

SEEC FORM 20

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



RECEIVED
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MARGARET J. CARROLL, Clerk

Page 1 of 17

COVER PAGE

1. NAME OF COMMITTEE

RD21

2. TREASURER NAME

First Judy	MI A	Last Szewczyk	Suffix
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3. TREASURER ADDRESS

Street Address 166 Mt Pleasant St	City Derby	State CT	Zip Code 06418
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4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)
11/02/2021

5. OFFICE SOUGHT (Complete only if Candidate Committee)

Mayor

6. DISTRICT NUMBER

(if applicable)
Derby

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

First Richard	MI P.	Last Dziekan	Suffix
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8. TYPE OF REPORT (Check One Box)

- | | | | |
|---|---|--|--|
| <input type="radio"/> January 10 filing | <input type="radio"/> 7th day preceding primary | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="radio"/> April 10 filing | <input type="radio"/> 30 days following primary | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to |
| <input type="radio"/> July 10 filing | <input checked="" type="radio"/> 7th day preceding election | <input type="radio"/> Deficit | Type of Report: |
| <input type="radio"/> October 10 filing | <input type="radio"/> 12th day preceding election (State Central Committees Only) | <input type="radio"/> Termination | |
| <input type="radio"/> 24 Hour Independent Expenditure | <input type="radio"/> 45 days following election not held in November | | |
| <input type="radio"/> Primary | <input type="radio"/> Election | | |

9. PERIOD COVERED

Beginning Date

Ending Date

10/01/2021

thru

10/24/2021

10. CERTIFICATION

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

TREASURER OR DEPUTY TREASURER (SIGNATURE)

Judy Szewczyk

PRINT NAME OF SIGNER

10/25/2021

DATE (mm/dd/yyyy)

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

SEEC FORM 20

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

2011 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 Preceding 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. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	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 Name as Registered with Filing Repository)				TYPE OF REPORT	
RD21				7th Day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$ 695.00	
SUBTOTAL SECTION A				2021 OCT 26 PM 3:31	
B. Itemized Contributions from Individuals					
Last Name Abel			First Ed		MI
Residential Street Address 12 Sampson Ave			City Milford		State CT Zip Code 06460
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 80.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr4		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10/7/21		
			Aggregate Contributions 80.00		
Last Name Bingham			First Ryan		MI
Residential Street Address 20 Spencer Brook Road			City New Hartford		State CT Zip Code 06057
Principal Occupation Lobbyist			Name of Employer Sullivan & LeShane, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10/1/21		
			Aggregate Contributions 100.00		
Last Name Cole			First Thomas		MI
Residential Street Address 273 Derby Ave #810			City Derby		State CT Zip Code 06418
Principal Occupation Mechanic			Name of Employer Sikorsky Aircraft		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 300.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10/5/2021		
			Aggregate Contributions 300.00		
SUBTOTAL Section B — This Page				480.00	
TOTAL of additional Section B Pages				3080.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				4255.00	

Section B ADDITIONAL PAGE 1 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-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A \$ 695.00	
2021 OCT 26 PM 3:31					
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Couden		Michael			
Residential Street Address		City		State	Zip Code
260 Moss Farms Rd		Cheshire		CT	06410
Principal Occupation		Name of Employer			
Recycler		Country Disposal			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # fr4		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/7/2021	100.00		
Last Name		First		MI	
Czako		Gene			
Residential Street Address		City		State	Zip Code
24 Fawn Ridge Rd		North Haven		CT	06473
Principal Occupation		Name of Employer			
retired		retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 80.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # fr4		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/7/2021	230.00		
Last Name		First		MI	
Dalessio		Michael			
Residential Street Address		City		State	Zip Code
168 Prospect St		Ansonia		CT	06401
Principal Occupation		Name of Employer			
Director		Ansonia Public Works			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 20.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # fr4		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/7/21	60.00		
SUBTOTAL Section B — This Page				200.00	
TOTAL of additional Section B Pages				3360.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				4255.00	

Section B ADDITIONAL PAGE 2 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-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A \$ 695.00	
2021 OCT 26 PM 5:02					
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Dziekan		Cathleen			
Residential Street Address		City		State	Zip Code
1204 Main St #314		Branford		CT	06405
Principal Occupation		Name of Employer			
retired		retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution 40.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/7/2021	140.00		
Last Name		First		MI	
Fernino		Carol			
Residential Street Address		City		State	Zip Code
1021 Roosevelt Dr		Derby		CT	06418
Principal Occupation		Name of Employer			
property manager					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution 50.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/7/2021	100.00		
Last Name		First		MI	
Forte		Robert			
Residential Street Address		City		State	Zip Code
59 Mohawk Ave		Derby		CT	06418
Principal Occupation		Name of Employer			
retired		retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution 40.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/7/21	60.00		
SUBTOTAL Section B — This Page				130.00	
TOTAL of additional Section B Pages				3430.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				4255.00	

Section B ADDITIONAL PAGE 3 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-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A \$ 695.00	
2021 OCT 26 PM 5:01					
B. Itemized Contributions from Individuals					
Last Name Geaski		First Greg		MI	
Residential Street Address 232 Amity Rd		City Woodbridge		State CT	Zip Code 06525
Principal Occupation Business Manager		Name of Employer ServPro			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 1000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/13/2021	Aggregate Contributions 1000.00		
Last Name Gray		First Michael		MI	
Residential Street Address 4 Commodore Hull Dr		City Derby		State CT	Zip Code 06418
Principal Occupation Business & Ops Director		Name of Employer Orange Bd of Ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/1/2021	Aggregate Contributions 100.00		
Last Name Guardiano		First Vincent		MI	
Residential Street Address 8 Grandview Rd		City Derby		State CT	Zip Code 06418
Principal Occupation Appraiser		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution 200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/7/21	Aggregate Contributions 200.00		
SUBTOTAL Section B — This Page				1300.00	
TOTAL of additional Section B Pages				2260.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				4255.00	

Section B ADDITIONAL PAGE 4 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-Received this Period ONLY (See instructions for definition of Small Contributor)				\$ 695.00 2021 OCT 26 PM 3:31 SUBTOTAL SECTION A	
B. Itemized Contributions from Individuals					
Last Name Kopjanski			First Dave		MI
Residential Street Address 12 Krakow St			City Derby		State CT Zip Code 06418
Principal Occupation building official			Name of Employer State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 40.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr4		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			10/7/2021	60.00	
Last Name Koshes			First Frank		MI
Residential Street Address 43 Pinecrest Rd			City Orange		State CT Zip Code 06477
Principal Occupation police officer			Name of Employer town of Orange		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 40.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr4		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			10/7/2021	60.00	
Last Name Lougal			First Jan		MI
Residential Street Address 31 Oak Hollow Rd			City Branford		State CT Zip Code 06405
Principal Occupation retired			Name of Employer retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 40.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr4		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			10/7/21	190.00	
SUBTOTAL Section B — This Page				120.00	
TOTAL of additional Section B Pages				3440.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				4255.00	

Section B ADDITIONAL PAGE 5 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-Received this Period ONLY (See instructions for definition of Small Contributor)				\$ 695.00 2021 OCT 26 PM 3:31	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Mascolo		Eugene			
Residential Street Address		City		State	Zip Code
25 Paugasset Rd (front house)		Derby		CT	06418
Principal Occupation		Name of Employer			
analyst		Bureau of ATF & Explosives			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution 100.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/1/2021	100.00		
Last Name		First		MI	
Matto		Mark			
Residential Street Address		City		State	Zip Code
308 Prospect St		Naugatuck		CT	06770
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution 40.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/7/2021	90.00		
Last Name		First		MI	
Orchano		Bob			
Residential Street Address		City		State	Zip Code
43 Iannotti Ln		Derby		CT	06418
Principal Occupation		Name of Employer			
retired		retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution 40.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/7/21	90.00		
SUBTOTAL Section B — This Page				180.00	
TOTAL of additional Section B Pages				3380.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)				4255.00	
(Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 6 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-Received this Period ONLY (See instructions for definition of Small Contributor)				\$ 695.00 2021 OCT 26 PM 3:32	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Parker		Gary			
Residential Street Address		City		State	Zip Code
38 N Coe Ln		Ansonia		CT	06401
Principal Occupation		Name of Employer			
engineer		SLR Consulting			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No fr4	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/7/2021	300.00		
Last Name		First		MI	
Patel		Jay			
Residential Street Address		City		State	Zip Code
2 Shire Dr		Wallingford		CT	06492
Principal Occupation		Name of Employer			
principal		Chapel West Wine & Liquor			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/1/2021	250.00		
Last Name		First		MI	
Pellacia		Frank			
Residential Street Address		City		State	Zip Code
92 Oak Ave		Shelton		CT	06484
Principal Occupation		Name of Employer			
trash management		City of Derby Public Works			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 40.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No fr4	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/7/21	110.00		
SUBTOTAL Section B — This Page				390.00	
TOTAL of additional Section B Pages				3170.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				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 day preceeding election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$ 695.00 2021 OCT 26 PM 3:32	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Sadlick		Ray			
Residential Street Address		City		State	Zip Code
5 Cullens Hill Rd		Derby		CT	06418
Principal Occupation		Name of Employer			
electrician		RS Assoc Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 80.00
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event # fr4			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/7/2021	180.00		
Last Name		First		MI	
Sadlick		Ray			
Residential Street Address		City		State	Zip Code
5 Cullens His Rd		Derby		CT	06418
Principal Occupation		Name of Employer			
electrician		RS Assoc Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event # fr4			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/7/2021	180.00		
Last Name		First		MI	
Sampson		Charles			
Residential Street Address		City		State	Zip Code
6 Commodore Hull Dr		Derby		CT	06418
Principal Occupation		Name of Employer			
Police Officer		Town of Westport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 40.00
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event # fr4			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/7/21	140.00		
SUBTOTAL Section B — This Page				220.00	
TOTAL of additional Section B Pages				3340.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				4255.00	

Section B ADDITIONAL PAGE 8 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-Received this Period ONLY (See instructions for definition of Small Contributor)				\$ 695.00 2021 OCT 26 PM 3:32	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Somma		Craig			
Residential Street Address		City		State	Zip Code
54 Pine River Rd		North Haven		CT	06473
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution 80.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/7/2021	80.00		
Last Name		First		MI	
Soderberg		Bill			
Residential Street Address		City		State	Zip Code
30 Bellevue Dr		Derby		CT	06418
Principal Occupation		Name of Employer			
retired		retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution 200.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/7/2021	200.00		
Last Name		First		MI	
Szewczyk		Joseph			
Residential Street Address		City		State	Zip Code
166 Mt Pleasant St		Derby		CT	06418
Principal Occupation		Name of Employer			
Day Trader					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution 100.00
		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/7/21	100.00		
SUBTOTAL Section B — This Page				380.00	
TOTAL of additional Section B Pages				3180.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				4255.00	

Section B ADDITIONAL PAGE 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-Received this Period ONLY (See instructions for definition of Small Contributor)				\$ 695.00 2021 OCT 26 PM 3:32	
B. Itemized Contributions from Individuals					
Last Name Tuttillo		First Sherry		MI	
Residential Street Address 75 Redwood Dr		City East Haven		State CT	Zip Code 06513
Principal Occupation secretary		Name of Employer Cardio Vascular Health			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr4	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/7/2021			
Aggregate Contributions 100.00					
Last Name VanEtten		First Rich		MI	
Residential Street Address 113A Colony Rd		City Seymour		State CT	Zip Code 06483
Principal Occupation plumber		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 40.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr4	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/7/2021			
Aggregate Contributions 240.00					
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received			
Aggregate Contributions					
SUBTOTAL Section B — This Page				140.00	
TOTAL of additional Section B Pages				3420.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				4255.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
RD21						7th day preceeding election	
C1. Contributions from Other Committees							
Name of Committee					Name of Treasurer		
Address					Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution
					If yes, list Event # _____		
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee					Name of Treasurer		
Address					Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution
					If yes, list Event # _____		
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee					Name of Treasurer		
Address					Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution
					If yes, list Event # _____		
City	State	Zip Code	Date Received	Aggregate Contributions			
C2. Reimbursements or Surplus Distributions from other Committees							
Name of Committee					Name of Treasurer		
Address				City	State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				Amount of Receipt	
Description							
Name of Committee					Name of Treasurer		
Address				City	State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				Amount of Receipt	
Description							
SUBTOTAL Section C — This Page					0		
TOTAL of additional Section C Pages					0		
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)					0		

2021 OCT 26 PM 3:32

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
RD21				7th day preceeding election	
D. Loans Received this Period					
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor (if applicable)				Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code
Name of Lender				Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee	
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor (if applicable)				Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code
Name of Lender				Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee	
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor (if applicable)				Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code
TOTAL SECTION D				0	
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)					
Name of Entity					
Street Address			Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions	
Name of Entity					
Street Address			Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions	
Name of Entity					
Street Address			Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions	
TOTAL SECTION E				0	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
RD21		7th day preceeding election	
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)			
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount
			2021 OCT 26 PM 3:32
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount
TOTAL SECTION F			0
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)			
Date of Receipt	Date of Receipt	Date of Receipt	
Amount	Amount	Amount	
TOTAL SECTION G			0
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of payment:		Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		
Date of Receipt	Method of payment:		Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		
Date of Receipt	Method of payment:		Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		
Date of Receipt	Method of payment:		Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		
TOTAL SECTION H			0
I. Anonymous Contributions			
<p>Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> 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.</p>			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
RD21	7th day preceeding election

J. Interest from Deposits in Authorized Accounts

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

TOTAL SECTION J

0

K. Miscellaneous Monetary Receipts not Considered Contributions

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

TOTAL SECTION K

0

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

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

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
RD21			7th day preceeding election	
L1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
10/7/2021	fr4	Dinner at Twisted Vine	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
285 Main St		Derby	CT	06418
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No		
		\$ 		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input checked="" type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input type="radio"/> No		
		\$ 		
<hr/>				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
			<input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input type="radio"/> No		
		\$ 		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input type="radio"/> No		
		\$ 		
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			0	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			0	
TOTAL of additional Section L1 Pages			0	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)			0	

II. EVENT ACTIVITY (Sections L1—L5)

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
RD21	7th day preceeding election

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

Name of Purchaser	Purchase Made By:
Marino, Zabel & Schellenberg	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
657 Orange Center Rd	Orange	CT	06477

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
10/7/21	fr4	250.00	250.00	

2021 OCT 26 PM 3:53

Name of Purchaser	Purchase Made By:
Debra B Marino	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
657 Orange Center Rd	Orange	CT	06477

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
10/7/21	fr4	250.00	250.00	

Name of Purchaser	Purchase Made By:
657 Orange Ctr Rd LLC	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
830 Bayberry Rd	Orange	CT	06477

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
10/7/21	fr4	250.00	250.00	

Name of Purchaser	Purchase Made By:
	<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

Name of Purchaser	Purchase Made By:
	<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page 750.00

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page 0

TOTAL of additional Section L3 Pages 0

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN
(Enter total on Line 16c, Column A of Summary Page Totals) 750.00

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
RD21				7th day preceeding election	
L4. In-Kind Donations Not Considered Contributions					
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:		Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship					
Date Received		Event #		Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:		Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship					
Date Received		Event #		Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:		Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship					
Date Received		Event #		Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:		Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship					
Date Received		Event #		Aggregate value for this Event	
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:		Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship					
Date Received		Event #		Aggregate value for this Event	
Name of Donor					
Street Address			City		State
					Zip Code
SUBTOTAL Section L4 — This Page				0	
TOTAL of additional Section L4 Pages				0	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>				0	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
RD21			7th day preceeding election	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation 2021 OCT 26 PM 3:33	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
SUBTOTAL Section L5 — This Page			0	
TOTAL of additional Section L5 Pages			0	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			0	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
RD21				7th day preceeding election	
M. In-Kind Contributions					
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
SUBTOTAL Section M — This Page			0		
TOTAL of additional Section M Pages			0		
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)			0		
N. Refundable Deposit to Telephone Company					
Last Name of Individual		First		MI	Date Deposit Made
Residential Street Address		City	State	Zip Code	Amount of Deposit
Name of Telephone Company					
Street Address		City	State	Zip Code	
TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)					0

SEEC FORM 20
Revised January 2015**IV. EXPENDITURES (Sections P—T)**

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
RD21				7th day preceeding election	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Derby Pizza			10/2/21		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
143 Main St		Derby		CT	06418
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-PH-BNK	foor for volunteers			44.27	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Valley Publishing			10/7/21		<input checked="" type="radio"/> Check # 921 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
7 Francis St		Derby		CT	06418
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-DM	mailer			1939.89	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Twisted Vine			10/14/21		<input checked="" type="radio"/> Check # 922 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
285 Main St		Derby		CT	06418
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	Dinner			712.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
White Eagles			10/14/21		<input checked="" type="radio"/> Check # 923 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
70 Factory St		Derby		CT	06418
Purpose of Expenditure (by code)	Description	Event #		Amount	
OVHD	Rent			500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				3196.16	
TOTAL of additional Section P Pages				4942.99	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)				8139.15	

Section P. ADDITIONAL PAGE 1 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
RD21				7th day preceeding election	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Apollo Pizza			10/12/21		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
235 Roosevelt Dr		Derby		CT	06418
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-PH-BNK	Food for volunteers			41.74	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				2021 OCT 26 PM 3:33
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Derby Pizza			10/18/21		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
143 Main St		Derby		CT	06418
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-PH-BNK	Food for volunteers			45.03	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Derby Pizza			10/20/21		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
143 Main St		Derby		CT	06418
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-PH-BNK	Food for volunteers			16.95	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Vesta AT&T			10/18/21		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
online only		Dallas		TX	
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-PH-BNK	hours for phone			37.91	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				141.63	

Section P. ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
RD21				7th day preceeding election	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
UI			10/24/21		<input checked="" type="radio"/> Check # 924 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
PO Box 847818		Boston		MA	02284
Purpose of Expenditure (by code)	Description	Event #		Amount	
OVHD	Electric service for HQ			13.46	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				2021 OCT 26 PM 3:33
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Valley Publishing			10/24/21		<input checked="" type="radio"/> Check # 925 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
7 Francis St		Derby		CT	06418
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-DM	mailer			1971.95	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Valley Publishing			10/24/21		<input checked="" type="radio"/> Check # 926 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
7 Francis St		Derby		CT	06418
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-DM	mailer			2779.15	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Anedot.com			10/24/21		<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
5555 Hilton Ave ste 106		Baton Rouge		LA	70808
Purpose of Expenditure (by code)	Description	Event #		Amount	
WEB	fee for online donations 10/1 - 10/24/21			36.80	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				4801.36	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
RD21				7th day preceeding election	
Q. Campaign Expenses Paid by Candidate					
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
SUBTOTAL Section Q — This Page				0	
TOTAL of additional Section Q Pages				0	
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals)				0	

2021 OCT 26 PM 3:33

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
RD21			7th day preceeding election	
R. Expenses Incurred on Committee Credit Card				
Name of Issuing Institution		Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:		
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			2021 OCT 26 PM 3:33
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section R — This Page			0	
TOTAL of additional Section R Pages			0	
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27, Column A of Summary Page Totals)			0	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
RD21			7th day preceeding election	
S. Expenses Incurred by Committee but Not Paid During this Period				
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			2021 OCT 26 PM 3:33
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section S-This Page		0		
TOTAL of additional Section S Pages		0		
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)		0		
Previously reported Expenses Unpaid and still Outstanding		0		
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)		0		

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
RD21				7th day preceeding election	
T. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				2021 OCT 26 PM 3:33
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section T — This Page				0	
TOTAL of additional Section T Pages				0	
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS				0	