SEEC FORM 20

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

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2021 JUN 12 AM 9: 36

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COVER PAGE

1. NAME OF COMMITTEE				1000	MARC J. GAF	ROFALÓ, M	PA		
RD21									
2. TREASURER NAME						a en en en			
First		MI		Last					Suffix
Judy		Α		Szewcz	yk				
3. TREASURER ADDRESS									
Street Address			City				State	Zip Co	de
166 Mt Pleasant St			Der	by			СТ	064	18
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	te only	if Candidate	Committee)			6. DISTE	RICT NUMBER
(mm/dd/yyyy) 11/02/2021	Mayor							(if applicable)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)							
First		MI		Last			-		Suffix
Richard		Р		Dzieka	า				
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	O7th day preced	ling primar	у	O7th	day preceding referend		nitial Cont		Disbursement
O April 10 filing	O30 days follow	ving primar	у	O45	lays following referende	ım _	Amendmen		
OJuly 10 filing	O7th day preced	ling election	n	O Def	icit	Т	ype of Rep	oort:	
October 10 filing	Ol2th day prece			O Terr	mination	-			·
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		n						
9. PERIOD COVERED									
	Beginning Da	te			Ending Date				
,	06/03/2021			thru	06/30/2021				
-									
10. CERTIFICATION									
I hereby certify and state, under p Disclosure Statement for the per						on this Ite i	mized Car	mpaign Fi	nance
Way Jell	veryt		Judy	/ A Szewi	czyk			7/10/20)21
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	-	PRIN	T NAME (OF SIGNER		-	DATE (mm/dd/yyyy)

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

Page 1 of 17

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

2021 JUL 12 am 3:36

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
RD21	July 10 filing			
	COLUMN A This Period	COLUMN B Aggregate		
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00		
12. Balance on hand at the beginning of Reporting Period	0.00			
13. Contributions Received from Individuals (Sections A and B)	2550.00			
14. Receipts from Other Committees (Sections C1 and C2)	0.0			
15. Other Monetary Receipts (Sections D through K)	1000.00			
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)				
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed				
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)				
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	3550.00			
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	3550.00			
19. Expenses Paid by Committee (Section P)	101.80			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	3448.20			
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	i			
25a. + Loans Received (Section D)				
25b. + Interest and Penalties on Loan				
25c Payments on Loan				
25d. Total Outstanding Loan Amount				
26. Campaign Expenses Paid by Candidate (Section Q)				
27. Expenses Incurred on Committee Credit Card (Section R)				
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)				
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)				

NAME OF COMMITTEE (Provide Complete No	ame as Registered with Filing Repository)		TYPE OF REPORT			
RD21			July 10 filing			
A. Total Contributions from S (See instructions for definition of Small)		ved this Period ONLY SUBTOTAL SECTION A	\$0			
				and the Section		
Last Name	B. Itemized Co	ontributions from Indiv	iduals		MI	
Butler		Breg			I WII	
Residential Street Address		City		State	Zip Code	
66 Governors Way		Madison		СТ	06443	
Principal Occupation		Name of Employer				
EVP-General Counsel		Eversource Energy	,			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a	state contractor or prospective sta	te contractor? Yes OLegislative		0.00	
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction OMoney	y Order 6/30	1000.00			
Last Name		First		<u></u>	MI	
Courtney		George				
Residential Street Address		City		State	Zip Code	
3 Norwich Rd		Orange		CT	06423	
Principal Occupation		Name of Employer				
Attorney		Marino, Zabel & Sc	hellenberg PLLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			, Am o	ount of Contribution	
×	Yes Is contributor a principal of a If yes, indicate which bra of government the contra		te contractor? Yes No Legislative			
Method of Contribution:	1 2 80 1011111	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit O	Card Payroll Deduction OMoney	Order 6/30/21	100.00			
Last Name		First	·	I	MI	
Klarides		Themis				
Residential Street Address		City		State	Zip Code	
66 Governors Way		Madison		CT	06443	
Principal Occupation		Name of Employer				
Attorney		Marino, Zabel and	Schellenberg			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			1	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra of government the contra		_ ONo			
Method of Contribution: Cash Personal Check OCredit/Debit Contribution:	Card OPayroll Deduction OMoney	Date Received 6/30/21	Aggregate Contributions	2	321 JUL 12 Am	
	SUB	ΓΟΤΑL Section B — This	Page 2100.00			
	TOTAL	L of additional Section B	Pages 450.00			
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections . 13, Column A of Summary Page	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

Section B ADDITIONAL PAGE 1 of 2

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)			TYPE OF REPORT			
RD21				July 10 filing			
A. Total Contributions from S (See instructions for definition of Small			s Period ONLY OTAL SECTION A	\$0			
	B. Itemized Con	ntribu	itions from Indivi	duals			
Last Name		Firs					MI
Marino		Vii	ncent 				
Residential Street Address		City			State	Zip (
830 Bayberry Ln		Oranç			СТ	064	177
Principal Occupation			Name of Employer	0 1 11 1			
Attorney			Marino, Zabel and				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount o	f Contribution
event reported in Section L1?	Yes Is contributor a principal of a s If yes, indicate which brait of government the contract	nch or b	ranches	te contractor? Yes OLegislative			
If yes, list Event # Method of Contribution:	or government me contrac	or 13 willi	Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	6/30/21	250.00			
Last Name		Firs					мі
Petrowski		i i	atherine				
Residential Street Address		City			State	Zip (Code
307 Rosecrest Ct		Joppa	3		MD	1 -	085
Principal Occupation			Name of Employer		<u> </u>		
none			none				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				50.		Contribution
	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or b	oranches	tte contractor? O Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	6/22/21	50.00			
Last Name		Firs	st				MI
Zabel		D	avid				
Residential Street Address		City			State	1	Code
62 South Harvey Farm Rd		Wate	rbury City		VT	105	677
Principal Occupation			Name of Employer	L disal			
Attorney			Marino, Zabel & So	~			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				i	ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or b	oranches	⊙ No	·		
Method of Contribution: OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	Date Received 6/30/21	Aggregate Contributions			
	SUB	TOTA	L Section B — This	s Page 400.00			
	TOTA	L of ad	lditional Section B	Pages 450.00			
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line	M INDI 13, Colu	IVIDUALS (Sections umn A of Summary Page	A + B) Totals) 2550.00			

Section B ADDITIONAL PAGE 2

ď	-	r	2	

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)		TYPE OF REPORT			
RD21			July 10 filing			
A. Total Contributions from Sm (See instructions for definition of Small Co	된 하시는 수 있었다. 한 사람은 사람들은 사람들은 사람들이 되었다. 그 없는 그 사람은 사람들이 없는 것이 없었다.	this Period ONLY TOTAL SECTION A	\$0			
	B. Itemized Contri	ibutions from Indivi	duals			
Last Name		First			T	MI
Szewczyk		Judy				
Residential Street Address	City		<u> </u>	State	Zip Co	de
166 Mt Pleasant St	De	erby		СТ	064	18
Principal Occupation		Name of Employer		<u> </u>		
Dog Walker		Snaggle Foot Pet S	Sitting & Dog Walks			
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 to a does contributor or business he/she is as valued at more than \$5,000?	ssociated with have a contract OYes ONo	with said municipality	y, Am o		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		or branches	OLegislative O No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney Ord	ler 6/3/21	50.00			
Last Name		First				MI
Residential Street Address	City			State	Zip Co	ode
Principal Occupation		Name of Employer		<u></u>		
or dependent child of a lobbyist? No	If contribution is in excess of \$400 to a does contributor or business he/she is as valued at more than \$5,000?	ssociated with have a contract O Yes O No	with said municipality		ount of	Contribution
Is this contribution associated with an event reported in Section L1? No. 1f yes, list Event #	1	or branches	tte contractor? No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney Ord	ler				
Last Name		First				MI
Residential Street Address	City		<u> </u>	State	Zip C	ode
Principal Occupation		Name of Employer				
or dependent child of a lobbyist? No	If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?			y, Am	ount of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		or branches	ONo Legislative	·		
Method of Contribution: Cash Personal Check Credit/Debit Ca	rd OPayroll Deduction OMoney Ord	Date Received	Aggregate Contributions	\$1.50 1	: 12 Tab	The Alexander Street
	SUBTO'	TAL Section B — Thi	s Page 50.00			
	TOTAL of	f additional Section B	Pages 450.00			
TOTAL OF A	LL CONTRIBUTIONS FROM II (Enter total on Line 13,	NDIVIDUALS (Sections Column A of Summary Page				

RD21						TYPE OF REPORT July 10 filing		
		C1. C	Contributio	ons from C	Other Con			
Name of Committee					Name of Ti	reasurer		
Address				Is this cont event repor	rted in Sectior	oiated with an Oyes ONo a L1? s, list Event #	Amount o	f Contribution
City		State	Zip Code	Date Rec	ceived	Aggregate Contributions		
Name of Committee					Name of Ti	reasurer	<u> </u>	
Address	· · · · · · · · · · · · · · · · · · ·				rted in Section	iated with an Yes ONo 1 L1? s, list Event #	Amount	f Contribution
City		State	Zip Code	Date Rec		Aggregate Contributions		
Name of Committee					Name of Tr	reasurer		
Address				Is this cont	ted in Section	iated with an Yes No	Amount o	f Contribution
City		State	Zip Code	Date Rec		s, list Event #Aggregate Contributions		
	C2.	Reimbursemen	ts or Surpl		Name of Tr	om other Committees	IStore	I7in Code
	C2.	Reimbursemen	ts or Surpl	Lus Distrib			State	Zip Code
Address	Expenditure # (if applicable)	Payment Type OReimbursem		City		reasurer		Zip Code
Name of Committee Address Date Received Description	Expenditure #	Payment Type		City	Name of Ti	reasurer		
Address Date Received Description	Expenditure #	Payment Type		City	Name of Ti	bution		
Address Date Received Description	Expenditure #	Payment Type		City	Name of Ti	bution		
Address Date Received Description Name of Committee	Expenditure #	Payment Type OReimbursem Payment Type	ent for shared e	City expense O	Name of Ti	bution	Amoun	t of Receipt
Address Date Received Description Name of Committee Address	Expenditure # (if applicable)	Payment Type OReimbursem Payment Type		City expense O	Name of Ti	bution	Amoun	Zip Code
Address Date Received Description Name of Committee Address	Expenditure # (if applicable)	Payment Type OReimbursem Payment Type	ent for shared o	City expense O	Name of Tr	bution	Amoun	Zip Code
Address Date Received	Expenditure # (if applicable)	Payment Type OReimbursem Payment Type	ent for shared of	City City d expense	Name of Tr	bution reasurer tribution his Page 0	Amoun	t of Receipt

RD21	istered with Filing Repository)			REPORT	
1144			July 10	filing	
	D. Loans Rec	eived this Period	I		5
Name of Lender		Source of Loan: OBank OCa	ndidate 🔘 Individu	al Other Committe	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	_
Name of Lender	· · · · · · · · · · · · · · · · · · ·	Source of Loan: OBank Car	ndidate O Individua	al Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	-
Name of Lender	· · · · · · · · · · · · · · · · · · ·	Source of Loan: OBank O Can	ndidate O Individua	al Oother Committe	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
	İ			ł	
		TOTAL SECT	TION D 0		
E. Receipts from Entities o	ther than Individual			ndum Commit	tees ONLY)
Name of Entity	ther than Individua		mittees (Refere	ndum Commit	
Name of Entity	ther than Individual			ndum Commit.	Amount Received
Name of Entity Street Address	ther than Individua		mittees (Refere		
Name of Entity Street Address Sity		s or Other Com	Date Received		
Name of Entity Street Address City Name of Entity		s or Other Com	Date Received		
Name of Entity Street Address City Name of Entity Street Address		s or Other Com	Date Received Aggregate Contri	butions	Amount Received
Jame of Entity Street Address Sity Fame of Entity Street Address	State	S or Other Com	Date Received Date Received Date Received	butions	Amount Received
E. Receipts from Entities o Name of Entity Street Address City Street Address City Name of Entity Street Address	State	S or Other Com	Date Received Date Received Date Received	butions	Amount Received
Name of Entity Street Address City Street Address City Street Address City	State	S or Other Com	Date Received Aggregate Contri Date Received Aggregate Contri	butions	Amount Received Amount Received

NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing Repository)		TYPE OF REPORT	
RD21				July 10 filing	
F	. Amount Transferred f	rom Affiliated Busines	s Treasury (Busines	ss Entity Committees ONLY)	
Date of Receipt	Is this transaction associate event reported in Section	2	, list Event#	Amou	int
Date of Receipt	Is this transaction associate vent reported in Section		, list Event#	Amo	int
Date of Receipt	Is this transaction associate event reported in Section 1		, list Event #	Amo	int
Date of Receipt	Is this transaction associate event reported in Section 1		, list Event#	Amo	unt
		ı	TOTAL SECTION	F 0	
G. Amount T	ransferred from Affiliate	d Labor Union or Oth	er Organization T	reasury (Organization Cor	nmittees ONLY)
Date of Receipt	I	Pate of Receipt		Date of Receipt	
	Amount	Amount		Amount	
		Te	OTAL SECTION G	0	
					2821 JUNE 12 AM S
	H. Personal Funds of t	he Candidate Received	this Period (Cana	idate Committees ONLY)	
Date of Receipt	Method of payment:			Am	ount
6/12/21	O Cash	Personal Check	Credit/Debit Ca	ard 1000.00	
Date of Receipt	Method of payment:			Am	ount
	OCash	O Personal Check	Credit/Debit Ca	urd	
Date of Receipt	Method of payment:	w		An	ount
	O Cash	O Personal Check	Credit/Debit Ca	ard	
Date of Receipt	Method of payment:		-	An	tount
	O Cash	O Personal Check	Credit/Debit Ca	ard	
			TOTAL SECTIO	N H 1000.00	
		I. Anonymous Co	ntributions		
	Per Public Act 11-48,				
an	nount. If a committee r immediately remit the				1811

for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete	Name as Registered with Filing Repository)	TYPE	OF REPORT	
RD21		July 10) filing	
	J. Interest from Deposits in Aut	horized Accounts		
Name of Institution		Date Re	ceived	Amount
Street Address	City	State	Zip Code	:
Name of Institution		Date Re	ceived	Amount
Street Address	City	State	Zip Code	
	ı	TOTAL SECTION J)	
К. М	liscellaneous Monetary Receipts not	Considered Contribu	ıtions	
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description			<u> </u>	
Name	A STATE OF THE STA	D	ate of Transaction	Amount Received
name				Amount Received
Street Address	City	State	Zip Code	
Description	<u> </u>			
Name	A STATE OF THE STA	D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				Oliva ere ass
		Ir	tota a£Transaction	2021 JUL 12 AM 3
Name		L	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description		L		
	TO12	AL SECTION K 0		
SUMMA	RY OF OTHER MONETARY REC	CEIPTS (Sections D t	hrough K)	
Total Loans Received this Period (Se				
	nn Individuals or Other Committees (Section			
Total Amount Transferred from Affil		+		
	liated Labor Union or Other Organization T			
	he Candidate Received this Period (Section			
	its in Authorized Accounts (Section J)	+		
Total Miscellaneous Monetary Recei	pts not Considered Contributions (Section R			
(Add	Total of (Sections D through K) (Enter total on Line 15)	Other Monetary Reco		

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
RD21			July 10 filing		
	L1. Even	t Information		· , · · · · · · · · · · · · · · · ·	
Event # Date of Event Letter 6/30/21 FR1	Description Fundraiser			Was this a fu • Yes	ndraising event? ONo
Location: Street Address Derby Ave		City Derby		State CT	Zip Code 06418
Subpart 1: (All Commi Was this event hosted at		OYes (If yes, go to Section L Associated with a Hoo purchases made by hos	use Party and complet	te required info	rmation for any
	de goods or services donated by a business entity onated by an individual of up to \$100?	O Yes (<i>If yes</i> , go to Section L and complete required O No		not Considered	Contributions
	g sale, auction, or other sale of donated items individual of up to \$100?	OYes (If yes, enter Total Rec	eipts here.)	\$	
Subpart 2: (Party Com. Were there purchases of sign associated with this	mittees, Municipal Candidates and Political Comi f advertising space in a program book or on a s fundraiser?	Mittees other than Exploratory OYes (If yes, go to Section L or on a Sign and comp	3 Purchases of Advert		Program Book
	amittees ONLY) I food or beverage at a fair or similar mass the state with this fundraiser?	OYes (If yes, enter Total Rec	eeipts here.)	\$	
Event # Date of Event Letter	Description			Was this a fu	ndraising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Commi Was this event hosted at		OYes (If yes, go to Section L Associated with a Hoo purchases made by hos	use Party and complet	te required info	rmation for any
	ide goods or services donated by a business entity lonated by an individual of up to \$100?	O Yes (If yes, go to Section I and complete required No		not Considered	Contributions
Was this fundraiser a ta with purchases from an	g sale, auction, or other sale of donated items individual of up to \$100?	OYes (If yes, enter Total Rec	ceipts here.)	\$	
	mittees, Municipal Candidates and Political Comb f advertising space in a program book or on a s fundraiser?	mittees other than Exploratory O Yes (If yes, go to Section L or on a Sign and com O No	3 Purchases of Adver		a Program Book
	Inittees ONLY) I food or beverage at a fair or similar mass we state with this fundraiser?	OYes (If yes, enter Total Reco	eipts here.)	\$	
SUBTOTAL Sect	ion L1—Subpart 1 (All Committees) Total Receipts fi	rom Sale of Donated Items —	This Page 0		
		tion L1—Subpart 3 (Town Commi eipts from Food Purchases —		202	
		TOTAL of additional Section	n L1 Pages 0		
		EIPTS FROM SMALL PU n Line 16a, Column A of Summar	RCHASES 0		

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

	TTEE (Provide Complete Name	e as Registered with Filing Reposit	ory)		REPORT		
RD21				July 10	filing		
	L3. Pt	urchases of Advertisi	ng in a Prog	am Book or on a Sig	n		
Name of Purchaser					And the state of the state of the state of	ase Made By:	kasalini in kina waka 2019, ya 1977 iliku
					OE	Business Entity	Other
					Oh	ndividual/Sole l	Proprietorship
Street Address			City			State	Zip Code
D. (P	Tr#	14	6 4 11 5	1		1	
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad	Purchase	Amount of S	ign Purchase
Name of Purchaser					Purch	ase Made By:	
					OB	usiness Entity	Other
					1 =	ndividual/Sole I	Proprietorship
Street Address			City			State	Zip Code
		<u> </u>					<u> </u>
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad	Purchase	Amount of Si	ign Purchase
Name of Purchaser	i				Purch	ase Made By:	
Name of Latenaser					ı	Susiness Entity	Other
					1 =	ndividual/Sole I	_
Street Address			City		10"	State	Zip Code
sircet Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad	Purchase	Amount of S	ign Purchase
						26.1.72	
Name of Purchaser					i	ase Made By:	~ 0.7
					1 -	Business Entity	Other
N			Tai		<u> </u>	ndividual/Sole l	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad	Purchase	Amount of S	ign Purchase
						2891	WW 12 AM
Name of Purchaser					i	ase Made By:	_
						Business Entity	Other
					O	ndividual/Sole	
Street Address			City			State	Zip Code
			1				
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad	Purchase	Amount of S	ign Purchase
Sate Received	Bvont "	riggiogato i aionase	S IOI AII EVOIIS	Amount of Frogram Au	1 ui chase	Amount of S	ign i urchase
	SUBTOTAL Sec	tion L3 Total Purchases o	I Advertising in	rrogram Book — This P	age U		
	CIBTAT	FAL Section L3 Total Pur	chases of Adver	ticing on a Sign — This D	300		
	SUDIUI	CAL DECEMBER TO TOTAL LAL	CHASES OF AUVER	uomg on a orgn — This P	"gc U		
			TOTAL	f additional Section L3 Pa	ges ()		
T	OTAL OF ALL PURC	HASES OF ADVERTISIT	NG IN A PROG	RAM BOOK or ON A SI	GN O		
		(Enter total on	Line 16c. Colun	in A of Summary Page Tot	als)		

DD 21		s Registered with Filing Reposi			y 10 filing	ORT		
RD21					overbergisch von erfeten.			
- 00	L4	. In-Kind Donation	ns Not Consider	red Contributio	ns			
Name of Donor								
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Donation Given By:	Description of Donation					Fair I	Market Va	alue of Donation
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Name of Donor								
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OBusiness Entity OIndividual OSole Proprietorship Name of Donor Street Address Donation Given By: OBusiness Entity OIndividual	Date Received Description of Donation	Event#	UBTOTAL Section	Aggregate value for th	s Event		2021	Zip Code
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	L5. In-Kind Donations Not Conside	ered Contributions Assoc				
Name of Host			committee?	supporting m OYes ON omplete Itemiz	1 о	one candidate on
Street Address		City			State	Zip Code
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Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi.	's host/candidate			
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street Address		City			50000	
Description of Donation				Fair Ma	ırket Value	e of Donation
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Street Address		City			State	Zip Code
Description of Donation				Fair Ma	arket Value	e of Donation
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Name of Host			committee?	OYes O	No	one candidate o
		Town	If yes, co	omplete Itemi	State	Zip Code
Street Address		City				
Description of Donation				Fair Ma	arket Valu	e of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—th	is host/candidate			
		SUBTOTAL Section L5 -	— This Page	0		
		TOTAL of additional Secti	ion L5 Pages	0		
		OT CONSIDERED CONT				

III. NONMONETARY RECEIPTS (Sections M—O)

January 2015		ETARY REC	EIPTS (Section	TYPE OF F			1 age 12 01 17
AME OF COMMITTEE (Provide Complete N	ame as Registered with F	iling Repository)		July 10 fil			
D21		M. In-Kind Con	tributions	<u> </u>	3		
me							
							15: 0.1
eet Address			City			State	Zip Code
			Description of In-Ki	ad Contribution			L
pe of contributor.	Date Received	Aggregate Contributions	Description of in-Kil	id Condibution			
Individual / Sole Proprietorship Oother	If contribution is in a	excess of \$400 to a candid	late for a chief executiv	e officer of a m	unicipality,		
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	does contributor or b	ousiness he/she is associat \$5,000?	ed with have a contract OYes ONo	with said muni	cipality		Market Value s Contribution
	No If yes,	tor a principal of a state coindicate which branch or rnment the contract is wit	branches	e state contracto	()NO)		
ame							
reet Address			City	<u></u>		State	Zip Code
reet Address							
ype of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Ki	nd Contribution			
Individual / Sole Proprietorship Oother							
s contributor a lobbyist, spouse, Q Yes	If contribution is in	n excess of \$400 to a cand business he/she is associ	lidate for a chief execut	ive officer of a	municipality,		Market Value uis Contribution
or dependent child of a lobbyist? No	valued at more than	n \$5,000?	O Yes O No	1			
is this contribution associated with an event reported in Section L1?	No If ves.	ttor a principal of a state c indicate which branch or enment the contract is with	r branches	e state contractore OLegislati	ONO		
If yes, list Event #	of gove	inment the contract is with		<u> </u>		oon:	\$1.81 A.T
vanic							JUL 1 2 an 5
treet Address			City			State	Zîp Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-K	and Contribution			
Individual / Sole Proprietorship Oother							
Is contributor a lobbyist, spouse, Q Yes	If contribution is i	n excess of \$400 to a canor business he/she is assoc	didate for a chief execu- iated with have a contra	tive officer of a act with said mu	municipality, micipality		r Market Value his Contribution
or dependent child of a lobbyist? O No	valued at more tha	ın \$5,000?	O Yes O N	0			
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	No If yes.	utor a principal of a state , indicate which branch o ernment the contract is wi	or branches	ve state contract	OM		
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			admission of the design of the second				
TOTAL OF ALL IN-KIND COM	NTRIBUTIONS (Enter total on Line 23, Co	olumn A of Summary Pa	ge Totals) U			
	N. Refun	idable Deposit to	Telephone Com	pany			
Last Name of Individual		First			MI	Date De	posit Made
Residential Street Address		City		State	Zip Code		Amount of Deposit
Name of Telephone Company	AND AND AND				<u> </u>		
		Loss		State	Zip Code		
		City		1	1 *	1	
Street Address				Ì		1	

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

	DD (Dravida Complete Name as Registered with	h Filing Repository)	TYPE OF REPORT	
	EE (Provide Complete Name as Registered with		July 10 Filing	
21		P. Expenses Paid by Comm	ittee	
			Date of Payment	Method of Payment:
ne of Payee			6/30/21	Check # Debit Card OEFT
edot				O Debit Card
et Address		City		TX 75201
20 McKinney Av	ve, 7th Floor	Dallas		173201
			Event #	Amount
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f applicable)	None of the below		Independent	
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	Coordinated without reimbursement	sought (in-kind control	Date of Payment	Method of Payment:
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IV. EXPENDITURES (Sections P—T)

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IV. EXPENDITURES (Sections P—T)

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		Type of Credit					
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IV. EXPENDITURES (Sections P-T)

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ame of Creditor	S. Expenses incurred by Com	Milee put ivol i aro i	7 11.148		Date Incurr	ed
ALIO 02 0100111						
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IV. EXPENDITURES (Sections P—T)

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Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			State Zip Code
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