mount Incurred	
Name of Creditor  Street Address  Purpose of Expenditure by code)  Expenditure # (if applicable)	Description  Type of Expenditure (Itemization in Addention Coordinated with reimbursement sour Coordinated without reimbursement of Coordinated with reimbursement sour Coordinated with reimbursement sour Coordinated without reimbursement Source Coordinated Without	ght (joint expenditure) sought (in-kind contribution)  City  dum S Required unless "None of ught (joint expenditure) sought (in-kind contribution)  SUBTOTA  TOTAL of add	Independe Organization  Event Section Independe Organization L Section S-T itional Section RIOD BUT N A of Summary I	ent #  hecked) ent on: A OI This Page n S Pages OT PAID Page Totals)	0 0	State  Ar (E	Zip Code  mount Incurred	

#### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing Reposite	ory)			PE OF RE			
RD21		Mark and works of the control of the				eceeding	election	
	T. Itemization of Reim	bursements	and Second	ary Pa	yees			
Last Name of Worker/Con	sultant	First				MI	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	<u></u>				n Section P:		Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			<u> </u>		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	penditure)	of the below" is  Independ		O <sub>B</sub> (	) O		1 <b>0CT</b> 26 pm 3
Last Name of Worker/Con	sultant	First	e geleg kan menerakan penerakan penerakan dari dan dari dan dan dan penerakan dan dari dan dari dan dan dan da			MI		Payment to Vendor, r Entity
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant					n Section P:	_	Worker/Consultant as
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 None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	penditure)	of the below" is	ndent O	0 (	) ) (° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °		
Last Name of Worker/Cor	ısultant	First				MI		Payment to Vendor, or Entity
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant					in Section P:	_	Worker/Consultant as
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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		SUBTOTA	L Section T —	– This Pa	ige 0			
		TOTAL of a	lditional Secti	ion T Pa <sub>l</sub>	ges 0			
TOTAL OF ALI	L REIMBURSEMENT TO COMMITTEE	WORKERS	AND CONS	ULTAN	TS 0			
				anistrianini proprinci principi di Africa		and the second s		