SEEC FORM 20

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

RECEIVED TOWN/CITY CLERK DEREY, CT

2021 OCT 14 PM 3: 17

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COVER PAGE

1. NAME OF COMMITTEE					MARC I GAR	OFATO, MP	Ą		102.00
RD21									
2. TREASURER NAME									
First		MI		Last					Suffix
Judy		Α		Szewcz	yk				
3. TREASURER ADDRESS									
Street Address			City	_			State	Zip (
166 Mt Pleasant St			Der	by			СТ	06	418
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Comple	te only	if Candidate	Committee)			or alternatives.	TRICT NUMBER
(mm/dd/yyyy) 11/02/2021	Mayor							(if applicab	Derby
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee))						
First		MI		Last	,				Suffix
Richard		Р		Dzieka	n				
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	O7th day preced	ling primat	ry	O7th	day preceding re	ferendum	OInitial Con		or Disbursement
O April 10 filing	O30 days follow	ving prima	ry	O 45	days following re	ferendum	Amendme	•	
OJuly 10 filing	O7th day preced	ling election	n	O Def	ficit		Type of Re	port:	
October 10 filing	Ol2th day preco			OTer	mination		July 10 f	ling	
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		on						
9. PERIOD COVERED									
	Beginning Da	te			Ending D	ate			
	07/01/2021			thru	09/30/2021				
-									
10. CERTIFICATION									
I hereby certify and state, under p Disclosure Statement for the pe						t forth on this	s Itemized Ca	ampaign]	Finance
July Jun	ICMC		Jud	y Szewcz	ryk			10/14	/2021
TREASURER OR DEPUTY TREASURI			PRIN	T NAME	OF SIGNER			DATE	E (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.

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SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
RD21	Oct 10 Filing	
	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	3448.20	
13. Contributions Received from Individuals (Sections A and B)	12101	14651
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		1000
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	2200	2200
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	14301	17861
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	17749.20	17851
19. Expenses Paid by Committee (Section P)	9568.34	9670.14
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	8180.86	8180.86
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 Reposite	tory)		TYPE OF REPORT		
RD21			Oct 10 Filing		
A. Total Contributions from Small Contributors-Re- (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$ 1801	F. Conference	Cond Cond Cond Months Cond Cond Cond Cond Cond Cond Cond Cond
B. Itemized		butions from Indivi	duals		MI
Abel		Ed			
Residential Street Address	City			State	Zip Code
12 Sampson Ave	Mil	lford		СТ	06460
Principal Occupation		Name of Employer		L	
Supervisor		WPCA Derby CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of 3 does contributor or business he valued at more than \$5,000?				y, Am o	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr1 Method of Contribution: Yes Is contributor a principal If yes, indicate which of government the co	ch branch o		e contractor? Yes No Clegislative Aggregate Contributions		
Cash Personal Check Credit/Debit Card Payroll Deduction ON	Money Ord		50		
Last Name		First			МІ
Antonucci		Nicole			1
Residential Street Address	City			State	Zip Code
510 Washington Ave	1 -	rth Haven		СТ	06473
Principal Occupation		Name of Employer	0.00		1
П		Yale University			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business have valued at more than \$5,000?	he/she is as	sociated with have a contract O Yes O No	with said municipality	100	ount of Contribution
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event # fr3 Is contributor a principal If yes, indicate which of government the contributor is contributor apprincipal of government the contributor apprincipal is contributor apprincipal of government the contributor apprincipal is contributor apprincipal of government the contributor apprincipal is contributor apprincipal in the contributor apprinc	ch branch		te contractor? O Legislative		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction ON	Money Ord	ler 9/18/21	100		
Last Name		First			MI
Antonucci		Paula		1	
Residential Street Address	City			State	Zip Code 06473
32 Jusine	INC	orth Haven		14	1004/3
Principal Occupation		Name of Employer			
retired		retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of does contributor or business h valued at more than \$5,000?	he/she is as			100	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which of government the contribution of government the contribution associated with an event reported in Section L1?	ch branch	with:	OLegislative ONo		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Ord	der 7/6/21	100		
S	SUBTO	FAL Section B — This	Page 250		
TO	OTAL of	f additional Section B	Pages 10050		
TOTAL OF ALL CONTRIBUTIONS F (Enter total on		NDIVIDUALS (Sections Column A of Summary Page			

Section B ADDITIONAL PAGE ¹ of ³¹

NAME OF COMMITTEE (Provide Complete Na	ne as k	legistered with Filing Repository)			TYPE OF REPORT				
RD21					Oct 10 Filing				
A. Total Contributions from S (See instructions for definition of Small				iis Period ONLY OTAL SECTION A	\$ 1801	2	921 OC		
		B. Itemized Con	ıtrib	utions from Indivi	duals				
Last Name	(All Property of		Fi	rst				MI	
Antonucci			R	Richard			1		
Residential Street Address			City			State	Zip Co	ode	
32 Justine Dr			Nort	h Haven		CT	064	73	
Principal Occupation		***************************************		Name of Employer					
Business owner				Annex Used Cars					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ontribution is in excess of \$400 to s contributor or business he/she i and at more than \$5,000?				y, Am		Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3	Yes No	Is contributor a principal of a st If yes, indicate which bran- of government the contract	ch or	branches _					
Method of Contribution:				Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit C	Card (Payroll Deduction OMoney	Order	9/18/21	100				
Last Name			Fi	rst				ΜΙ	
Antonucci Jr			R	Richard					
Residential Street Address		To the second se	City			State	Zip Co	ode	
32 Justine Drive			Nort	h Haven		СТ	064	73	
Principal Occupation				Name of Employer	A training of the state of the	1			
Manager				Prudential Finance					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ontribution is in excess of \$400 to s contributor or business he/she is ed at more than \$5,000?				y, Am		Contribution	
is this contribution associated with an event reported in Section L1? If yes, list Event # fre	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ıch or	branches	e contractor? O Legislative				
Method of Contribution:		**************************************		Date Received	Aggregate Contributions				
Ocash OPersonal Check Ocredit/Debit (Card (Payroll Deduction Money	Order	9/18/21	100				
Last Name				irst		 		MI	
Armeno			E	Ed					
Residential Street Address		<u> </u>	City			State	Zip C		
39 Whitney Ct			Ham	nden		СТ	065	518	
Principal Occupation				Name of Employer					
Director				Derby Public Work	S				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 ts contributor or business he/she is ed at more than \$5,000?				y, An		Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	branches	_ ONo				
Method of Contribution: Cash Personal Check Credit/Debit	Card (Payroll Deduction OMoney	Order	Date Received 8/11/21	Aggregate Contributions 600				
		SUBT	OTA	AL Section B — This	Page 300				
		TOTAL	of a	dditional Section B I	Pages 10000				
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line)		DIVIDUALS (Sections A lumn A of Summary Page					

Section B ADDITIONAL PAGE ² of ³¹

of 3	1
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
RD21	Oct 10 Filin 9						
A. Total Contributions from Small Contributors-Recei		uis Period ONLY OTAL SECTION A	\$ 1801				
				2ñ	2100T14 PH [
B. Itemized Co	ontrib	utions from Indivi	duals				
Last Name		rst			MI		
Armeno	E	.d					
Residential Street Address	City			State	Zip Code		
39 Whitney Ct	Ham	den		CT	06518		
Principal Occupation	········	Name of Employer		I			
Director		Derby Public Work	S				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?				400	ount of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which by of government the contributor.	ranch or	branches					
Method of Contribution:		Date Received	Aggregate Contributions	7			
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Last Name		rst	<u></u>		MI		
Armeno	E	Ed .					
Residential Street Address	City			State	Zip Code		
39 Whitney Ct	Ham	nden		CT	06518		
Principal Occupation		Name of Employer		h.,			
Director		Derby Public Work	S				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	he is asso	ciated with have a contract OYes O No	with said municipality	1	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3 Yes No If yes, indicate which be of government the contributor of government the contributor a principal of the	oranch or	branches	te contractor? O Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ney Order	9/18/21	600				
Last Name Baklik		_{irst} Vladeline			MI		
Residential Street Address	City			State	Zip Code		
501 Roosevelt Dr	Derk	ру		СТ	06418		
Principal Occupation		Name of Employer					
retired		retlred					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sl 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 # fr3 Yes No Is contributor a principal of If yes, indicate which both of government the contributor of government the govern	oranch or	branches ith:	O Legislative				
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order	Date Received 9/18/21	Aggregate Contributions				
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TOTA	AL of a	additional Section B	Pages 9700	1			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lit		DIVIDUALS (Sections plumn A of Summary Page					

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NAME OF COMMITTEE (Provide Complete Name of Complete Name	ne as R	egistered with Filing Repository)	N\$		TYPE OF REP				
RD21					Oct 10 Fi	ing			
A. Total Contributions from S (See instructions for definition of Small		网络大海豚 医髓 电电影经验检验 经正常 医骨髓 医迷镜 电压电路线		nis Period ONLY OTAL SECTION A	\$ 1801		20	Province Control Control Control Control Control	4 PM (
						- 1		· · · · · · · · · · · · · · · · · · ·	
		B. Itemized Con		outions from Indivi	duals				
Last Name			- 1	_{irst} Andrew				MI	
Baklik Jr.						т	Ctata	Zip Code	
Residential Street Address 501 Roosevelt Dr		•	_{City} Derl	nv.			State CT	06418	
			Den	Name of Employer		1		100710	
Principal Occupation Chief of Staff				City of Derby					
	1			1 -			1		-114!
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ontribution is in excess of \$400 t s contributor or business he/she i sed at more than \$5,000?	o a ca	ociated with have a contract OYes ONO	with said munic	ipality	100	unt of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3	Yes No	Is contributor a principal of a single significant of a single significant of government the contract	ch or	branches	e contractor? OLegislative	Yes No			
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Last Name				irst			ــــلــ	MI	
Bourque			- H.	Corey					
Residential Street Address	· · · · · · · · · · · · · · · · · · ·	- Ic	City			······	State	Zip Code	
12 Revere Rd			She	lton			CT	06484	
Principal Occupation				Name of Employer	rudeka ki morezonk sa	L		l .	é
installer				ABC Signs					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Is this contribution associated with an	does valu	ontribution is in excess of \$400 to contributor or business he/she ited at more than \$5,000? Is contributor a principal of a second contributor of a second contributor and c	is asso	Oriented with have a contract Oriented No	with said munic	inicipality cipality OYes	100	ount of Contr	ibution
event reported in Section L1? If yes, list Event # fr3	No	If yes, indicate which bran of government the contract	nch o	r branches	O Legislative	Ŏ N₀			
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Last Name			- 1	First .				MI	
Bourque				Lawrence			ſ a		
Residential Street Address			City	.lt.o.m			State	Zip Code	
25 Millbrook Rd			Sne	elton			СТ	06484	
Principal Occupation				Name of Employer					
purchasing				ABC Signs					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe	ontribution is in excess of \$400 s contributor or business he/she ued at more than \$5,000?	to a c is ass	andidate for a chief executive ociated with have a contract Yes No	e officer of a m with said muni	unicipality cipality	/, Am	ount of Cont)	ribution
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Method of Contribution:		_		Date Received	Aggregate Cont	ributions			
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TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections olumn A of Summary Page		01			

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NAME OF COMMITTEE (Provide Complete Nat	ne as R	egistered with Filing Repository)			TYPE OF REPORT				
RD21					Oct 10 Filing				
A. Total Contributions from S (See instructions for definition of Small				his Period ONLY OTAL SECTION A	\$ 1801		2021	00714	IPM 3
		B. Itemized Cor	atrib	outions from Indivi	duals				
Last Name	STATE OF THE PROPERTY.		F	irst				MI	
Casa			1	Гоm					
Residential Street Address			City			Sta	ite	Zip Code	
9 Fiddlehead Rd			Oxfo	ord		C	T	06478	
Principal Occupation				Name of Employer					
Carpenter				self employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 to s contributor or business he/she and at more than \$5,000?				ty,	Amou	nt of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	branches	s				
Method of Contribution:		<u> </u>		Date Received	Aggregate Contributions	\neg			
OCash OPersonal Check OCredit/Debit (Card (Payroll Deduction OMoney	Order	8/11/21	100				
Last Name				irst	L			MI	
Cassetti			[Dave					
Residential Street Address			City			Sta	ite .	Zip Code	
3 High Acres Rd			Ans	onia		C		06401	
Principal Occupation				Name of Employer			l.		
Mayor				City of Ansonia					
Is contributor a lobbyist, spouse, Yes	TECC	ontribution is in excess of \$400 t	to a ca		e officer of a municipali	tv. I	Amon	nt of Contr	ibution
or dependent child of a lobbyist?	does	s contributor or business he/she led at more than \$5,000?	is asso	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality Yes No				20	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr1	Yes No	Is contributor a principal of a If yes, indicate which brand of government the contract	nch or	r branches	te contractor? O Legislative	es o			
Method of Contribution:				Date Received	Aggregate Contributions	\neg			
OCash OPersonal Check OCredit/Debit O	Card (Payroll Deduction	Order	7/2/21	70				
Last Name			F	irst				MI	
Cassetti				Dave					
Residential Street Address			City			St	ate	Zip Code	
3 High Acres Rd			Ans	onia		C	т	06401	
Principal Occupation			L	Name of Employer			1		
Mayor				City of Ansonia					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 cs contributor or business he/she ued at more than \$5,000?		andidate for a chief executive		ity,	Amou 50	int of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	$\overline{}$ \mathbf{O}^{N}				
Method of Contribution: Cash Personal Check Credit/Debit	Card (Payroll Deduction OMoney	y Orde	Date Received 8/11/21	Aggregate Contributions 70				
		SUB	ГОТ.	AL Section B — This	Page 170				
				additional Section B					
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line	M IN 13, C	DIVIDUALS (Sections olumn A of Summary Page	A + B) Totals) 12101				

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of 31

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)		TYPE OF REPORT				
RD21			Oct 10 Filino				
A. Total Contributions from Sm (See instructions for definition of Small Co		l this Period ONLY BTOTAL SECTION A	\$ 1801	202	10CT14 pm 3		
	B. Itemized Cont	ributions from Indivi	duals				
Last Name		First			MI		
Charmel		Patrick					
Residential Street Address	Cit	•		State	Zip Code		
97 Honeyspot Rd	S	tratford		CT	06614		
Principal Occupation		Name of Employer					
CEO		Griffin Hospital					
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?	a candidate for a chief executiv associated with have a contract OYes ONo	e officer of a municipality with said municipality	, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state of government the contract is	or branches					
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney O	rder 9/9/21	100				
Last Name		First			MI		
Chase		Christopher					
Residential Street Address	Cit	•		State	Zip Code		
208 Nepalu Dr	<u> </u>	Middletown		CT	06457		
Principal Occupation		Name of Employer					
chiropractor		self employed					
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?			5 Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2		h or branches	te contractor? Yes No Legislative				
Method of Contribution:	018010111111111111111111111111111111111	Date Received	Aggregate Contributions	7			
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Last Name		First			MI		
Chase		Christopher					
Residential Street Address	Ci	ty		State	Zip Code		
208 Nepalu Dr	\ \mathref{\beta}	Middletown		СТ	06457		
Principal Occupation		Name of Employer					
chiropractor		self employed					
or dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive associated with have a contract O Yes O No	e officer of a municipality	y, Am o	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3	Is contributor a principal of a sta If yes, indicate which branc of government the contract	h or branches	⊙ No				
Method of Contribution:	_	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Ca	rd OPayroll Deduction OMoney C	Order 9/18/21	100				
	SUBTO	OTAL Section B — This	Page 200				
	TOTAL	of additional Section B	Pages 10100				
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 13	INDIVIDUALS (Sections , Column A of Summary Page		 			

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171	

NAME OF COMMITTEE (Provide Complete National Com	ne as R	egistered with Filing Repository)			TYPE O	F REPORT			
RD21					Oct 10	Filing			
A. Total Contributions from S (See instructions for definition of Small	21.0			is Period ONLY DTAL SECTION A	\$ 180	1		2021 O	tennin
			NASA.				00,100,000	V. 0.4-V. 1.4-V. 1.	
Sept.	100	B. Itemized Con	10.100	utions from Indivi	duals				
Last Name			Fir	_{aula}					MI
Cofrancesco				aula			To		Code
Residential Street Address 27 N Humiston Dr		1	City Betha	anv			State	1 -	Code 5524
Principal Occupation			Donie	Name of Employer	······································		10.		
First Selectman				Town of Bethany					
	1 70				C	f a municipalit			of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe		400 to a candidate for a chief executive officer of a municipality /she is associated with have a contract with said municipality OYes No			_ 2		or Contribution	
event reported in Section L1?	Yes No	Is contributor a principal of a st If yes, indicate which bran of government the contract	ch or l	branches	_	No			
If yes, list Event # fr1 Method of Contribution:		or Rovernment me contract	TO WILL	Date Received		Contributions	\dashv		
Method of Contribution: OCash OPersonal Check OCredit/Debit (Card (Payroll Deduction OMoney	Order	7/2/21	120				
Last Name		January Garanay	Fir		L				МІ
Cofrancesco			- 1	aula					
Residential Street Address		lo	City				State	Zip	Code
27 N Humiston Dr			Beth	any			СТ	06	5524
Principal Occupation				Name of Employer					
First Selectman				Town of Bethany					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe	ontribution is in excess of \$400 to s contributor or business he/she i and at more than \$5,000?	o a can	ndidate for a chief executive ciated with have a contract Yes No	e officer of with said	of a municipalit municipality		mount (of Contribution
s this contribution associated with an event reported in Section L1? If yes, list Event # fr3	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or	branches		⊙ No	5		
Method of Contribution:		<u> </u>		Date Received	1	Contributions			
OCash OPersonal Check OCredit/Debit C	Card (Payroll Deduction	Order	9/18/21	120	>			
Last Name			- 1	rst					MI
Cooper			E	Brian ————————————————————————————————————					A
Residential Street Address			City	•			State	1 -	Code
214 Division Ave			Shel			· · · · · · · · · · · · · · · · · · ·	СТ	0	6484
Principal Occupation				Name of Employer					
retired				retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	contribution is in excess of \$400 to see contributor or business he/she ued at more than \$5,000?						Amount 100	of Contribution
	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or	branches	O Legi	Slative ON	s D		
Method of Contribution:		_		Date Received	1	e Contributions			
Cash OPersonal Check OCredit/Debit	Card (OPayroll Deduction OMoney	Order	7/14/21	150				
		SUBT	COTA	AL Section B — This	s Page	220			
		TOTAL	of a	dditional Section B	Pages	10080			
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line	I INL 13, Co	DIVIDUALS (Sections lumn A of Summary Page	A + B) Totals)	12101			

Section B ADDITIONAL PAGE $\frac{7}{}$ of $\frac{31}{}$

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NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)			TYPE OF REPORT		
RD21	D21			Oct 10 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 1801	262	100 4 PE	
	B. Itemized Con	atribu	tions from Individ	luals		
Last Name		Firs				MI
Cooper		Bri	ian			
Residential Street Address		City			State	Zip Code
214 Division St		Shelto			СТ	06484
Principal Occupation			Name of Employer			
retired			retired			
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?	is associ	ated with have a contract OYes ONo	with said municipality	7, Amoi 50	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract	nch or b	ranches	Capital Contractor? Yes No		
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	8/11/21	150		
Last Name		Firs	t			MI
Curran		Gr	reg			
Residential Street Address		City			State CT	Zip Code
49 Working St		Plantsville				06479
Principal Occupation	· · · · · · · · · · · · · · · · · · ·		Name of Employer			
Police Officer			Hamden PD			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand	lidate for a chief executive intended with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2 Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive C Legislative						
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	8/1121	100		
Last Name		Fir				MI
Czako		E	ugene			
Residential Street Address		City			State	Zip Code
24 Fawn Ridge Rd		North	n Haven		СТ	06473
Principal Occupation			Name of Employer			
retired			retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	didate for a chief executive ciated with have a contract O Yes O No	ve officer of a municipality with said municipality	ty, Amo 150	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2	ociated with an on L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches					
Method of Contribution:	_		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction OMone	y Order	8/12/21	150		
	SUB	тота	L Section B — This	Page 300		
949	TOTA	L of a	dditional Section B	Pages 10000		
TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line	M IND 2 13, Col	IVIDUALS (Sections umn A of Summary Page	A + B) Totals) 12101		*

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing R	Repository)		TYPE OF REPORT		
RD21	21				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 1801	28/	21.00T14 pm 3
B. Item	ized Contrib	utions from Indivi	duals		
Last Name	ļ Fii			*************	MI
Dagan	ם	oron			
Residential Street Address	City	n gyayaya an an		State	Zip Code
110 Sheffield Rd	Walti	ham		MA	02451
Principal Occupation		Name of Employer	2		<u> </u>
P.C.					
Is contributor a lobbyist, spouse, Yes If contribution is in exce	ness he/she is assoc	ndidate for a chief executive ciated with have a contract OYes ONo		Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principle of the section L1? Yes No If yes, indicate		ntractor or prospective stat	e contractor? Yes OLegislative		
	t the contract is with	Date Received	Aggregate Contributions	-	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order	9/9/21	100		
Last Name	Fir		1		Тмі
Dalessio	1	nike			1721
Residential Street Address	City			State	Zip Code
168 Prospect St	Anso	nia		CT	06401
Principal Occupation		Name of Employer	Ansonia		
	ness he/she is assoc	ndidate for a chief executive ciated with have a contract O Yes O No		, Amo	unt of Contribution
event reported in Section L1? O No If yes, indicate	· · · · · · · · · · · · · · · · · · ·				
Method of Contribution:	Date Received Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction	Money Order	7/2/21	20		
Last Name	Fi	rst	<u> </u>		MI
DiCenso	c	Carmen			
Residential Street Address	City			State	Zip Code
7 Jeanetti Dr	Derb	ру		СТ	06418
Principal Occupation		Name of Employer			<u></u>
Economic Development Liaison		City of Derby			
	iness he/she is asso	ndidate for a chief executive ciated with have a contract O Yes O No		y, Am o	ount of Contribution
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor?				
Method of Contribution:		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	n OMoney Order	7/15/21	500		
	SUBTOTA	AL Section B — This	Page 420		
	TOTAL of a	dditional Section B	Pages 9880		
TOTAL OF ALL CONTRIBUTIO (Enter to		DIVIDUALS (Sections lumn A of Summary Page			**************************************

Section B ADDITIONAL PAGE 9 of 31

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NAME OF COMMITTEE (Provide Complete Name as	s Registered with Filing Repository)		TYPE OF REPORT		
RD21	21				
A. Total Contributions from Sma (See instructions for definition of Small Con	그리는 이번에 있다면 교통 위치가 되었다. 불통하는 사람들이 모든 사람이 되었다. 그는 사람들이 살아 없는 것이다.	this Period ONLY BTOTAL SECTION A	\$ 1801	202	100 14 pm
	B. Itemized Contr	ributions from Indivi	duals		
Last Name		First			MI
DiCenso		Carmen			
Residential Street Address	City	у		State	Zip Code
7 Jeanetti Dr	De	erby		CT	06418
Principal Occupation		Name of Employer			
Econ Development Liaison		City of Derby	,		
or dependent child of a lobbyist? O No do	f contribution is in excess of \$400 to a oes contributor or business he/she is a alued at more than \$5,000?	a candidate for a chief executive associated with have a contract OYes ONo	e officer of a municipality with said municipality	, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? No		or branches	e contractor? Yes No Legislative		
If yes, list Event # fr2 Method of Contribution:	or go volument the confider is	Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney Or		500		
	. C. ajvon Doduction Chilolog Of	First	1		MI
Last Name DICenso		Carmen			1411
Residential Street Address	City	<u> </u>		State	Zip Code
7 Jeanetti Dr	1 -	erby		CT	06418
Principal Occupation	. []	Name of Employer			1
Econ Development Liaison		City of Derby			
•	P		CC C 1 1 1 1 1		
or dependent child of a lobbyist? O No do	f contribution is in excess of \$400 to a oes contributor or business he/she is a alued at more than \$5,000?	associated with have a contract O Yes No	with said municipality	, Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1? No No No		or branches	te contractor? Yes No Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney Or	der 8/11/21	500		
Last Name		First	·		MI
DiPaulo		Daryl			
Residential Street Address	Cit	•		State	Zip Code
412 Hittig Rd	0	range		СТ	06477
Principal Occupation		Name of Employer			
electrician		D.J.D.D.			
or dependent child of a lobbyist? No de	f contribution is in excess of \$400 to a loes contributor or business he/she is a valued at more than \$5,000?			y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2 Yes No	Is contributor a principal of a state If yes, indicate which branch of government the contract is	or branches	_ ONo		
Method of Contribution:		Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Card	1 OPayroll Deduction OMoney Or	rder 8/11/21	200		
	SUBTO	TAL Section B — This	Page 400		
	TOTAL	of additional Section B	Pages 9900	_	
TOTAL OF AL	L CONTRIBUTIONS FROM I (Enter total on Line 13,	INDIVIDUALS (Sections , Column A of Summary Page			

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NAME OF COMMITTEE (Provide Complete Na	me as F	Registered with Filing Repository)			TYPE O	F REPORT		85.5 TO 15.	
RD21					Oct 10 Filing				
	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 180	1	2021 OCT 14 pm			
		B. Itemized Co	ntr	ibutions from Indivi	duals				
Last Name				First					MI
Orugonis				Annmarie					
Residential Street Address			City	·			State	; Zi	ip Code
111 Middle Benham Rd			Se	ymour			СТ	0	06483
Principal Occupation				Name of Employer					
First Selectwoman				Town of Seymour					
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes	doe	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?						Amount	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Yes Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches			_	⊙ No			
Method of Contribution:			····	Date Received	Aggregate	Contributions	7		
Cash OPersonal Check OCredit/Debit C	Card (Payroll Deduction OMoney	Oro	der 7/25/21	150				
ast Name				First	l				MI
Orugonis				Annmarie					
esidential Street Address			City			***************************************	State	; Zi	p Code
11 Middle Benham Rd			Se	ymour			СТ	0	06483
rincipal Occupation				Name of Employer					
First Selectwoman				Town of Seymour					
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes	does	ontribution is in excess of \$400 s contributor or business he/she ted at more than \$5,000?				municipality	_ !	Amount	of Contribution
s this contribution associated with an vent reported in Section L1? If yes, list Event # fr2	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch	or branches	_	⊙ No			
Method of Contribution:		_		Date Received		Contributions			
Cash OPersonal Check OCredit/Debit (Card (Payroll Deduction	Orc	der 8/11/21	150				
ast Name				First					MI
Dybas				Barbara					
Residential Street Address			City				State	j	ip Code
22 O'Sullivan Rd			De	erby			СТ	(06418
Principal Occupation				Name of Employer					
retired				retired					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 s contributor or business he/she ued at more than \$5,000?					`	Amount 20	t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch		_	ŌNo			
Method of Contribution: Cash Personal Check Credit/Debit	Card (Payroll Deduction OMoney	y Or	Date Received		e Contributions			
		SUB [*]	Ю	TAL Section B — This	Page	170			
		TOTA	Lo	f additional Section B	Pages	10130			
TOTAL OF	ALL	CONTRIBUTIONS FROM		NDIVIDUALS (Sections Column A of Summary Page		12101		4	

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NAME OF COMMITTEE (Provide Complete National Com	me as R	egistered with Filing Repository)			TYPE O	F REPORT			
RD21	D21			Oct 10 Filing					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 180	1	2	021 O	1		
		B. Itemized Con	trib	utions from Indivi	duals				
Last Name			Fir	st	,				MI
Dybas			В	arbara					
Residential Street Address		[4	City		·		State	Zip	Code
22 O'Sullivan Rd			Derb	у			CT	06	418
Principal Occupation				Name of Employer					
retired				retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ontribution is in excess of \$400 ts contributor or business he/she is at more than \$5,000?				municípality	10		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3	Yes No Is contributor a principal of a state contractor or prospective stat If yes, indicate which branch or branches of government the contract is with: OExecutive			_	No				
Method of Contribution:				Date Received	Aggregate	Contributions			
OCash OPersonal Check OCredit/Debit (Card (Payroll Deduction OMoney	Order	9/18/21	120				
Last Name			Fir	rst	<u> </u>				MI
Dziekan Jr			Н	lenry					
Residential Street Address			City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		to the transfer of the transfe	State	Zip	Code
1204 Main St #314		Branford					СТ	06	405
Principal Occupation				Name of Employer	*************	a value d	L	i	
retired				retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 ts contributor or business he/she is and at more than \$5,000?	o a can	adidate for a chief executive ciated with have a contract Yes No	ve officer o with said	f a municipalit municipality	y, An		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes 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: Executive Legislative				⊙ No	s		
Method of Contribution:		· · · · · · · · · · · · · · · · · · ·		Date Received	Aggregate	Contributions	\neg		
OCash OPersonal Check OCredit/Debit O	Card (Payroll Deduction	Order	8/11/21	100				
Last Name			Fi	rst				***********	MI
Dziekan			J	ames					
Residential Street Address]	City				State	1 1	Code
11822 N 49th Ave			Glen	dale			AZ	85	304
Principal Occupation	Marie L. 171 - 212-1			Name of Employer					
retired				retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 s contributor or business he/she ued at more than \$5,000?					ty, A		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	es Is contributor a principal of a state contractor or prospective state contractor? OYes							
Method of Contribution: Cash Personal Check Ocredit/Debit	Card (Payroll Deduction OMoney	Order	Date Received 8/2/21	Aggregate 100	e Contributions			
		SUB1	(OTA	AL Section B — Thi	s Page	300			
		TOTAL	」of a	dditional Section B	Pages	10000			
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections lumn A of Summary Page		12101			

Section B ADDITIONAL PAGE 12 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
RD21		Oct 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	LY NA \$1801	202	210CT 14 pm 3		
B. Itemized Co	ntributions from I	ndividuals			
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? Yes No	is associated with have a co		7, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3 Yes Is contributor a principal of a second by the second	ich or branches	ive state contractor? Yes Outive OLegislative			
Method of Contribution:	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 9/18/21	100			
Last Name	First			MI	
Fernino	Carol				
Residential Street Address	LCity	***************************************	State	Zip Code	
1021 Roosevelt Dr	Derby		СТ	06418	
Principal Occupation	Name of Employer				
property manager					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is associated with have a co	secutive officer of a municipality ontract with said municipality No	Amoi	unt of Contribution	
	Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches				
Method of Contribution:	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/2/21	50			
Last Name	First			MI	
Forte	Robert				
Residential Street Address	City		State	Zip Code	
59 Mohawk Dr	Derby		CT	06418	
Principal Occupation	Name of Employer		<u> </u>	4 <u></u>	
retired	retlred				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a c		y, Amo	unt of Contribution	
event reported in Section L1? O No If yes, indicate which bran	ciated with an No Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches				
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/2/21	20			
SUB ³	FOTAL Section B —	- This Page 170			
TOTAL	of additional Section	on B Pages 10130			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	I INDIVIDUALS (Sec 13, Column A of Summar				

Section B ADDITIONAL PAGE 13 of 31

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ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
RD21			Oct 10 Filing			
第四位 100 mm -	reference of the STILL	\$ 1801 2821 OCT 14 PM				
nized Contributions fro	m Individuals					
First			MI			
Kathleen						
City		State	Zip Code			
3 Wopowog Trail Shelton						
Name of Emp	bloyer	<u> </u>				
retired						
siness he/she is associated with ha	ve a contract with said municipality	y, Amo	unt of Contribution			
te which branch or branches	O No					
on O Money Order 7/31/21	100					
First			MI			
Laura						
City		State	Zip Code			
Derby		СТ	06418			
	oloyer	J	1			
retired						
siness he/she is associated with har 0,000? Yes	ve a contract with said municipality s ONo	100	ount of Contribution			
te which branch or branches	O No	3				
	d Aggregate Contributions					
on OMoney Order 8/11/21	100	İ				
First			MI			
Francis						
City		State	Zip Code			
Derby		CT	06418			
Name of Emp	ployer					
Retro Gro	ub & Pub					
Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, ones contributor or business he/she is associated with have a contract with said municipality alued at more than \$5,000? Yes 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: Executive O Legislative						
The state of the s	1 55 5					
on OMoney Order 9/5/21	500					
SUBTOTAL Section	B — This Page 700					
TOTAL of additional S	Section B Pages 9600					
ONS FROM INDIVIDUALS otal on Line 13, Column A of Su						
	rs-Received this Period SUBTOTAL SEC mized Contributions fro First Kathleen City Shelton Name of Empretired cess of \$400 to a candidate for a contractor of protein the contract is with: City Derby Date Received Total banch of branches City Derby Name of Empretired City Derby Composition Date Received One of the contract is with: City Derby Composition City Derby City Derby Composition City Derby Composition City Derby City Derby City Derby City Derby City Derby Composition City Derby City Derby City Derby City Derby Composition City Derby City	rs-Received this Period ONLY SUBTOTAL SECTION A rized Contributions from Individuals First Kathleen	City Shelton City Shelton			

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AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
RD21			Oct 10 Filing						
A. Total Contributions from S (See instructions for definition of Small		경기인 내 하나요요 및 18일 등 보다면서 18일 시간 시간 시간 이 경기에 된다고 있다면 함께 함께 다		is Period ONLY OTAL SECTION A	201 X 12011 1 10010 2000 2000 2000 2000 2000				
		B. Itemized Con	trib	utions from Indivi	duals				
Last Name			Fir					MI	
Holmes			Α	livin				<u> </u>	
Residential Street Address		1	City				State	Zip Code	
376 Hawthorne Ave			Derb	У			СТ	06418	
Principal Occupation				Name of Employer					
financial analyst				Robert Half					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?							y, Am	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes No	Yes Is contributor a principal of a state contractor or prosp No If yes, indicate which branch or branches			e contractor	No			
Method of Contribution:				Date Received	Aggregate C	ontributions	\neg		
OCash OPersonal Check OCredit/Debit C	Card (Payroll Deduction OMoney	Order	8/11/21	100				
Last Name	·		Fir	rst	1	 		МІ	
Hyder			T	ara					
Residential Street Address		lo	City	<u></u>		············	State	Zip Code	
51 Franklin Ave		1	Derb	ıγ			СТ	06418	
Principal Occupation		,		Name of Employer	75		l	1 .	
Lang. Arts Spec	ر کی ک	list		Fairfield	r Va	Slic	Sc	hools	
is contributor a lobbyist, spouse, Yes			o a can	ndidate for a chief executiv	e officer of a	a municipalit	v. Ame	ount of Contribution	
or dependent child of a lobbyist?	does	pes contributor or business he/she is associated with have a contract with said municipality					100		
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	branches	_	⊙ No			
Method of Contribution:	····			Date Received Aggregate Contributions					
OCash OPersonal Check OCredit/Debit O	Card (Payroll Deduction Money	Order	8/11/21	100				
Last Name			Fi	rst				MI	
Jazwinski			1	Лark					
Residential Street Address		ļ	City				State	Zip Code	
147 Westfield Rd			Milfo	ord			СТ	06461	
Principal Occupation				Name of Employer			.l		
police office				Town of Bethany					
Is contributor a lobbyist, spouse, Yes	Ifc	ontribution is in excess of \$400 t	to a car	<u> </u>	e officer of	a municipalit	y, Am	ount of Contribution	
or dependent child of a lobbyist? O No	does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No 80								
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes Is contributor a principal of a state contractor or prospective state contractor? No								
Method of Contribution:				Date Received		Contributions			
Cash Personal Check OCredit/Debit	Card (Payroll Deduction OMoney	Order	8/11/21	80				
		SUBT	'OTA	AL Section B — This	Page 2	80			
		TOTAL	of a	dditional Section B	Pages 1	0020			
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line 1	1 IND 13, Co	DIVIDUALS (Sections lumn A of Summary Page	A + B) 1	2101			

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NAME OF COMMITTEE (Provide Complete Nat	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					
RD21	Oct 10 Filing					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 1801 2021 OCT 14 PM			
	B. Itemized Con	ntributions from Indivi	duals			
Last Name		First		···	MI	
Kaladish		Elizabeth				
Residential Street Address	.	City		State	Zip Code	
25 Millbrook Rd		Shelton		СТ	06484	
Principal Occupation		Name of Employer				
retired		retired				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	outor a lobbyist, spouse, dent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive of does contributor or business he/she is associated with have a contract with valued at more than \$5,000? Yes ONo				unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3	Yes Is contributor a principal of a st No If yes, indicate which bran of government the contract	tate contractor or prospective statch or branches tis with: OExecutive	te contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order 9/18/21	100			
ast Name		First		t	MI	
(ilson		Charles				
Lesidential Street Address		City		State	Zip Code	
157 N Mountain Rd		Canton		СТ	06019	
rincipal Occupation	r () — A structure primaria da mais managlabam managlabam managlabam and managlabam and de distribution of the	Name of Employer	and annual field and order to make the contraction of the contraction	L	Bert • er er se - i gart,	
Seasonal Maintenance		DEEP				
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes		f contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, ones contributor or business he/she is associated with have a contract with said municipality alued at more than \$5,000? O Yes No				
s this contribution associated with an vent reported in Section L1? If yes, list Event # fr3	No If yes, indicate which bran	Is contributor a principal of a state contractor or prospective state contractor? 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: Executive C Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	7		
Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney	Order 9/18/21	100			
.ast Name Kilson		First Linda			MI	
Residential Street Address		City	<u></u>	State	Zip Code	
157 N Mountain Rd		Canton		СТ	06019	
Principal Occupation		Name of Employer				
cashier/clerk		6 Spoons Chocola	tier			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?			y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3						
Method of Contribution:	Date Received Aggregate Contributions					
Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney	Order 9/18/21	100			
	SUBT	OTAL Section B — This	s Page 300			
	TOTAL	of additional Section B	Pages 10000			
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections 13, Column A of Summary Page			······································	

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AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
RD21					Oct 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$1801 2021 OCT 14 PM :					
		B. Itemized Cor	atrib	outions from Indivi	duals				
Last Name	Production		F	irst				MI	
Klarides-Ditria			ı	Nicole					
Residential Street Address		i i	City			State	Zig	Code	
23 Osprey Dr			Seyr	mour		CT	0	5483	
Principal Occupation				Name of Employer					
State Rep				State of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 to sometimes he/she are at more than \$5,000?	andidate for a chief executive ociated with have a contract OYes ONo	e officer of a municipality with said municipality	7, A n	Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	e contractor? Yes OLegislative						
Method of Contribution:	Date Received Aggregate Contributions				 	7			
OCash OPersonal Check OCredit/Debit C	Card (Payroll Deduction OMoney	Order	8/11/21	100				
Last Name			F	irst				MI	
Klarides-Ditria			1	Nicole					
Residential Street Address		Ţ.	City	 		State	Zip	Code	
23 Osprey Dr	Seymour					CT	0	5483	
Principal Occupation		e e e e e e e e e e e e e e e	'	Name of Employer	1 2 1	ı			
State Rep				State of CT					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	does valu	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amount of 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 and the said municipality of the the				of Contribution			
s this contribution associated with an event reported in Section L1? If yes, list Event # fr1	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	ach or	r branches	te contractor? O Legislative				
Method of Contribution:			, ,,,	Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit C	ard (Payroll Deduction	Order	7/2/21	100				
Last Name			ı	First				MI	
Kopjanski 				Dave	<u></u>				
Residential Street Address			City			State) 1	Code	
12 Krakow St			Der	·····		СТ	10	6418	
Principal Occupation				Name of Employer					
building official				State of CT				···	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	es 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 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?				of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr1	Yes 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: Executive OLegislative								
Method of Contribution: Cash Personal Check Ocredit/Debit Contribution:	Card (Date Received	Aggregate Contributions				
		SUBT	OTA	AL Section B — This	Page 120				
		TOTAI	of a	additional Section B I	Pages 10180				
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line 1		DIVIDUALS (Sections A of Summary Page			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Section B ADDITIONAL PAGE 17 of 31

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NAME OF COMMITTEE (Provide Complete Na	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
RD21			Oct 10 Filing						
#####################################	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$ 1801 2021 OCT 14 PM :				
		B. Itemized Co.	atrib	outions from Indivi	duals				
Last Name	guerra es			irst				MI	
Koshes			F	Frank					
Residential Street Address			City	**************************************	· · · · · · · · · · · · · · · · · · ·	State	Zip	Code	
43 Pinecrest Rd			Orar	nge		СТ	06	477	
Principal Occupation	······	<u></u>		Name of Employer		<u> </u>		······································	
police officer				town of Orange					
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes						y, Am			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Ofr1	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	e contractor? Yes OLegislative						
Method of Contribution:				Date Received	Aggregate Contributions	\dashv	+		
Cash OPersonal Check OCredit/Debit (Card (Payroll Deduction OMoney	Order	7/2/21	20				
ast Name				irst	L			м	
Kozlowski				∕like					
esidential Street Address			City			State	Zip (Tode.	
213 Old Field Ln			City Milfo	ord		CT		460	
rincipal Occupation		ned transport (and the control of th	/1011Wi	-		L,,			
				Name of Employer					
unemployed	T =			unemployed					
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No	doe	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 O Yes O No 100					f Contribution		
s this contribution associated with an vent reported in Section L1? If yes, list Event # fr3	Yes No	Is contributor a principal of a significant which brain of government the contract	nch or	branches	te contractor? O Legislative	3			
Method of Contribution:		or government the contra	JC 13 117	Date Received	Aggregate Contributions	\dashv			
Cash OPersonal Check OCredit/Debit C	Card (Payroll Deduction OMoney	Order	9/18/21	100	ł			
ast Name				irst				MI	
enart			1	Ellen					
Lesidential Street Address			City		· · · · · · · · · · · · · · · · · · ·	State	Zin	Code	
173 Hawthorne St			Derl	bv .		CT] -	418	
rincipal Occupation		· · · · · · · · · · · · · · · · · · ·	2011	Name of Employer		<u></u>			
retired				retired					
	T								
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe	ontribution is in excess of \$400 is contributor or business he/she ued at more than \$5,000?				40		of Contribution	
s this contribution associated with an event reported in Section L1? If yes, list Event # fr1	Yes No								
Method of Contribution:				Date Received	Aggregate Contributions				
Cash OPersonal Check OCredit/Debit	Card (Payroll Deduction OMoney	Order	7/2/21	140				
		SUBI	Γ ΟΤ Α	AL Section B — This	Page 160				
		TOTAL	of a	additional Section B	Pages 10140				
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections lumn A of Summary Page				W. 1. 10. , 11	

Section B ADDITIONAL PAGE 18 of 31

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
RD21					Oct 10 Filing				
A. Total Contributions from S (See instructions for definition of Small	3 A 2 A 16 S			nis Period ONLY OTAL SECTION A	\$ 1801 2021 OCT 14 PM				
		B. Itemized Cor	ıtrib	outions from Indivi	duals				
Last Name			F	irst		9 (27) (SIC.) (SIC.)		MI	
Lenart			E	Ellen					
Residential Street Address		ŀ	City		i i			Code	
173 Hawthorne St			Derb	ру		СТ	06	5418	
Principal Occupation				Name of Employer					
retired				retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe	ontribution is in excess of \$400 to s contributor or business he/she ared at more than \$5,000?			y, Ai		of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Ofr2	Yes No	If yes, indicate which branch or branches			e contractor? Yes OLegislative				
Method of Contribution:	of Contribution: Date Received				Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit C	Card (Payroll Deduction OMoney	Örder	8/11/21	140				
Last Name			Fi	irst			*	MI	
Lougal			J	an					
Residential Street Address			City				1 -	Code	
31 Oak Hollow Rd			ford		СТ	06	5405		
Principal Occupation				Name of Employer					
retired				retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	bes contributor or business he/she is associated with have a contract with said municipality					Amount of Contribution 50		
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes No	Is contributor a principal of a state contractor or prospective state contractor? OYes							
Method of Contribution:				Date Received	Aggregate Contributions	7			
Cash OPersonal Check Credit/Debit (Card (Payroll Deduction OMoney	Order	8/11/21	150	1			
Last Name			F	irst				MI	
Lougal	_			Jan					
Residential Street Address			City			State] ^	Code	
31 Oak Hollow Rd			Brar	nford 		СТ	0	6405	
Principal Occupation				Name of Employer					
retired				retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	tor a lobbyist, spouse, ent child of a lobbyist? Yes No					of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr4	Yes No	Yes Is contributor a principal of a state contractor or prospective state contractor?							
Method of Contribution: Cash Personal Check Credit/Debit Contribution:	Card (Payroll Deduction OMoney	Order	Date Received	Aggregate Contributions 150				
		SUBT	OTA	AL Section B — This	Page 250				
		TOTAL	√ of a	additional Section B I	Pages 10050				
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line)		DIVIDUALS (Sections A Column A of Summary Page					

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RD21			Oct 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$1801 2021 OCT 14 PM			
HARLES AND THE STREET	B. Itemized Co	ntributions from Indiv	iduals			
Last Name		First	<u></u>	· · · · · · · · · · · · · · · · · · ·	МІ	
Marini		John				
Residential Street Address		City		State	Zip Code	
9 Dempsey Ct		Ansonia		CT	06401	
Principal Occupation		Name of Employer	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Attorney		MZS Law				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Ofr1	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract	te contractor? Yes OLegislative				
Method of Contribution: Cash Personal Check Credit/Debit C	ion: Date Received Aggregate Contributions onal Check Ocredit/Debit Card Opayroll Deduction Omoney Order 7/2/21 100					
ast Name		First			MI	
Viarini		John				
Residential Street Address		City		State	Zip Code	
9 Dempsey Ct		Ansonia		СТ	06401	
rincipal Occupation		Name of Employer		L	<u> </u>	
Attorney		MZS Law				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? S this contribution associated with an	valued at more than \$5,000? OYes ONo 80				ount of Contribution	
	Yes 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: Executive Legislative					
Method of Contribution:		Date Received	Aggregate Contributions			
Ocash OPersonal Check Ocredit/Debit C	ard OPayroll Deduction OMoney	Order 8/11/21	10 0			
Last Name		First			MI	
Marino 		Vincent				
Residential Street Address		City		State	Zip Code	
830 Bayberry Ln		Orange		CT	06477	
Principal Occupation		Name of Employer			***************************************	
Attorney		MZS Law				
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	or a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contr				ount of Contribution	
	Yes Is contributor a principal of a state contractor or prospective state contractor? Yes					
Method of Contribution:	Date Received Aggregate Contributions					
Cash Personal Check Credit/Debit C	ard OPayroll Deduction OMoney	Order 8/11/21	300			
		FOTAL Section B — Thi				
	TOTAI	L of additional Section B	Pages 10150			
TOTAL OF A	ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections 13, Column A of Summary Page				

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NAME OF COMMITTEE (Provide Complete Na	me as I	Registered with Filing Repository)				TYPE	OF REPORT			
RD21			Oct 10 Filing							
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 180)1	2	921 (007 14 PM (
		B. Itemized Cor	ntr	ibut	tions from Indivi	duals				
Last Name				First						MI
Marino				Del	bra	*******				
Residential Street Address			City		_			State	1 1	Code
830 Bayberry Ln			Or	ange				СТ	106	5477
Principal Occupation				l l	Name of Employer LAW Office	e (^	- Dol	60. IS	2 1	1000 11
Attorney	,	**************************************								10000
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?										of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # \$\xi_{1}^{2}\$3	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch (or bra		_	No			
Method of Contribution:				Date Received			e Contributions	_		
Cash Personal Check Credit/Debit C	Card (Payroll Deduction OMoney	Ord	ler	9/18/21	1000				
Last Name		**		First		<u> </u>				MI
Matto				Mai	rk					
Residential Street Address			City		· · · · · · · · · · · · · · · · · · ·			State	Zip	Code
308 Prospect St			Naugatuck CT 06			5770				
rincipal Occupation				I	Name of Employer			L		
P.M.										
s contributor a lobbyist, spouse, Yes et dependent child of a lobbyist? No	does	ontribution is in excess of \$400 to contributor or business he/she ed at more than \$5,000?						7, Am	ount (of Contribution
s this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes No	Is contributor a principal of a single of government the contract	nch	or bra	anches	_	⊙ No			
Method of Contribution:		orgovernment and conduct			Date Received		e Contributions	-		
Cash Personal Check Credit/Debit C	Card (Payroll Deduction	Ord	ler	8/11/21	50				
ast Name				First						MI
Vlattutini Sr				Tho	omas					
Residential Street Address		<u> </u>	City	<u> </u>				State	Zip	Code
11 McConney Grove			De	erby				СТ	00	5418
Principal Occupation refired		·	<u> </u>	1	Name of Employer			1		
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 s contributor or business he/she ed at more than \$5,000?						y, Am		of Contribution
	Yes Is contributor a principal of a state contractor or prospective state contractor? No If yes, indicate which branch or branches of government the contract is with: OExecutive OLegislative									
Method of Contribution:					Date Received		te Contributions	_		
Cash Personal Check Credit/Debit C	Card (Payroll Deduction OMoney	Ord	ler	8/11/21	200				
		SUBT	[O]	ΓAL	Section B — This	Page	1250			
		TOTAL	of ر	f add	litional Section B I	ages	9050			
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line			/IDUALS (Sections A nn A of Summary Page		12101			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT			
RD21			Oct 10 Filing	Oct 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$ 1801 2021 OCT 14 PM			
	B. Itemized Con	ntributions from Indi	viduals				
Last Name		First			MI		
Milone		John			Ī		
Residential Street Address	esidential Street Address			State	Zip Code		
1400 Half Moon Rd		Cheshire		СТ	06410		
Principal Occupation		Name of Employer					
Engineer		SLR Consulting					
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		act with said municipality	y, Amo	int of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #		ach or branches	state contractor? Yes one OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order 8/15/21	250				
Last Name	/////////////////////////////////////	First			MI		
Moyher		shelley					
Residential Street Address		City		State	Zip Code		
85 Redwood Dr 203		East Haven	ast Haven CT 06				
Principal Occupation		Name of Employer		·			
retired		retired					
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amount of 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? No				ent of Contribution		
s this contribution associated with an event reported in Section L1? If yes, list Event #	, , , , , , , , , , , , , , , , , , , ,						
Method of Contribution:		Date Received					
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order 7/2/21	100				
Last Name		First			MI		
Murphy		Mary Ellen					
Residential Street Address		City		State	Zip Code		
18 Hickory Hill		Shelton		СТ	06484		
Principal Occupation	- 	Name of Employer	······································				
restaurant		Riverwalk Social					
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?		y, Amo	unt of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3							
Method of Contribution:		Date Received	Aggregate Contributions				
Cash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order 9/17/21	100				
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	TOTAL	L of additional Section	B Pages 9850				
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Section 13, Column A of Summary Po					

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of 31

NAME OF COMMITTEE (Provide Complete Nam	se as Registered with Filing Repository)			TYPE OF REPORT			
RD21				Oct 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 1801 2021 OCT 14 PM			F.D. Profes	
	B. Itemized Cor	ntribu	tions from Indivi	duals			
Last Name		First					MI
Nault		Ro	nald				
Residential Street Address		City			State	Zip C	
21 Bayberry Ln		Guilfo			CT	064	37
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	es If contribution is in excess of \$400 to a candidate for a does contributor or business he/she is associated with h valued at more than \$5,000?				y, Ame		Contribution
event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	nch or br	anches	e contractor? Yes OLegislative			
If yes, list Event # Method of Contribution:	or government the contrac		Date Received	Aggregate Contributions	\dashv		
Cash Personal Check Credit/Debit C	ard OPayroll Deduction OMoney	i i	9/9/21	100			
Last Name	Or agreed Bostonian Onzoney	First					MI
Nesteruk		_ "	irren				WI
Residential Street Address		City			State	Zip C	ode
20 Stephen St		Derby	•		СТ	064	
Principal Occupation	, , , , l	. ,	Name of Employer		Į.	l	
disabled			disabled				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Am		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes, indicate which bran	Is contributor a principal of a state contractor or prospective state contractor? OYes					
Method of Contribution:		- 1	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Co	ard OPayroll Deduction OMoney	Order	9/28/21	250			
Last Name		First					MI
Nesteruk		Jo	yce				
Residential Street Address		City			State	Zip C	
20 Stephen St		Derby			СТ	064	¥18 —————
Principal Occupation			Name of Employer				
retired			retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No				ty, Am 250		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	· · · · · · · · · · · · · · · · · · ·						
Method of Contribution: Cash Personal Check Ocredit/Debit C	ard OPayroll Deduction OMoney	y Order	Date Received 9/28/21	Aggregate Contributions 250			
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			ditional Section B l				•
TOTAL OF A	ALL CONTRIBUTIONS FROM	M INDI	VIDUALS (Sections A	A+B) 12101			· · · · · · · · · · · · · · · · · · ·
	(Enter total on Line	13, Colu	mn A of Summary Page	Totals)			

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NAME OF COMMITTEE (Provide Complete Nar	ne as Registered with Filing Repository)		TYPE OF REPORT			
RD21			Oct 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 1801 2021 OCT 14 pm 5			
	B. Itemized Cor	ntributions from Indivi	duals			
Last Name		First		 (_ 	MI	
O'Malley		Sheila				
Residential Street Address		City	S			
446 Main St W C-3		Woodbury		CT	06798	
Principal Occupation		Name of Employer				
Director Econ Development		City of Ansonia				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr1	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac		te contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order 7/2/21	90			
Last Name	·	First	1		MI	
O'Malley		Sheila				
Residential Street Address	<u> </u>	City	<u>, , , , , , , , , , , , , , , , , , , </u>	State	Zip Code	
446 Main St W C 3		Woodbury		ст	06798	
Principal Occupation		Name of Employer	1	L	i	
Director Econ Development		City of Ansonia				
s contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 t		e officer of a municipality	y, Amo	unt of Contribution	
r dependent child of a lobbyist? No	does contributor or business he/she valued at more than \$5,000?	is associated with have a contract OYes O No	with said municipality	20		
s this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes Is contributor a principal of a significant which brain of government the contract	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches Yes No				
Method of Contribution:	· · · · · · · · · · · · · · · · · · ·	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order 8/11/21	90			
ast Name		First	.,		MI	
O'Malley		Sheila				
Residential Street Address		City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State	Zip Code	
446 Main St W C-3		Woodbury		CT	06798	
Principal Occupation		Name of Employer		······································		
Director Econ Development		City of Ansonia				
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?			y, Am o	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes Is contributor a principal of a s No If yes, indicate which brai		te contractor? Yes No Legislative			
Method of Contribution:	<u>,</u>	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney	Order 8/13/21	90			
	SUBI	FOTAL Section B — Thi	s Page 90			
	TOTAI	L of additional Section B	Pages 10210			
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line)	M INDIVIDUALS (Sections 13, Column A of Summary Page	A + B) Totals) 12101			

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NAME OF COMMITTEE (Provide Complete Nan	ne as Registered with Filing Repository)			TYPE OF REPORT		
RD21			Oct 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 1801 2021 OCT 14 PM 3			
	B. Itemized Cor	ntribu	tions from Indivi	duals		
Last Name		First	t			MI
Orchano		Во	b			
Residential Street Address		City			State	Zip Code
43 Iannotti Ln		Derby			СТ	06418
Principal Occupation			Name of Employer			
retired			retired			
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?				y, Am	ount of Contribution
	Yes Is contributor a principal of a s No If yes, indicate which brar of government the contrac	nch or br	anches	e contractor? Yes OLegislative		
Method of Contribution:			Date Received	Aggregate Contributions	_	
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	8/11/21	50		
Last Name		First				MI
Parker		Ga	ıry			
Residential Street Address		City			State	Zip Code
38 N Coe Ln		Anson	nia		СТ	06401
Principal Occupation	., L	' [Name of Employer		L	
Engineer			SLR Consulting			
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Ame	ount of Contribution
*	No If yes, indicate which bra	es Is contributor a principal of a state contractor or prospective state contractor? OYes				
Method of Contribution:	 		Date Received	Aggregate Contributions		
Ocash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	Order	9/15/21	200		
Last Name		Firs				MI
Parmalee Jr		Fr	ederick			
Residential Street Address		City			State	Zip Code
64 Katherine Ct		Shelto			СТ	06484
Principal Occupation			Name of Employer			
СРА			Schachticoke Triba			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	byist? O No does contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution 100	
	is contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes treported in Section L1? If yes, indicate which branch or branches					
Method of Contribution:			Date Received	Aggregate Contributions	7	
Cash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	9/18/21	100		
	SUBT	тотаі	L Section B — This	Page 350		
	TOTAL	L of ad	ditional Section B l	Pages 9950		
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line	M INDI	VIDUALS (Sections .	A + B) 12101		

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of	31
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
RD21					Oct 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A					\$ 1801 2021 OCT 14 pm 3				
		B. Itemized Cor	ıtrib	utions from Indivi	duals				
Last Name			Fi	rst				MI	
Parmalee Sr			F	rederick					
Residential Street Address			City			State	Zip Co		
55 Oxen Hill Rd			Trum	nbuli 		СТ	066	11	
Principal Occupation				Name of Employer					
retired				retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe	ontribution is in excess of \$400 ts contributor or business he/she is and at more than \$5,000?				y, Am			
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or l	branches	e contractor? Yes OLegislative				
Method of Contribution:				Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit C	Card (Payroll Deduction OMoney	Order	9/18/21	100				
Last Name			Fir	<u>. I </u>	L			MI	
Pellacia			F	rank			- 1		
Residential Street Address		To the state of th	City			State	Zip Co	ode	
92 Oak Ave			Shelt	ton		СТ	064	84	
Principal Occupation		, , , , , , , , , , , , , , , , , , , 		Name of Employer		i.	1	• •	
Trash Management				City of Derby Publi	c Works				
Is contributor a lobbyist, spouse, Yes	If co	ontribution is in excess of \$400 t	o a car	Indidate for a chief executive	e officer of a municipality	, Am	ount of	Contribution	
or dependent child of a lobbyist? O No		s contributor or business he/she i ted at more than \$5,000?	is assoc	ciated with have a contract O Yes O No	with said municipality	20			
is this contribution associated with an event reported in Section L1? If yes, list Event # fr1	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or	branches	te contractor? Yes No Legislative				
Method of Contribution:		<u> </u>		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit C	Card (Payroll Deduction	Order	7/2/21	70				
Last Name			Fi	rst				MI	
Pellacia			F	rank					
Residential Street Address	,	ı	City			State	Zip C		
92 Oak Ave			Shel	ton		CT	064	84	
Principal Occupation				Name of Employer					
Trash Management				City of Derby Publi	c Works				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 ts contributor or business he/she and 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 # fr2	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	branches	e contractor? OLegislative				
Method of Contribution:		<u> </u>		Date Received	Aggregate Contributions	\dashv			
Cash OPersonal Check OCredit/Debit	Card (Payroll Deduction OMoney	Order	8/11/21	70				
		SUBT	OTA	AL Section B — This	Page 170				
		TOTAL	of a	dditional Section B l	Pages 10130				
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line 1		OIVIDUALS (Sections . lumn A of Summary Page		<u></u>			

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NAME OF COMMITTEE (Provide Complete Na	me as l	Registered with Filing Repository)	8.00		TYPE OF REPORT				
RD21					Oct 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$1801 2021 OCT 14 PM :					
		B. Itemized Con	trib	utions from Indivi	duals				
Last Name			Fin	rst				MI	
Picroski			F	rederick					
Residential Street Address		Į c	City			State	Zip	Code	
216 Derby Ave			Derb	у		СТ	06	418	
Principal Occupation	······			Name of Employer					
software				Townfaire Tire					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 to s contributor or business he/she is sed at more than \$5,000?	o a car s assoc	ndidate for a chief executive ciated with have a contract OYes ONo	e officer of a municipality with said municipality	y, Am			
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes No	Is contributor a principal of a st If yes, indicate which brancof government the contract	ch or l	branches	e contractor? Yes OLegislative	3			
Method of Contribution:		1		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit C	Card (Payroll Deduction OMoney	Order	7/2/21	70				
Last Name			Fir	<u> </u>	<u> </u>			MI	
Picroski			F	rederick					
Residential Street Address	·	ļc	L City			State	Zip	Code	
216 Derby Ave			Derb	у		СТ	06	418	
Principal Occupation				Name of Employer		L	ı		
Software				Townfaire Tire					
s contributor a lobbyist, spouse, Yes	Ifc	ontribution is in excess of \$400 to	o a can	didate for a chief executive	e officer of a municipalit	v. Am	ount o	f Contribution	
or dependent child of a lobbyist? No	doe	s contributor or business he/she is ted at more than \$5,000?				50	•		
s this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or	branches	te contractor? O Legislative				
Method of Contribution:	·····			Date Received	Aggregate Contributions	_			
OCash OPersonal Check OCredit/Debit C	Card (Payroll Deduction Money	Order	8/11/21	70				
Last Name			Fi	rst	L			MI	
Poul			١	lina					
Residential Street Address	··········	To	City			State	Zip	Code	
424 Washington Rd			Woo	dbury		СТ	06	798	
Principal Occupation				Name of Employer					
unemployed				unemployed					
Is contributor a lobbyist, spouse, Yes	Ifc	ontribution is in excess of \$400 to	o a car	<u> </u>	e officer of a municipali	ty, Am	ount o	of Contribution	
or dependent child of a lobbyist? No	doe valı	s contributor or business he/she i				100			
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3	Yes No	Is contributor a principal of a si If yes, indicate which bran of government the contract	ch or	branches th:	O Legislative				
Method of Contribution: Cash Personal Check Credit/Debit Contribution:	Card (Payroll Deduction OMoney	Order	Date Received 9/18/21	Aggregate Contributions		diam'r da		
		SUBT	ОТА	AL Section B — This	Page 170				
			V G V G	dditional Section B	Al Marida				
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line 1		OIVIDUALS (Sections . lumn A of Summary Page					

Section B ADDITIONAL PAGE 27 of 31

NAME OF COMMITTEE (Provide Complete Name of Complete Name	TYPE OF REPORT				
RD21	Oct 10 Filing				
A. Total Contributions from S (See instructions for definition of Small	\$ 1801	\$ 1801 2821 OCT 14			
	B. Itemized Con	ntributions from Indivi	duals		
Last Name		First			MI
Pullano		Frank			
Residential Street Address		City		State	Zip Code
777 Mt Carmel Ave		North Haven		CT	06473
Principal Occupation		Name of Employer		<u></u>	
construction exec		Banton Construction	on Co		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			y, Amou	int of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2			te contractor? Yes OLegislative		
Method of Contribution:	· · · · · · · · · · · · · · · · · · ·	Date Received	Aggregate Contributions	_	
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order 8/11/21	100		
Last Name		First	<u> </u>		MI
Pyne III		Warner			c
Residential Street Address		City		State	Zip Code
162 Center Rd		Woodbride		СТ	06525
Principal Occupation		Name of Employer		I	
Business Development		Philips Healthcare			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	ise, O Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution				
s this contribution associated with an event reported in Section L1? If yes, list Event # fr2	Yes No Is contributor a principal of a s If yes, indicate which bran of government the contract		te contractor? Yes No Legislative		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order 8/11/21	100		
Last Name		First	<u> </u>		MI
Rumbin		Marco			
Residential Street Address		City		State	Zip Code
95 Tomlinson Rd		Seymour		CT	06483
Principal Occupation		Name of Employer	······		
sales					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Amo i	unt of Contribution
	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract	_	_ ⊙ №		
Method of Contribution:		Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney	Order 8/11/21	100		
	SUBI	FOTAL Section B — This	Page 300		
	TOTAL	L of additional Section B	Pages 10000		
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections 13, Column A of Summary Page			

Section B ADDITIONAL PAGE 28

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NAME OF COMMITTEE (Provide Complete Name as Reg	TYPE OF REPORT				
RD21	Oct 10 Filing				
A. Total Contributions from Small (See instructions for definition of Small Contrib	\$ 1801	26	21 001 14 PM		
	B. Itemized Contr	ributions from Individ	duals		
Last Name		First			MI
Sadlick		Ray			
Residential Street Address	City			State	Zip Code
5 Cullens Hill Rd	Do	erby		CT	06418
Principal Occupation		Name of Employer			
electrician					
or dependent child of a lobbyist? O No does o	attribution is in excess of \$400 to a contributor or business he/she is a d at more than \$5,000?			7, Ameu	unt of Contribution
Is this contribution associated with an event reported in Section L1? **Mathematical Reports of the Image of	Is contributor a principal of a state If yes, indicate which branch of government the contract is	or branches	contractor? Yes OLegislative		
Method of Contribution:	- WWW.	Date Received	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card O	Payroll Deduction OMoney Or	der 7/2/21	100		
Last Name		First			MI
Szewczyk		Joseph			
Residential Street Address	City	7		State	Zip Code
166 Mt Pleasant St	Do	erby		СТ	06418
Principal Occupation		Name of Employer		h	
unemployed		unemployed			
or dependent child of a lobbyist? • No does o value	tribution is in excess of \$400 to a contributor or business he/she is a d at more than \$5,000?	ssociated with have a contract O Yes O No	with said municipality	100	unt of Contribution
s this contribution associated with an event reported in Section L1? No No No No	Is contributor a principal of a state If yes, indicate which branch of government the contract is	or branches	e contractor? O Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
Cash OPersonal Check OCredit/Debit Card O	Payroll Deduction OMoney Or	der 8/11/21	100		
Last Name		First			MI
Sampson		Charles			
Residential Street Address	City			State	Zip Code
6 Commodore Hull Dr	D	erby		CT	06418
Principal Occupation		Name of Employer			
police officer		Town of Westport			
or dependent child of a lobbyist? On does	ntribution is in excess of \$400 to a contributor or business he/she is a d at more than \$5,000?			y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr_1	Is contributor a principal of a stat If yes, indicate which branch of government the contract is	or branches	e contractor? OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Card	Payroll Deduction OMoney Or	rder 7/2/21	100		
	SUBTO	TAL Section B — This	Page 250		
	TOTAL 0	f additional Section B I	Pages 10050		
TOTAL OF ALL C	ONTRIBUTIONS FROM I (Enter total on Line 13,	NDIVIDUALS (Sections A Column A of Summary Page			

Section B ADDITIONAL PAGE ²⁹ of ³¹

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
RD21				Oct 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 1801 2021 OCT 14 PM					
	B. Itemized Co	ntri	butions from Indivi	duals				
Last Name			First			al Service	МІ	
Sampson			Charles					
Residential Street Address		City			State	Zij	Code	
6 Commodore Hull Dr		Dei	rby		СТ	0	6418	
Principal Occupation	**************************************		Name of Employer					
police officer			Town of Westport					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				ty, Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch o	or branches _	e contractor? Yes OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions	7			
Ocash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMone	y Orde	er 9/18/21	100				
ast Name	·		First				MI	
Schellenberg			Barbara					
Residential Street Address		City			State	Zip	Code	
38 Haviland Dr		Tru	ımbull		СТ	0	6611	
Principal Occupation	T.	1 .	Name of Employer		·L	L		
attorney			MZS law					
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes						of Contribution		
s this contribution associated with an event reported in Section L1? If yes, list Event # fr1	Yes Is contributor a principal of a If yes, indicate which br of government the contr	anch o		te contractor? Yes O Legislative				
Method of Contribution:		*****	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	y Orde	er 7/2/21	100				
ast Name			First				MI	
Stahl			Mike					
Residential Street Address		City			State	}	p Code	
18 McConney Grove		De	rby		СТ	0	6418	
Principal Occupation			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?					Amount 20	of Contribution	
	Yes No Is contributor a principal of a If yes, indicate which br of government the contr	anch o		_ ⊙ №				
Method of Contribution: Cash Personal Check Ocredit/Debit Contribution:	Card OPayroll Deduction OMone	ey Ord	Date Received 7/2/21	Aggregate Contributions 70				
	SUB	тот	FAL Section B — This	Page 170				
	TOTA	L of	additional Section B	Pages 10130				
TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line		NDIVIDUALS (Sections Column A of Summary Page					

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
RD21					Oct 10 Filing				
A. Total Contributions from Small Contributors-Received this Per (See instructions for definition of Small Contributor) SUBTOTAL			nis Period ONLY OTAL SECTION A	\$ 1801	2	'821 () ¹	C: 14 PM .		
		B. Itemized Con	trib	utions from Indivi	duals				
Last Name			- 1	rst				MI	
Stahl			I V	/like					
Residential Street Address		l l	ity			State	Zip C		
18 McConney Grove	~		Derb			CT	064	118	
Principal Occupation				Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in excess of \$400 to outributor or business he/she is at more than \$5,000?				y, Am		Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2		contributor a principal of a sta If yes, indicate which branco of government the contract	h or	entractor or prospective stat	e contractor? Yes OLegislative	,			
Method of Contribution:	L_	- 5		Date Received	Aggregate Contributions	\dashv			
Cash Personal Check Ocredit/Debit C	Card OP	Payroll Deduction OMoney (Order		70				
ast Name				rst	-			МІ	
/anetten			1	Rich					
Residential Street Address		Ic	ity			State	Zip C	Code	
113A Colony Rd			•	nour		CT	064		
rincipal Occupation				Name of Employer		1			
plumber									
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Sthis contribution associated with an event reported in Section L1?	does co	ribution is in excess of \$400 to contributor or business he/she is at more than \$5,000? s contributor a principal of a st If yes, indicate which bran-	asso ate co	ciated with have a contract O Yes O No ontractor or prospective state	with said municipality	40 s		Contribution	
If yes, list Event # fr1	No	of government the contract			O Legislative	'			
Method of Contribution:	_			Date Received	Aggregate Contributions				
Cash OPersonal Check OCredit/Debit C	Card OP	Payroll Deduction OMoney C	Order	7/2/21	240				
ast Name			- 1	rst				MI	
Vanetten	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Rich	·	-γ		<u> </u>	
Residential Street Address		1	Cover	MOLIF.		State	Zip (
113A Colony Rd			seyr	nour	····	СТ	06	483	
Principal Occupation plumber				Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co	ribution is in excess of \$400 to ontributor or business he/she is at more than \$5,000?				ty, An		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3	Yes Is No	s contributor a principal of a st If yes, indicate which brance of government the contract	ch or	branches	_ ŎNo				
Method of Contribution: Cash Personal Check Credit/Debit C	Card OF	Payroll Deduction OMoney (Order	Date Received 9/18/21	Aggregate Contributions 240				
			(Hijasi)	L Section B — This	Page 290	L			
		TOTAL	of a	dditional Section B l	Pages 10010				
TOTAL OF	ALL CO	ONTRIBUTIONS FROM (Enter total on Line 1:		DIVIDUALS (Sections A					

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
RD21			Oct 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 1801 2021 OCT 14 PM				
	B. Itemized Cor	ntrib	utions from Indivi	duals			
Last Name			rst				MI
Velky Sr		J:	ames				
Residential Street Address		City			State	Zip Co	
57 Charter Oak Rd		Sout	hbury		СТ	064	88
Principal Occupation			Name of Employer				
contractor							
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 to does contributor or business he/she availed at more than \$5,000?				7, Am	Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3		ich or	branches	e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Care	d OPayroll Deduction OMoney	Order	9/18/21	100			
Last Name		Fi	rst				MI
Veľky		R	Richard				
Residential Street Address		City			State	Zip Co	ode
626 Washington Rd		Woo	dbury		СТ	067	98
Principal Occupation	, L		Name of Employer		.	d	gramma and a state of the second sections.
retired			retired				
or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract O Yes O No	with said municipality	200		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3	Is contributor a principal of a solution of government the contract	nch or	branches	e contractor? Yes No Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Care	d OPayroll Deduction OMoney	Order	9/18/21	200			
Last Name		- 1	rst				MI
Wesaw		1	Vlelissa				
Residential Street Address		City			State	Zip C	
347 Munger Ln		Beth	ılehem		СТ	067	51
Principal Occupation			Name of Employer				
Nurse			Schaghticoke Triba	al Nation			
or dependent child of a lobbyist? ONO	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3	Is contributor a principal of a solution of government the contract	ach or	branches	_ ONo			
Method of Contribution: Cash Personal Check Credit/Debit Car	rd OPayroll Deduction OMoney	Order	Date Received 9/18/21	Aggregate Contributions 100			
	SUBT	(TO T	AL Section B — This	Page 400		74 Y 2 Y 2 Y 2 Y 2 Y 2 Y 2 Y 2 Y 2 Y 2 Y	
	TOTAI	. of a	dditional Section B 1	Pages 9900			
TOTAL OF AI	LL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A lumn A of Summary Page		3		

I. MONETARY RECEIPTS (Sections A—K)

Name of Committee						Oct 10 Filing		
Name of Committee		C1. (Contributio	ons from O	ther Comi	mittees		
1.0The of Communice			(C)		Name of Trea	surer		
						•	2021 (CTI4 PM C
Address				Is this contrevent report	ibution associated in Section L. If yes,	Amount	of Contribution	
City		State	Zip Code	Date Reco	ived	Aggregate Contributions		
Name of Committee					Name of Trea	surer		
Address				Is this contrevent report	ibution associated in Section L	Amount	of Contribution	
ity		State	Zip Code	Date Rece	If yes, list Event # ved Aggregate Contributions		-	
Name of Committee	 			1	Name of Treas	surer		
Address Is this contribution associated with an Ye event reported in Section L1? If yes, list Event #							Amount	of Contribution
City	iy		Zip Code	Date Rece		Aggregate Contributions		·
Name of Committee			PP-04-11-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	City	Name of Trea	surer	State	Zip Code
Date Received	Expenditure # Payment Type						Amount of Receipt	
	(if applicable)	OReimbursen	ent for shared e	expense Os	urplus Distribu	ntion		iv or moonpe
Description								
Name of Committee					Name of Treat	surer		
Address				City	1		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimburse	Payment Type O Reimbursement for shared expense Surplus Distribution					
Description								
			SUBTO	TAL Section	on C — Thi	s Page		
				of addition:				
		F ALL COMMIT ns C1 + C2) (Enter						

NAME OF COMMITTEE (Provide Complete Name as Registered with a RD21	TYPE OF REPORT Oct 10 Filing						
Crain with representation of the Common selection and the Common of the). Loans Rec	eived this Pa	eriod	Logi 10	9		
Name of Lender	. LUANS RCC	Source of Loa	n:		_	Date of Receipt	ļ ļ
	OBank (Candidate (
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	
			2021 OCT 14 pm	7-90			
Street Address	City		State		Zip Code	FAFT ARE THE NU	
Name of Lender	Source of Loa OBank	n: Candidate	Date of Receipt				
Street Address	City		State Zip Co			Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)				<u> </u>		Amount Received	
Street Address	City			State	Zip Code		
Name of Lender		Source of Loa	n:			Date of Receipt	
Name of Exhaut		OBank (Candidate (Bato of Roospe			
Street Address	City	-		State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)	.)			<u></u>	!	Amount Received	
Street Address	City			State	Zip Code		
		TOTALS	SECTION D	0			
E. Receipts from Entities other th	an Individua	ils or Other	Committee	s (Refere	ndum Committe	ees ONLY)	
Name of Entity							
Street Address	, , , , , , , , , , , , , , , , , , , 	Date	Received		Amount Received		
City	Zip Code	Agg	regate Contr	ibutions			
Name of Entity							
Street Address		Date	Amount Received				
		Ta: a .					
City	State	Zip Code	Agg	regate Contr	ibutions		
Name of Entity							
Street Address		Date Received			Amount Received		
		Zip Code	Agg	gregate Contributions		4	
		TOTAL	SECTION I	E O			-

I. MONETARY RECEIPTS (Sections A—K)

	Provide Complete Name as Registered	with Filing Repository)		TYPE OF REPO		
RD21		Singging and the state of the single of		Oct 10 Filing	9	
F. A	mount Transferred fr	om Affiliated Busi	ness Treasury (Ba	usiness Entity Comn	nittees ONLY)	
Date of Receipt	Is this transaction associate event reported in Section L		fyes, list Event#		Amount	
Date of Receipt	Is this transaction associate event reported in Section L		fyes, list Event#		Amount 2021 OCT 14 pm	7-2
Date of Receipt	Is this transaction associate event reported in Section L		f yes, list Event#		Amount	
Date of Receipt	Is this transaction associate event reported in Section L	2 2 2 2 2 2	f yes, list Event#		Amount	
	1		TOTAL SECTI	ONF 0		
G. Amount Tran	sferred from Affiliate	l Labor Union or (Other Organizati	on Treasury (Or	ganization Committees ONLY)	
Date of Receipt	Da ·	te of Receipt		Date of Receipt		
Amo	unt	Am	ount		Amount	
			TOTAL SECTIO	NG 0	AND DESCRIPTION OF THE BUSINESS AND ADDRESS AND ADDRES	7
Н.	. Personal Funds of th	e Candidate Recei	ved this Period (Candidate Committe	ees ONLY)	
Date of Receipt	Method of payment:				Amount	7
	O Cash	Personal Check	Credit/De	ebit Card		
Date of Receipt	Method of payment:				Amount	1
	O Cash	O Personal Check	Credit/De	ebit Card		
Date of Receipt	Method of payment:				Amount	7
	O Cash	O Personal Check	Credit/De	ebit Card		
Date of Receipt	Method of payment:				Amount	7
	O Cash	O Personal Check	Credit/De	ebit Card		
			TOTAL SEC	TION H 0		1
		I. Anonymous	Contributions			
amou	er Public Act 11-48, A unt. If a committee re nmediately remit the o	ceives an anonym	ous contribution	, the campaign	treasurer shall	

NAME OF COMMITTEE (Provide Complete	Name as Registered with Filing Repository)	TYI	PE OF RI	EPORT		
RD21	Oct	10 Fili	ng			
	J. Interest from Deposits in Autho	rized Accounts	26.3			
Name of Institution			Received		Amount	
					_ 2021 OCT 14 pm :	
Street Address	City	State	Zi	ip Code	T 4062 상당 1 4] * <u></u> .
Name of Institution	Date Received		Amount			
Street Address	City	State	Zi	p Code		
	To'	TAL SECTION J	0			
К. М	discellaneous Monetary Receipts not C	onsidered Contri	bution	18		
Name			Date of	Transaction	Amount Received	
Street Address	City	St	ate	Zip Code		
Description				L		
Name			Date of	Fransaction	Amount Received	
Street Address	City	Sta	ate	Zip Code		
Description				L		
Name		***************************************	Date of	Fransaction	Amount Received	
Street Address	City	Sta	ate	Zip Code		
Description	<u> </u>			1		
Name			Date of	Fransaction	Amount Received	
Street Address	City	St	ate	Zip Code		
Description				1		
	TOTAL	SECTION K 0)			
SUMMA	RY OF OTHER MONETARY RECE	IPTS (Sections D	throu	igh K)		
Total Loans Received this Period (Se	ction D)					
Total Receipts from Entities other tha	n Individuals or Other Committees (Section E)	+				
Total Amount Transferred from Affil	iated Business Treasury (Section F)	+	***			
	iated Labor Union or Other Organization Trea	sury (Section G) +				
Total Amount of Personal Funds of th	ne Candidate Received this Period (Section H)	+				
	its in Authorized Accounts (Section J)	+				
Total Miscellaneous Monetary Receip	ots not Considered Contributions (Section K)	+				
(Add	Total of Oth Sections D through K) (Enter total on Line 15, Col	ier Monetary Re Jumn A of Summary Page		0		

	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
RD21			Oct 10 Filing		
	L1, Event	t Information			
Event # Date of Event Letter 6/30/21 fr1	Appetizers at Catholic War Vets			Was this a fu • Yes	ndraising event?
Location: Street Address		City		State	Zip Code
112 Derby Ave		Derby	***************************************	ст	06418
Subpart 1: (All Commit Was this event hosted at		OYes (If yes, go to Section LS Associated with a Hou purchases made by hose No	ise Party and complete	e required info	rmation for any
Did this fundraiser included of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section Land complete required in No			Contributions OCT 14 pm
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$	
Were there purchases of sign associated with this		nittees other than Exploratory OYes (If yes, go to Section Laor or on a Sign and comp	Purchases of Adverti		a Program Book
	mittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec ONo	eipts here.)	\$	
Event # Date of Event Letter 8/11/21 fr2	Description Dinner at AM Club			Was this a fu	ndraising event?
Location: Street Address		City	······································	State	Zip Code
30 Hawthorne Ave		Derby		СТ	06418
Subpart 1: (All Committee Was this event hosted at	•	OYes (If yes, go to Section L.s. Associated with a Houpurchases made by hose No	ise Party and complet	e required info	rmation for any
	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		not Considered	Contributions
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Rec	reipts here.)	\$	
	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?		3 Purchases of Advert		a Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Rec	eîpts here.)	\$	
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr		This Page		
		ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —			***************************************
T. (1)		TOTAL of additional Section	n L1 Pages		
		IPTS FROM SMALL PU	280(60.850)\$0(66)\$0(54)\$0(60)\$0(60)\$0(80)\$0		

Section L1. ADDITIONAL PAGE 1___ of 1___

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
RD21	 	Oct 10 Filing	Regional Company of the Company of t	
L1. Even	t Information			
Event # Date of Event Letter 9/18/21 fr3 Description Party at Vincent & Debra Marino's Home			Was this a fur • Yes	ndraising event? •• No
Location: Street Address	City		State	Zip Code
830 Bayberry Ln	Orange	*******	СТ	06477
Subpart 1: (All Committees) Was this event hosted at a personal residence?	OYes (If yes, go to Section L5 Associated with a Hous purchases made by host(No	e Party and complete	e required info	
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?	O Yes (If yes, go to Section L4 and complete required in O No			Contributions OCT 14 PM (
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Recei	pts here.)	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Committee there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Exploratory (O Yes (If yes, go to Section L3) or on a Sign and compl O No	Purchases of Adverti		Program Book
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?	OYes (If yes, enter Total Recei	ipts here.)	\$	
Event # Date of Event Letter Description			Was this a fu	ndraising event?
Location: Street Address	City	<u>na nguya /u>	State	Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	O Yes (If yes, go to Section L5 Associated with a Hous purchases made by host(No	e Party and complete	e required info	rmation for any
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?	Yes (If yes, go to Section L4 and complete required in		not Considered	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	O Yes (If yes, enter Total Rece	ipts here.)	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Community Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Purchases of Advert		a Program Book
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?	OYes (If yes, enter Total Recei	ipts here.)	\$	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts for	rom Sale of Donated Items — I	This Page		
	tion L1—Subpart 3 <i>(Town Committ</i> eipts from Food Purchases — T	A CONTRACT OF THE PROPERTY OF		
	TOTAL of additional Section	L1 Pages		
	EIPTS FROM SMALL PUR			

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. Se	ection L2.	removed

NAME OF COMMITT	EE (Provide Complete Name	as Registered with Filing Reposite	ory)	TYPE OF RE	PORT		
RD21				Oct 10 Filir	ng		
	L3. Pu	irchases of Advertisi	ng in a Progi	ram Book or on a Sign			
Name of Purchaser A1A Homebuyers Ll	LC				O I	ase Made By: Business Entity ndividual/Sole	O Other
Street Address			City			State	Zip Code
8 Huntington St Ste	327		Shelton			СТ	06484
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Pu	chase		ign Purchase
9/14/21	fr3	250.00		250.00		2021	OCT 14 PM (
Name of Purchaser					Purch	ase Made By:	
Apollo Pizza					1 =	Business Entity	
			To		O	ndividual/Sole	
Street Address 235 Roosevelt Dr			City Derby			State	Zip Code 06418
			<u> </u>				<u>. J </u>
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Pur	chase	Amount of S	ign Purchase
9/14/21	fr3	250.00		250.00			
Name of Purchaser					1	ase Made By:	
Bad Sons Beer					1 =	Business Entity	_
Street Address			City		101	ndividual/Sole State	Zip Code
251 Roosevelt Dr			Derby			СТ	06418
	P #	I A a series of the series of	<u> </u>	1 A			
Date Received 9/13/21	Event# fr3	Aggregate Purchases 250.00	s for All Events	Amount of Program Ad Pur 250.00	cnase	Amount of S	Sign Purchase
Name of Purchaser					Purcl	nase Made By:	
						Business Entity	Other
Pasquale Civitella					O 1	ndividual/Sole	Proprietorship
Street Address			City			State	Zip Code
8 Huntington St Ste	327		Shelton			CT	06484
Date Received	Event#	Aggregate Purchases	s for All Events	Amount of Program Ad Put	chase	Amount of S	Sign Purchase
9/18/21	fr3	200.00		200.00			
Name of Purchaser					Purc	hase Made By:	
Luchs Consulting					1 -	Business Entity Individual/Sole	Other Proprietorship
Street Address			City			State	Zip Code
87-89 Colony St			Meriden			СТ	06451
Date Received	Event#	Aggregate Purchases	s for All Events	Amount of Program Ad Pu	rchase	Amount of	Sign Purchase
9/9/21	fr3	250.00		250.00			
	SUBTOTAL Sect	tion L3 Total Purchases of	f Advertising in	Program Book — This Page	1200		
	SUBTOT	AL Section L3 Total Pure	chases of Adve	rtising on a Sign — This Pag	•		
			TOTAL o	of additional Section L3 Pages	1000		
То	TAL OF ALL PURCE			GRAM BOOK or ON A SIGN nn A of Summary Page Totals			

Section L3. ADDITIONAL PAGE 1 of 1

NAME OF COMMI RD21	ITEE (Provide Complete Nam	e as Registered with Filing Repos	itary)	TYPE OF RE Oct 10 Fili	-0.00 - D. (1.00 - 0.00		
	Lз. Р	urchases of Advertis	ing in a Prog	ram Book or on a Sign			
Name of Purchaser F Pepe Constructi	on				1 _	hase Made By: Business Entity	OOther
·			T		<u> O</u>	Individual/Sole	
Street Address 36 Commerce St			Derby			State	Zip Code 06418
Date Received	Event #	Aggregate Purchase		Amount of Program Ad Pur	chase	Amount of S	Sign Purchase
9/1/21	fr3	250.00		250.00		2821	0CT 14 PM
Name of Purchaser					Purc	hase Made By:	
United Office Furr	niture				1 _	Business Entity Individual/Sole	-
treet Address		· · · · · · · · · · · · · · · · · · ·	City		10	State State	Zip Code
35 Marne St			Hamden			СТ	06514
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program Ad Pu	chase	Amount of S	l Sign Purchase
9/7/21	fr3	250.00		250.00	ŀ		
Vame of Purchaser					Purc	hase Made By:	
Walsh Fence LLC						Business Entity Individual/Sole	_
treet Address			City			State	Zip Code
88 Marsh Hill Rd			Orange			СТ	06477
Date Received	Event #	Aggregate Purchas	es for All Events	Amount of Program Ad Pu	rchase	Amount of S	Sign Purchase
9/9/21	fr3	250.00		250.00			
Name of Purchaser					_	hase Made By:	
Weston and Samp	oson Engineers					Business Entity Individual/Sole	Oother Proprietorship
treet Address			City			State	Zip Code
55 Walkers Brook	Dr #100		Reading			MA	01867
Date Received	Event#	Aggregate Purchas	es for All Events	Amount of Program Ad Pu	rchase	Amount of	Sign Purchase
9/16/21	fr3	250.00		250.00			
Vame of Purchaser					1 _	hase Made By:	
						Business Entity	OOther Proprietorship
treet Address			City	<u></u>	10	State	Zip Code
Date Received	Event#	Aggregate Purchas	es for All Events	Amount of Program Ad Pu	rchase	Amount of	Sign Purchase

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

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)

TOTAL of additional Section L3 Pages

1000

2200

Page 10 of 17

			Oct 10 Filir	g		
L4	. In-Kind Donatio	ns Not Consi	dered Contributions			
		City			State	Zip Code
Description of Donation		<u>L</u>		Fair	Market V	alve of Donation
2				Fair	Market V	aine of Donation
D. a. D. a. i. a. i	Ir		I A Wells Godie Front		0004	
Date Received	Event #		Aggregate value for this Event		2021	OCT 14 PM
						· · · · · · · · · · · · · · · · · · ·
		City			State	Zip Code
		į				
Description of Description				1	<u></u>	1
Description of Donation				Fair	Market V	alue of Donation
			······································			
Date Received	Event #		Aggregate Value for this Event			
		City			State	Zip Code
Description of Donation				Fair	Market V	alue of Donation
Date Received	Event #		Aggregate Value for this Event			,
.	······································					
		I G:		·	Tetata	Zip Code
		City			State	Zip Code
		-				
Description of Donation				Fair	Market V	alue of Donation
Date Received	Event #		Aggregate value for this Event			
	Si	UBTOTAL Sect	ion L4 — This Page			
	TC	OTAL of additio	nal Section L4 Pages			
AL OF ALL IN-KINE						
	Description of Donation Date Received Description of Donation Date Received Description of Donation Date Received	Description of Donation Date Received Event # Description of Donation Date Received Event # Description of Donation Date Received Event #	Description of Donation Date Received Event # City Description of Donation Date Received Event # City City Description of Donation Date Received Event # City AL OF ALL IN-KIND DONATIONS NOT CONSIDERED	Description of Donation Date Received Event # Aggregate Value for this Event City Description of Donation Date Received Event # Aggregate Value for this Event City Description of Donation City Description of Donation City Description of Donation Date Received Event # Aggregate Value for this Event City Description of Donation	Description of Donation Date Received Event # Aggregate Value for this Event City Description of Donation Fair Date Received Event # Aggregate Value for this Event City City City City City City City Description of Donation Fair Superation of Donation Date Received Event # Aggregate Value for this Event Fair Aggregate Value for this Event Fair City City City City City Description of Donation Date Received Event # Aggregate value for this Event Fair TOTAL of additional Section L4—This Page TOTAL of additional Section L4 Pages AL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	Description of Donation Pair Market V.

NAME OF COMMITTEE (Provide Complete Name as Register	red with Filing Repository)		TYPE OF RE	PORT	
RD21			Oct 10 Filir	ng	
L5. In-Kind Donations I	Not Considered Contributions Asso	ociated with a l	House Part	.y	
Name of Host					ne candidate o
Vincent & Debra Marino			OYes ON		
Street Address	City			State	Zip Code
830 Bayberry Rd	Orange			СТ	06477
Description of Donation			Fair Mar	ket Value	of Donation
Appetizers & drinks			450		
Event # Aggregate Value of this Event	t—all hosts Aggregate Value of all Events—i	this host/candidate	730		
fr3				ñôña a	NT11 au
Name of Host		Is this event	supporting me		one candidate o
		committee?	OYes ON	o	
		If yes, co	omplete Itemiza	tion in Ac	
Street Address	City			State	Zip Code
Description of Donation			Fair Mar	ket Value	of Donation
	t—all hosts Aggregate Value of all Events—i	this host/candidate	1		
Event # Aggregate Value of this Event	I				
Event # Aggregate Value of this Event					
		Is this event	supporting me	ore than o	one candidate o
		Is this event committee?	supporting mo	ore than o	one candidate o
		committee?	supporting mo OYes ON omplete Itemiza	o	ldendum L5
Name of Host	City	committee?	OYes ON	o	
Name of Host	City	committee?	OYes ON	o ation in Ac	ldendum L5
Name of Host Street Address	City	committee?	OYes ON omplete Itemizz	O ation in Ac	ldendum L5
Name of Host Street Address	City	committee?	OYes ON omplete Itemizz	O ation in Ac	ddendum L5 Zip Code
Name of Host Street Address Description of Donation		committee? If yes, co	OYes ON omplete Itemizz	O ation in Ac	ddendum L5 Zip Code
Name of Host Street Address Description of Donation		committee? If yes, co	OYes ON omplete Itemizz	O ation in Ac	ddendum L5 Zip Code
Name of Host Street Address Description of Donation Event # Aggregate Value of this Event		committee? If yes, co	OYes ON complete Itemizz	State State	Zip Code Zip Code of Donation
Name of Host Street Address Description of Donation Event # Aggregate Value of this Event		committee? If yes, co	OYes ON complete Itemizz	State State State ore than o	ddendum L5 Zip Code
Name of Host Street Address Description of Donation Event # Aggregate Value of this Event		committee? If yes, co this host/candidate Is this event committee?	OYes ON omplete Itemizz	State State Ore than of	Zip Code of Donation one candidate of
Name of Host Description of Donation Event # Aggregate Value of this Event		committee? If yes, co this host/candidate Is this event committee?	OYes ON complete Itemiza	State State Ore than of	Zip Code of Donation one candidate of
Name of Host Street Address Description of Donation Event # Aggregate Value of this Event Name of Host	st—all hosts Aggregate Value of all Events—.	committee? If yes, co this host/candidate Is this event committee?	OYes ON complete Itemiza	State State Cket Value ore than of the action in Action in Action	Zip Code Zip Code of Donation one candidate coddendum L5
Name of Host Description of Donation Event # Aggregate Value of this Event Name of Host Street Address	st—all hosts Aggregate Value of all Events—.	committee? If yes, co this host/candidate Is this event committee?	OYes ON complete Itemize Fair Man supporting m OYes ON complete Itemize	ore than of ation in Action in Actio	Zip Code Zip Code of Donation one candidate coddendum L5
Name of Host Street Address Description of Donation Event # Aggregate Value of this Event Name of Host	st—all hosts Aggregate Value of all Events—.	committee? If yes, co this host/candidate Is this event committee?	OYes ON complete Itemize Fair Man supporting m OYes ON complete Itemize	ore than of ation in Action in Actio	Zip Code one candidate coddendum L5 Zip Code
Name of Host Description of Donation Event # Aggregate Value of this Event Name of Host Street Address Description of Donation	Aggregate Value of all Events— City	committee? If yes, continue this host/candidate Is this event committee? If yes, continue the second the se	OYes ON complete Itemize Fair Man supporting m OYes ON complete Itemize	ore than of ation in Action in Actio	Zip Code one candidate coddendum L5 Zip Code
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Name of Host Description of Donation Event # Aggregate Value of this Event Name of Host Street Address Description of Donation	Aggregate Value of all Events— City Aggregate Value of all Events— Aggregate Value of all Events—	committee? If yes, continue this host/candidate Is this event committee? If yes, continue this host/candidate	OYes ON complete Itemiz Fair Man Supporting m OYes ON complete Itemiz	ore than of ation in Action in Actio	Zip Code one candidate coddendum L5 Zip Code
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Name of Host Street Address Description of Donation Event # Aggregate Value of this Event Name of Host Street Address Description of Donation	Aggregate Value of all Events— City Aggregate Value of all Events— SUBTOTAL Section L5	committee? If yes, continue this host/candidate Is this event committee? If yes, continue this host/candidate -this host/candidate	OYes ON complete Itemiz Fair Man Supporting m OYes ON complete Itemiz	ore than of ation in Action in Actio	Zip Code one candidate coddendum L5 Zip Code
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NAME OF COMMITTEE (Provide Complete	Name as Registered with	Filing Repository)		TYPE OF REPOR	T		
RD21 .	Potskovski sa savenovni venem menu			Oct 10 Filing	e viredo se dolo.		
		M. In-Kind Cont	ributions				
Name						2021	
Street Address		C	Sity			State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship Oother	Date Received	Aggregate Contributions	Description of In-Kind	Contribution	nd name in the State of State		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		excess of \$400 to a candida business he/she is associated \$5,0002					Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contribu No If yes,	tor a principal of a state cor indicate which branch or b rument the contract is with:	ntractor or prospective st		QYes No	or time	Contribution
Name					<u></u>		
Street Address		C	iity			State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 8 Yes No		excess of \$400 to a candid- business he/she is associate a \$5,000?					Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes, i	tor a principal of a state con indicate which branch or be mment the contract is with:	ranches	_	8Yes No		
Name							
Street Address		C	City			State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Received	Aggregate Contributions	Description of In-Kind	Contribution	·····		<u></u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		excess of \$400 to a candid business he/she is associated a \$5,000?					Market Value s Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	No If yes,	tor a principal of a state con indicate which branch or b rument the contract is with:	ranches	1	8Yes No		
			ection M — This Pa	7.00			
TOTAL OF ALL IN-KIND CON	TRIBUTIONS Œ		ional Section M Pag				
131111 57 1111 1 2 2 1		lable Deposit to Te					
Last Name of Individual	in Reini	First	ephone compa	N N	n l	Date Depos	sit Made
Residential Street Address		City		State Zip Cod	le		Amount of Deposit
Name of Telephone Company		L					
Street Address		City		State Zip Cod	le	-	
TOTALS	ECTION N (Enter	total on Line 24, Column 2	4 of Summary Page To	rats) 0	-t		

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT RD21	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT Oct 10 Filing		
RDZ1	P Expenses	Paid by Committee			17
Name of Payee Rob Hyder	1. Dapoisco		Date of Payment 7/12/21	O Chec	
Street Address 51 Franklin Ave		Derby		State CT	Zip Code 06418
Purpose of Expenditure (by code) RMB Expenditure # (ff applicable)	Description Fundraiser expenses Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	Event # s checked)	194.5	
(у аррисион)	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the		ndent nation OA OBOCOD		100 14 PM 7:
Name of Payee		, Organiz	Date of Payment	Method of	
Pam Gagliardi			7/16//21	O Debit	k # <u>6322</u> t Card O EFT
Street Address		City		State	Zip Code
149 Mountain Rd		Seymour		СТ	06483
Purpose of Expenditure (by code) RMB	Description Fundraiser expenses		Event#	100.2	Amount 3
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)	re) O Indepen			
Name of Payee			Date of Payment	Method of	f Payment:
Newtown Saving	s Bank		7/30/21	O Chec	t Card OEFT
Street Address		City		State	Zip Code
815 Bridgeport A	ve	Shelton		СТ	06484
Purpose of Expenditure (by code)	Description Service charge		Event#	3	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	ure) O Indepe		D	
Name of Payee			Date of Payment		of Payment:
Rich Dziekan			8/5	O Debi	ck #6323 it Card O EFT
Street Address		City		State	Zip Code
17 Krakow St		Derby		СТ	06418
Purpose of Expenditure (by code) RMB	Description postage		Event #	950.8	Amount 87
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind control of the	ıre) Q Indepe		D	
		SUBTOTAL Section P	— This Page 1248.65		
	T	OTAL of additional Sec	tion P Pages 8319.69		
	TOTAL OF ALL EXP (Enter total on Liv	ENSES PAID BY CO ne 19, Column A of Summa			

SEEC FORM 20

Section P. ADDITIONAL PAGE 1____ of 5_

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
RD21				Oct 10 Filing		
Name of Payee	P. Expenses	Paid by Co	nmittee	Date of Payment	L _	f Payment: :k # 6324
Valley Publishing				8/5/21	O Debi	t Card OEFT
Street Address 7 Francis St		Derby			State	Zip Code 06418
Purpose of Expenditure (by code) A-DM	Description mailer		Event	#	903.9	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required under September 1) None of the below (does not involve another candidate or concordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the cont	sought (joint expenditure) ent sought (in-kind contribution) Organization OA OB OC OD				
Name of Payee Ever Ready Press				Date of Payment 8/12/21		f Payment: sk # <u>6325</u> t Card O EFT
Street Address		City			State	Zip Code
78 Clifton Dr		Ansonia			СТ	06401
Purpose of Expenditure (by code) A-OTH	Description palm cards	Event#			230.0	Amount
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	ommittee) re)	Independent	A OBOC OD		
Name of Payee				Date of Payment		f Payment: :k # <u>6326</u>
AM Club				8/18/21	O Debi	t Card OEFT
Street Address		City			State	Zip Code
30 Hawthorne Av	e	Derby			СТ	06418
Purpose of Expenditure by code) FNDR	Description Dinner	,	Event	#	1400	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below (does not involve another candidate or conclusive Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind conclusive)	committee) ure)	Independent	oked) Oa Ob Oc Oi	1480	
Name of Payee				Date of Payment	Method of Check	of Payment:
FedEx				8/12/21	O Deb	it Card OEFT
Street Address		City			State	Zip Code
707 Bridgeport Av	ve	Shelton		,	CT	06484
Purpose of Expenditure (by code) PRNT	Description Contribution form copies		Even	t#	28.56	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	committee) ure)	Independent	oed) Oa Ob Oc Od		
				s Page 2642.54		
			tro de la lateración de la compa			

Section P. ADDITIONAL PAGE 2____ of 5_

NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
RD21				Oct 10 Filing		
	P. Expenses	s Paid by Commit	ttee			
Name of Payee				Date of Payment	Method of	•
Newtown Savings	Bank			8/31/21	O Checl	
Street Address		City			O Debit State	Card OEFT
815 Bridgeport Av	ve	Shelton			СТ	06484
Purpose of Expenditure	Description	1	Event	·#		A
(by code) BNK	service charge			•	3.00	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate or c		w" is check	ed)	3.00	100T 4 4
	Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind con	ire) 🚺 Ind	ependent anization	DA OB OC O	1	
Name of Payee				Date of Payment	Method of	-
Ever Ready Press				9/10/21	O Check	
Street Address		City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code
78 Clifton Dr		Ansonia			СТ	06401
Purpose of Expenditure	Description.		Event	#		Amount
by code) A-SIGN	Lawn Signs (payment 1 of 3)				800.0	0
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below	v" is checke	ed)	000.0	•
() applications	None of the below (does not involve another candidate or concluded with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the contro	ire) 🔘 Inde	ependent	а ОвОс О	n	
Name of Payee		<u> </u>		Date of Payment	Method of	•
18.4 - 18.4				1	Checl	k#
vvaliviart				9/10/21	, —	
		T City		9/10/21	⊙ Debit	Card OEFT
Street Address	/e	City Shelton		9/10/21	, —	
Street Address 465 Bridgeport A	/e Description	1	Event		O Debit State	Card OEFT Zip Code 06484
Street Address 465 Bridgeport Average of Expenditure		1	Event		Debit State	Card EFT Zip Code 06484 Amount
Street Address 465 Bridgeport Average of Expenditure by code) A-PH-BNK	Description Phones	Shelton		#	O Debit State	Card EFT Zip Code 06484 Amount
Street Address 465 Bridgeport Average of Expenditure by code) A-PH-BNK Expenditure #	Description Phones Type of Expenditure (Itemization in Addendum P Required	Shelton unless "None of the belo		#	Debit State	Card EFT Zip Code 06484 Amount
Street Address 465 Bridgeport Avarpose of Expenditure by code) A-PH-BNK Expenditure #	Description Phones Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendit	Shelton unless "None of the belocommittee) ture) In	ow" is check	# # ked)	State CT 73.38	Card EFT Zip Code 06484 Amount
A465 Bridgeport Avarpose of Expenditure by code) A-PH-BNK Expenditure # If applicable)	Description Phones Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or	Shelton unless "None of the belocommittee) ture) In	ow" is check	# ked) Oa Ob Oc C	Debit State CT 73.38	Card OEFT Zip Code 06484 Amount
Street Address 465 Bridgeport Avanues of Expenditure by code) A-PH-BNK Expenditure # if applicable)	Description Phones Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendit	Shelton unless "None of the belocommittee) ture) In	ow" is check	# Ked) OA OB OC C Date of Payment	State CT 73.38	Card OEFT Zip Code 06484 Amount
A465 Bridgeport Average Averag	Description Phones Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendit	Shelton unless "None of the belocommittee) ture) Intribution) Or	ow" is check	# ked) Oa Ob Oc C	73.38 Method of O Chec O Debit	Card EFT Zip Code 06484 Amount Payment: k#_ t Card EFT
A465 Bridgeport Avaryose of Expenditure by code) A-PH-BNK Expenditure # If applicable) Name of Payee Ever Ready Press Street Address	Description Phones Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendit	Shelton unless "None of the belocommittee) ture) Intribution) Or	ow" is check	# Ked) OA OB OC C Date of Payment	73.38 DD Method of Ochec Debit State	Card EFT Zip Code 06484 Amount FPayment: k#_ t Card EFT Zip Code
WalMart Street Address 465 Bridgeport Average of Expenditure by code) A-PH-BNK Expenditure # (if applicable) Name of Payee Ever Ready Press Street Address 78 Clifton Dr	Description Phones Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendit	Shelton unless "None of the belocommittee) ture) Intribution) Or	ow" is check	# Ked) OA OB OC C Date of Payment	73.38 Method of O Chec O Debit	Card EFT Zip Code 06484 Amount Payment: k#_ t Card EFT
A465 Bridgeport Avarpose of Expenditure by code) A-PH-BNK Expenditure # if applicable) Name of Payee Ever Ready Press Street Address 78 Clifton Dr Purpose of Expenditure	Description Phones Type of Expenditure (Itemization in Addendum P Required or Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought) Description	Shelton unless "None of the belocommittee) ture) Intribution) Or	ow" is check	# A OB OC ODate of Payment 9/11/21	73.38 DD Method of Ochec Debit State	Card EFT Zip Code 06484 Amount FPayment: k#_ t Card EFT Zip Code
A465 Bridgeport Average Average Address 465 Bridgeport Average A-PH-BNK Expenditure # (if applicable) Name of Payee Ever Ready Press Street Address 78 Clifton Dr Purpose of Expenditure	Description Phones Type of Expenditure (Itemization in Addendum P Required Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Shelton unless "None of the belocommittee) ture) Intribution) Or	ow" is check dependent ganization	# A OB OC ODate of Payment 9/11/21	73.38 DD Method of O Chec O Debit State CT	Card EFT Zip Code 06484 Amount FPayment: k#_ t Card EFT Zip Code 06401 Amount
A465 Bridgeport Avarpose of Expenditure by code) A-PH-BNK Expenditure # if applicable) Name of Payee Ever Ready Press Street Address 78 Clifton Dr Purpose of Expenditure by code) A-SIGN Expenditure #	Description Phones Type of Expenditure (Itemization in Addendum P Required or Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought) Description	Shelton unless "None of the belocommittee) ture) Intribution) Or	dependent ganization	# Seed) OA OB OC C Date of Payment 9/11/21	73.38 DD Method of Ochec Debit State	Card EFT Zip Code 06484 Amount FPayment: k#_ t Card EFT Zip Code 06401 Amount
A465 Bridgeport Average Average Address 465 Bridgeport Average Average A-PH-BNK Expenditure # (if applicable) Name of Payee Ever Ready Press Street Address 78 Clifton Dr Purpose of Expenditure (by code)	Description Phones Type of Expenditure (Itemization in Addendum P Required or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought) Description Lawn Signs (payment 2 of 3) Type of Expenditure (Itemization in Addendum P Required or Coordinated with reimbursement sought) One of the below (does not involve another candidate or Coordinated with reimbursement sought)	Shelton unless "None of the belocommittee) ture)	dependent ganization (Even	# Red) OA OB OC C Date of Payment 9/11/21	73.38 DD Method of O Chec O Debit State CT 444.98	Card EFT Zip Code 06484 Amount FPayment: k#_ t Card EFT Zip Code 06401 Amount
A-PH-BNK Expenditure # (if applicable) Name of Payee Ever Ready Press Street Address 78 Clifton Dr Purpose of Expenditure (by code) A-SIGN Expenditure #	Description Phones Type of Expenditure (Itemization in Addendum P Required or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought) Description Lawn Signs (payment 2 of 3) Type of Expenditure (Itemization in Addendum P Required in None of the below)	Shelton unless "None of the belocommittee) ture)	dependent ganization (Eventure is check dependent ganization (# Red) OA OB OC C Date of Payment 9/11/21 1# Red) OA OB OC C	73.38 DD Method of O Chec O Debit State CT 444.98	Card EFT Zip Code 06484 Amount FPayment: k#_ t Card EFT Zip Code 06401 Amount
A-PH-BNK Expenditure # (if applicable) Name of Payee Ever Ready Press Street Address 78 Clifton Dr Purpose of Expenditure (by code) A-SIGN Expenditure #	Description Phones Type of Expenditure (Itemization in Addendum P Required or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought) Description Lawn Signs (payment 2 of 3) Type of Expenditure (Itemization in Addendum P Required or Coordinated with reimbursement sought) One of the below (does not involve another candidate or Coordinated with reimbursement sought)	Shelton unless "None of the belocommittee) ture)	dependent ganization (Eventure is check dependent ganization (# Red) OA OB OC C Date of Payment 9/11/21 1# Red) OA OB OC C	73.38 DD Method of O Chec O Debit State CT 444.98	Card EFT Zip Code 06484 Amount FPayment: k#_ t Card EFT Zip Code 06401 Amount

Section P. ADDITIONAL PAGE 3 of 5

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposit	tory)	TYPE OF RE	PORT
RD21			Oct 10 Filin	g
	P. Expens	ses Paid by Com	mittee	
Name of Payee WalMart			Date of Payment	Check # ODebit Card OEFT
Street Address 465 Bridgeport A	ve	Shelton		State Zip Code CT 06484
Purpose of Expenditure (by code) A-PH-BNK	Description phones		Event #	Amount 48.52
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Require None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	or committee)	below" is checked) Independent Organization OA OB OC	2021 OCT 14 PM
Name of Payee USPS			Date of Payment 9/16/21	Method of Payment: Check #6328 Debit Card DEFT
Street Address 74 Olivia St		Derby		State Zip Code CT 06418
Purpose of Expenditure by code) A-DM	Description. Postage for mailer		Event#	Amount 968.27
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expending)	or committee)	velow" is checked) Independent	
	Coordinated with reinfoldsement sought (in-kind of			: O D
•	Coordinated without reimbursement sought (in-kind of		Organization A O B O C Date of Payment 9/16/21	Method of Payment: Oheck #6329
Valley Publishing	Coordinated without reimbursement sought (in-kind of		Organization A O B O C Date of Payment	Method of Payment:
Valley Publishing Street Address 7 Francis St Purpose of Expenditure by code) A-DM Expenditure #	Coordinated without reimbursement sought (in-kind of	City Derby	Organization A O B O C Date of Payment 9/16/21 Event #	Method of Payment: Check #6329 Debit Card State Zip Code
Valley Publishing Street Address 7 Francis St Purpose of Expenditure by code) A-DM Expenditure #	Description Mailers	City Derby ed unless "None of the or committee) nditure)	Organization A O B O C Date of Payment 9/16/21 Event #	Method of Payment: Check #6329 Debit Card EFT State Zip Code CT 06418 Amount 958.86
Valley Publishing Street Address 7 Francis St Purpose of Expenditure by code) A-DM Expenditure # if applicable) Name of Payee Sherry Tutillo	Description Mailers Type of Expenditure (Itemization in Addendum P Require) None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expe	City Derby ed unless "None of the or committee) nditure)	Organization A O B O C Date of Payment 9/16/21 Event # below" is checked) Independent	Method of Payment:
Valley Publishing Street Address 7 Francis St Purpose of Expenditure by code) A-DM Expenditure # if applicable) Name of Payee Sherry Tutillo	Description Mailers Type of Expenditure (Itemization in Addendum P Require None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind	City Derby ed unless "None of the or committee) nditure)	Date of Payment 9/16/21 Event # below" is checked) Independent Organization OA OB O Date of Payment	Method of Payment:
Valley Publishing Street Address 7 Francis St Purpose of Expenditure by code) A-DM Expenditure # if applicable) Name of Payee Sherry Tutillo Street Address 75 Redwood Dr #	Description Mailers Type of Expenditure (Itemization in Addendum P Require None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind	City Derby ed unless "None of the or committee) inditure) icontribution)	Date of Payment 9/16/21 Event # below" is checked) Independent Organization OA OB O Date of Payment	Method of Payment:
Expenditure # (if applicable) Name of Payee Sherry Tutillo Street Address 75 Redwood Dr # Purpose of Expenditure (by code)	Description Mailers Type of Expenditure (Itemization in Addendum P Require Coordinated with reimbursement sought (joint expenditure with reimbursement sought (joint expenditure without reimbursement sought (in-kind Coordinated without reimbursem	City Derby ed unless "None of the or committee) I contribution) City East Haven ed unless "None of the or committee) I contribution of the or committee or com	Date of Payment 9/16/21 Event # below" is checked) Independent Organization OA OB O Date of Payment 9/19/21 Event #	Method of Payment:

Section P. ADDITIONAL PAGE 4___ of 5___

P. Expenses Paid by Committee Name of Payers White Eagles Street Address TO Factory St Type of Expension in Addendam P Required unless "Name of the below" is checked) Organization of Cordinated without reimbursement sought (in-land coordinate) Coordinated with cut reimbursement sought (in-land coordinate) Organization of Assicn Type of Expensions (Itemstation in Addendam P Required unless "Name of the below" is checked) Organization of Assicn Type of Expensions (Itemstation in Addendam P Required unless "Name of the below" is checked) Organization of Coordinated without reimbursement sought (in-land coordinate) Organization of Coordinated without reimbursement sought (in-land coordinate) Organization of Coordinated with cut reimbursement sought (in-land coordinate) Organization of Coordinated with cut reimbursement sought (in-land coordinate) Organization of Coordinated with cut reimbursement sought (in-land coordinate) Organization of Coordinated with cut reimbursement sought (in-land coordinate) Organization of Coordinated with cut reimbursement sought (in-land coordinate) Organization of Coordinated with cut reimbursement sought (in-land coordinate) Organization of Coordinated with cut reimbursement sought (in-land coordinate) Organization of Coordinated with cut reimbursement sought (in-land coordinate) Organization of Coordinated with cut reimbursement sought (in-land coordinate) Organization of Coordinated with cut reimbursement sought (in-land coordinate) Organization of Coordinated with cut reimbursement sought (in-land coordinate) Organization of Coordinated with cut reimbursement sought (in-land coordinate) Organization of Coordinated without reimbursement sought (in-land coordinate) Organ	RD21				Oct 10 Filing		
White Eagles Street Address Oily Description		P. Expense	s Paid by Comm	ittee			The second of th
Willie Egypes To Factory St To God 18 Personal for Expenditure # Type of Expenditure # For Addition Dr Type of Expenditure # Type	Name of Payee				Date of Payment	1 .	•
State City Derby Derby State City Derby White Eagles				9/19/21			
Parpose of Expanditure by code) OVHD Prent Type of Expenditure # graphen for Expanditure # graphen for the follow (fees not involve moder emidiate or committee) Overland with reimbursement cought (piot-sequenture) Coordinated without reimbursement sought (in-kind contribution) Contribution # graphen follow Correct Address City Ansonia Discret Address RC (lifty Dr. Ansonia Repeature # graphen follow One of the below (fees and involve moder candition or committee) Coordinated without reimbursement sought (ini-capaditation) One of the below (fees and involve moder candition or committee) Coordinated without reimbursement sought (ini-capaditation) One of the below (fees and involve moder candition or committee) Coordinated without reimbursement sought (ini-capaditation) One of the below (fees and involve moder candition or committee) Coordinated without reimbursement sought (ini-capaditation) One of the below (fees not involve moder candition or committee) Cordinated without reimbursement sought (ini-capaditation) One of the below (fees not involve moder candition or committee) One of the below (fees not involve moder candition or committee) One of the below (fees not involve moder candition or committee) One of the below (fees not involve moder candition or committee) One of the below (fees not involve moder candition or committee) One of the below (fees not involve moder candition or committee) One of the below (fees not involve moder candition or committee) One of the below (fees not involve moder candition or committee) One of the below (fees not invol	Street Address		City		<u>l</u>		
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Section P. ADDITIONAL PAGE $\frac{5}{}$ of $\frac{5}{}$

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repo	ository)		TYPE OF REPORT		
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		Expenses Paid by Can-	didate			
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IV. EXPENDITURES (Sections P-T)

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RD21				Januares de Locationes	ct 10 Filing		
	R. Expenses Incurre	President of the Budderson of Children Sept. No. of Concession		dit Car	d		
Name of Issuing Insti-	tution	Type of Cred Visa	it Card: Master Ca	ard O	Discover OAm	erican Expres	s OOther:
Name of Vendor, Person o	r Entity					Date of	Transaction
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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing 1	cepository)		TYPE OF			
RD21				Oct 10	Filing		
	S. Expenses Incurred by	y Committee but	t Not Paid D	uring this l	Period		
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IV. EXPENDITURES (Sections P—T)

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Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant							Committee Worker/Consultant as	
Big-Y							Section P: k # <u>6321</u>	_ Q D	ebit Card OEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				1		State	Zip Code
656 New Haven A	ve .	Der	by					СТ	06418
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Name of Vendor, Person o Dollar Tree	r Entity Paid by Committee Worker/Consultant					reported in	o Reimburse o Section P: ok #6321	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		···.		1		State	Zip Code
492 New Haven A	ve	Der	by					СТ	06418
Purpose of Expenditure (by code)	Description Serving items		H-944-35-1144-1144-1144-1144-1144-1144-1144		Fvent#			34.03	Amount
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Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		 		,		State	Zip Code
74 Olivia St		Dei	by					CT	06418
Purpose of Expenditure (by code) POST	Description Prepald postcards for Invitations				Event#			22.00	Amount
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		SUB	готаі	_ Section T -	— This Pa	nge 216	5.55		
		тота	L of ad	ditional Sec	tion T Paş	ges 15	43.74		
TOTAL OF ALI	REIMBURSEMENT TO COMMITTEE	E WORK	ERS /	AND CONS	SULTAN	TS 176	50.29		

Section T ADDITIONAL PAGE _ 1 of _ 3

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor)	y)		PE OF REI	No. 2 A CREAT OF CASE		
RD21			Oc	t 10 Filin	g		
	T. Itemization of Reimb	ursements and Se	condary Pa	yees			
Last Name of Worker/Const	· · · · · · · · · · · · · · · · · · ·				MI	ayment to Vendor, Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Committee V	Vorker/Consultant as
Vistaprint.com				reported in Chec	Section P: k # <u>6322</u>		oit Card OEFT
ĺ	erson or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
275 Wyman St		Waltham				MA	02451
Purpose of Expenditure (by code) A-DM	Description Postcards		Event # fr1			78.23	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	nditure) O In	dow" is checked) adependent O arganization: o A	O _B C	С ° В	202:	LOCT14 pm 3:
Last Name of Worker/Cons	ultant	First	•		MI	Date of P Person or	ayment to Vendor,
Dziekan		Rich				8/5/2	
Name of Vendor, Person or USPS	Entity Paid by Committee Worker/Consultant			reported in		_	Vorker/Consultant as
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City		<u> </u>		State	Zip Code
83 Bridge St		Shelton				CT	06484
Purpose of Expenditure (by code) A-DM	Description postage for fliers		Event#			950.87	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	aditure) O I	ndependent Organization: o A	0 0	С о D		
Last Name of Worker/Cons	ultant	First			MI	Date of I	ayment to Vendor,
Tutillo		Sherry				8/23/	- 1
Name of Vendor, Person or Joann Fabric	Entity Paid by Committee Worker/Consultant			reported in	Reimburse Section P: ck # <u>6330</u>	_	Worker/Consultant as
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
1405 Boston Post F		Milford				СТ	06460
Purpose of Expenditure (by code) OVHD	Description HQ		Event #			6.49	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	nditure)	low" is checked) independent Organization: O A	0 0) О		
		SUBTOTAL Section	n T — This Pa	103	5.59		
		TOTAL of additional	Section T Pa	ges 508	:.15	<u></u>	
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKERS AND C	ONSULTAN	TS 176	0.29		

Section T ADDITIONAL PAGE 2 of 3

NAME OF COMMITTE RD21	E (Provide Complete Name as Registered with Filing Repositor	V)		PE OF RE				
	T. Itemization of Reimb	oursements and Seco	nan Norman pergenala di Norman da da Colo	CONTRACTOR CONTRACTOR OF THE OTHER	J			
Last Name of Worker/Cons Tutillo		First Sherry			МІ	Date of I Person o 6/9/2	-	
Name of Vendor, Person or Big-Y	Entity Paid by Committee Worker/Consultant			reported in	o Reimburse a Section P: ck #6330	_	Worker/Consultant as	
Street Address of Vendor, I	erson or Entity Paid by Committee Worker/Consultant	City		L <u> </u>	3.7.7.7.	State	Zip Code	1
656 New Haven Av	e	Derby				CT	06418	
Purpose of Expenditure (by code)	Description HQ		Event#			9,59	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expertion) Coordinated without reimbursement sought (in-kind	nditure) O Inde	w" is checked) ependent O	0 0) O	292	10Cm 14 pm	Tage Tage Tage
Last Name of Worker/Cons	ultant	First			MI	Date of I Person o	Payment to Vendor,	1
Tutillo		Sherry				8/20/	•	
Name of Vendor, Person or USPS	Entity Paid by Committee Worker/Consultant			reported in	o Reimburse a Section P: ck # <u>6330</u>	_	Worker/Consultant as	
Street Address of Vendor, F 74 Olivia St	erson or Entity Paid by Committee Worker/Consultant	City Derby				State CT	Zip Code 06418	
Purpose of Expenditure (by code) FNDR	Description postage for invitations	- ·			Amount 110.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expense Coordinated without reimbursement sought (in-kind	nditure) O Ind	w" is checked) dependent oranization: o A	0 0) O			
Last Name of Worker/Cons	ultant	First	, , , , , , , , , , , , , , , , , , , 		MI	Date of Person of	Payment to Vendor,	1
Tutillo		Sherry				8/23/	-	
Name of Vendor, Person or Vistaprint.com	Entity Paid by Committee Worker/Consultant	<u> </u>		reported i	to Reimburse n Section P: ck #6330	_	Worker/Consultant as	
Street Address of Vendor, l	Person or Entity Paid by Committee Worker/Consultant	City		1		State	Zip Code	1
275 Wyman St		Waltham				MA	02451	
Purpose of Expenditure (by code) FNDR	Description Event # fr3				Amount 223.32			
Expenditure # (if applicable)	aditure# Trace F Evenenditure (Itamiration in Addandum T Paguined unlass "None of the helow" is absolved)							
		SUBTOTAL Section	T — This Pa	ige 342	2.91			
		TOTAL of additional S	Section T Pa	ges 120	00.83		·	
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKERS AND CO	NSULTAN	I TS 176	50.29			

Section T ADDITIONAL PAGE 3

of	3	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) RD21 Oct 10 Filing										
	T. Itemization of Reiml	burs	sements and	l Secon		California de la composición	3			
			First			MI		Date of Payment to Vendor,		1
Tutillo S			Sherry				Person or Entity 7/16/21			
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as			1	
Vistaprint.com		repor				proted in Section P: Check #6330 O Debit Card O EFT				
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City			State	Zip Code			
275 Wyman St			Waltham					MA	02451	
Purpose of Expenditure (by code) FNDR	Description Invitations		Event # fr2					Amount 57.48		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: OA OB OC O							2021 OCT 14 PM 3*2		
Last Name of Worker/Consultant F			First				МІ	Date of I Person o	Payment to Vendor,	1
Tutillo		She	Sherry					8/23/	•	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as			Worker/Consultant as	1
Staples						ــــــــــــــــــــــــــــــــــــــ	Section P: k # <u>6330</u>	O Debit Card O EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		l i	City					State CT	Zip Code 06460	
1371 Boston Post Rd		Milford				·	C1 0040		00400	1
Purpose of Expenditure (by code) FNDR	penditure Description Descri			fr3					Amount 107.76	
Expenditure # (if applicable)										
Last Name of Worker/Consultant		First	First				МІ	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			<u></u>				o Reimburse n Section P: ck #	_	Worker/Consultant as	4
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		T	City					State	Zip Code	
Purpose of Expenditure (by code)	Description	L	Event #		***************************************		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O B O C O D									
		S	UBTOTAL S	ection T -	— This Pa	ige 165	.24			
TOTAL of additional Section T Pages 1378.50										
TOTAL OF ALI	REIMBURSEMENT TO COMMITTEE	wo.	RKERS AN	D CONS	SULTAN	TS 176	0.29			