SEEC FORM 20

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

RECEIVED TOWN/CITY CLERK DERRY, CT

2021 OCT 12 PM 2: 16

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COVER PAGE Jane J. Son

1. NAME OF COMMITTEE					MARC J. GAROFA	ID, MP	l .			
RD21										
2. TREASURER NAME									-	
First		MI		Last					Suffix	
Judy		Α		Szewcz	yk					
3. TREASURER ADDRESS	÷									
Street Address		City					State	Zip C		
166 Mt Pleasant St		Derby					СТ	18		
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	3.2.32 2.32 a. (co.p.u)							RICT NUMBER	
(mm/dd/yyyy) 11/2/21	Mayor	ayor						(if applicable	Derby	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato)							
First		MI		Last					Suffix	
Richard		Р		Dzieka	n			·		
8. TYPE OF REPORT (Check One Box)									100	
O January 10 filing	anuary 10 filing O7th day preceding primary O7th day preceding refer				day preceding referendum		Initial Cont		r Disbursement	
OApril 10 filing	O30 days following primary O45 days following referen				days following referendum					
OJuly 10 filing	y 10 filing O7th day preceding election O Deficit				ficit	Т	ype of Rep	port:		
October 10 filing	per 10 filing O12th day preceding election (State Central Committees Only)									
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		on							
9. PERIOD COVERED	(90)									
	Beginning Da	ite			Ending Date					
	07/01/2021			thru	09/30/2021					
10. CERTIFICATION							romanos de fotos			
I hereby certify and state, under possible Disclosure Statement for the pe	penalties of false eriod covered is	statement, true, accu	that trate	all of the and con	e information set forth on aplete.	n this Ite	mized Ca	mpaign I	inance	
Judy A Szewczyk 10/10/2021					/ 2021					
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)		PRIN	IT NAME	OF SIGNER		_	DATE	(mm/dd/yyyy)	
A person who is					iolated any provisions o imprisonment or both.	f the can	ıpaign fin	ance stat	utes	

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SEEC FORM 20

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

SUMMARY PAGE TOTALS

TYPE OF REPORT					
Oct 10 Filing					
COLUMN A This Period	COLUMN B Aggregate				
3448.20					
12101	14651				
	1000				
2200	2200				
14301	17851				
17749.20	17851				
9568.34	9670.14				
8180.86	8180.86				
	COLUMN A This Period 3448.20 12101 2200 14301 17749.20 9568.34				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	g 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			
B. Iter	mized Con	tribı	itions from Indivi	duals			
Last Name		Fir				MI	
Abel		E	d				
Residential Street Address	4	lity			State	Zip Code	
12 Sampson Ave		Milfo			СТ	06460	
Principal Occupation			Name of Employer				
Supervisor			WPCA Derby CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Ves does contributor or business he/she is valued at more than \$5,000?			didate for a chief executive interest of the contract of the c	e officer of a municipalit with said municipality	y, Amo	ount of Contribution	
event reported in Section L1? No If yes, indica	Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section L1? Yes No If yes, indicate which branch						
Method of Contribution:			Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney	Order	7/2/21	50			
Last Name		Fir	<u>I</u>	<u>L</u>		MI	
Antonucci		N	icole				
Residential Street Address	lo lo	Lity		, .,	State	Zip Code	
510 Washington Ave		North	n Haven		СТ	06473	
Principal Occupation			Name of Employer				
ІТ			Yale University				
or dependent child of a lobbyist? O No does contributor or bu	If contribution is in excess of \$400 to a candidate for a chief executive offi does contributor or business he/she is associated with have a contract with valued at more than \$5,000? Yes No			e officer of a municipalit with said municipality	y, Am o	ount of Contribution	
event reported in Section L1? No If yes, indicate	principal of a s ate which bran ent the contrac	ch or		te contractor? O Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
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Last Name		Fir	rst			MI	
Antonucci		P	aula				
Residential Street Address	1	City			State	Zip Code	
32 Jusine		Nort	h Haven		CT	06473	
Principal Occupation Name of Employer							
retired			retired				
or dependent child of a lobbyist? On does contributor or but				ve officer of a municipality with said municipality	ty, A m	ount of Contribution)	
event reported in Section L1?	No If yes, indicate which branch or branches			te contractor? O Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	ion O Money	Order	Date Received 7/6/21	Aggregate Contributions			
SUBTOTAL Section B — This Page 250							
TOTAL of additional Section B Pages 10050							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

Section B ADDITIONAL PAGE 1 of 31

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TY			TYPE (YPE OF REPORT			
RD21 Oct				ct 10 Fil i へろ			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$ 1801			
B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name	1	rst					MI
Antonucci	R	ichard 				····	
	City	h Hayram		i	State	Zip C	1
32 Justine Dr	NOLL	h Haven		<u> </u>	СТ	064	+/3
Principal Occupation		Name of Employer Annex Used Cars					
Business owner Carlo Life Carlo Carl				- C	T		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes Ves Vous If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipal does contributor or business he/she is associated with have a contract with said municipal valued at more than \$5,000? Yes No			municipality	100	unt of	Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a second reported in Section L1? No If yes, indicate which brain of government the contract	nch or l	branches	e contrac OLegi	No			
Method of Contribution:		Date Received		e Contributions	1		
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Last Name	-	rst				**********	MI
Antonucci Jr	R	Richard					
Residential Street Address	ential Street Address City St			State	Zip (
2 Justine Drive North Haven			CT	064	473		
Principal Occupation Name of Employer							
Manager Prudential Finance							
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?	No does contributor or business he/she is associated with have a contract with said municipality			Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # fre Yes No If yes, indicate which bra of government the contra	nch or	branches	_	⊙ No			
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Armeno	E	Ed				- 	
Residential Street Address	City	·			State	1 -	Code
39 Whitney Ct	Han	nden			CT	100	518
Principal Occupation Name of Employer Discrete: Name of Employer							
Director Derby Public Works							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No			, Amo		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 O Legislative							
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	Date Received 8/11/21	Aggrega 600	te Contributions			
		AL Section B — This	ļ	300			
		additional Section B		10000		NUCHO (SHETK	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 12101							

Section B ADDITIONAL PAGE 2 of 31

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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-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 180 ⁻	1			
B. Itemized Contributions from Individuals							
Last Name	Firs					MI	
Armeno	Ed						
	City	1			State	Zip Code	
39 Whitney Ct	Hamo				CT	06518	
Principal Occupation		Name of Employer					
Director		Derby Public Works					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	to a cand is associ	lidate for a chief executive inted with have a contract OYes ONo	e officer o with said	f a municipality municipality	400	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, list Event #	nch or b	ranches	C C Legis	No			
Method of Contribution:		Date Received		Contributions	7		
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Last Name	Firs	t				MI	
Armeno	Ec	i					
Residential Street Address	City				State	Zip Code	
39 Whitney Ct	Hamo				СТ	06518	
Principal Occupation Name of Employer							
Director Derby Public Works							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	ependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality			1	Amount of Contribution		
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Last Name	Firs	st	1000			MI	
Baklik	М	ladeline					
Residential Street Address	City		······································		State	Zip Code	
501 Roosevelt Dr	Derb	y			CT	06418	
Principal Occupation	.L	Name of Employer	····				
retired retired							
	ontributor a lobbyist, spouse, lependent child of a lobbyist? Yes No Ves 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			/, Ame	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 state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: O Executive O Legislative							
Method of Contribution:		Date Received	1	Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	9/18/21	100				
SUBTOTAL Section B — This Page 600							
TOTA	L of ac	Iditional Section B	Pages	9700			
TOTAL OF ALL CONTRIBUTIONS FROM	M IND	IVIDUALS (Sections umn A of Summary Page	A + B) Totals)	12101			

Section B ADDITIONAL PAGE 3

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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 \$ 18				1				
B. Itemized Co	ntribu	tions from Individ	luals					
Last Name	Firs	t					MI	
Baklik Jr.	Ar	ndrew						
Residential Street Address	City				State	Zip Co		
501 Roosevelt Dr	Derby			,	СТ	064	18	
Principal Occupation		Name of Employer						
Chief of Staff		City of Derby						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No does contributor or business he/she valued at more than \$5,000?	to a cand e is associ	didate for a chief executive inted with have a contract OYes ONo	officer of with said	of a municipality municipality	, Amo	Amount of Contribution		
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Last Name	Firs	it	***		برياب	П	MI	
Bourque	Co	orey						
Residential Street Address	City				State	Zip Co	ode	
12 Revere Rd	Shelto	on			CT	064	84	
Principal Occupation		Name of Employer						
installer		ABC Signs						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					1	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3 Yes No If yes, indicate which brof government the contributor a principal of a section L1?	anch or b	oranches	_	⊙ No				
Method of Contribution:		Date Received	Aggregat	e Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	9/18/21	100					
Last Name	Fire	st					MI	
Bourque	Lá	awrence						
Residential Street Address	City				State	Zip C		
25 Millbrook Rd	Shelt				СТ	064	184	
Principal Occupation Name of Employer								
purchasing		ABC Signs						
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes lif 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 100			
event reported in Section L1? O No If yes, indicate which br								
Method of Contribution: Date Received Aggregate Contributions								
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/18/21 100								
SUBTOTAL Section B — This Page 300								
TOTA	AL of ac	dditional Section B	Pages	10000		20144-110V		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 12101								

Section B ADDITIONAL PAGE 4 of 31

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposition)	sitory)		911.17	TYPE OF R	EPORT		
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							
B. Itemize	d Conti	ribı	utions from Individ	luals			
Last Name		Fire					MI
Casa		To	om				
Residential Street Address	Cit	-				State	Zip Code
9 Fiddlehead Rd	0	xfor	rd			CT	06478
Principal Occupation			Name of Employer				
Carpenter			self employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business valued at more than \$5,000?	s he/she is a	assoc	iated with have a contract OYes ONo	with said mu	r of a municipality, Amount of Contribution id municipality		
event reported in Section L1? No If yes, indicate whi	event reported in Section L1? No If yes, indicate which branch or branches						
Method of Contribution:			Date Received	Aggregate Co	ntributions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Or	rder	8/11/21	100			
Last Name		Fir	st				MI
Cassetti		D	ave				
Residential Street Address	Cit	у				State	Zip Code
3 High Acres Rd	A	nso	nia			CT	06401
Principal Occupation			Name of Employer				
Mayor City of Ansonia							
or dependent child of a lobbyist? O No does contributor or business	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? O Yes No			Amount of Contribution 20			
event reported in Section L1? O No If yes, indicate wh							
Method of Contribution:			Date Received	Aggregate Co		1	
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction C	Money O	rder	7/2/21	70			
Last Name		Fin	rst		-00000		MI
Cassetti			ave				
Residential Street Address	Ci	ty				State	Zip Code
3 High Acres Rd	A	۱nsc	onia			CT	06401
Principal Occupation			Name of Employer				
Mayor City of Ansonia							
or dependent child of a lobbyist? On does contributor or business				, Am	1		
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Method of Contribution: Date Received Aggregate Contributions							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money O	order	8/11/21	70			
SUBTOTAL Section B — This Page 170							
TOTAL of additional Section B Pages 10130							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 12101							

Section B ADDITIONAL PAGE 5 of 31

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
RD21			Oct 10 Fili na)					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 1801					
B. Itemized Contributions from Individuals								
Last Name	First				MI			
Charmel	Patrio	ck						
Residential Street Address	City			State	Zip Code			
97 Honeyspot Rd	Stratford	i		CT	06614			
Principal Occupation	Na	me of Employer						
CEO	Gr	riffin Hospital						
contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes 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 ONo				, Amo	unt of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction of government the contraction.	inch or brane	ches _	Contractor? Yes No Legislative					
Method of Contribution:		te Received	Aggregate Contributions	1				
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Last Name	First				MI			
Chase	Chris	stopher						
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code			
208 Nepalu Dr	Middleto	own		CT	06457			
Principal Occupation	Na	me of Employer						
chiropractor	se	elf employed						
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No				, 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 If yes, indicate which brateful of government the contraction.	anch or bran	nches	e contractor? Yes No Legislative					
Method of Contribution:	Da	te Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 8	3/11/21	100					
Last Name	First				MI			
Chase	Chris	stopher						
Residential Street Address	City			State	Zip Code			
208 Nepalu Dr	Middlet	own		СТ	06457			
Principal Occupation	Na	ame of Employer						
chiropractor	S	elf employed						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000?	contributor a lobbyist, spouse, dependent child of a lobbyist? Yes 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			y, Am	ount of Contribution			
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TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DUALS (Sections A of Summary Page						

Section B ADDITIONAL PAGE 6

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE O	F 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	i i per tabungan ka		
B. Itemized Co	ntribu	itions from Individ	duals				
Last Name	Firs						MI
Cofrancesco	Pa	nula					
Residential Street Address	City				State	Zip C	- 1
27 N Humiston Dr	Betha	ıny			CT	065	524
Principal Occupation		Name of Employer					
First Selectman		Town of Bethany					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? Yes No Ves on tribution is in excess of \$400 to a candidate for a chief executive officer of a modes contributor or business he/she is associated with have a contract with said munical valued at more than \$5,000?					, Am o	ount of	Contribution
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OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	7/2/21	120				
Last Name	Firs	st					MI
Cofrancesco	Pa	aula					
Residential Street Address	City				State	Zip C	Code
27 N Humiston Dr	Betha	any			CT	065	524
Principal Occupation	<u> </u>	Name of Employer					
First Selectman		Town of Bethany					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					7, Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3 Yes No If yes, indicate which broof government the contributor a principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which is a lf yes and yes a lf	anch or b	branches	_	⊙ No			
Method of Contribution:		Date Received	Aggregate	Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	9/18/21	120	>			
Last Name	Fir	st					MI
Cooper	В	rian					Α
Residential Street Address	City				State	Zip (Code
214 Division Ave	Shelt	on			CT	06	484
Principal Occupation		Name of Employer					
retired		retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes loss contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a can ne is assoc	didate for a chief executive ciated with have a contract Yes No	e officer with said	of a municipalit I municipality	y, Am		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which broof government the contributor a principal of a liftyes, indicate which broof government the contributor.	anch or l	branches	OLeg	Slative ONo			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ev Order	Date Received 7/14/21	Aggregat	e Contributions			
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TOTA	L of a	dditional Section B	Pages	10080	on paragidade del		
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		IVIDUALS (Sections . umn A of Summary Page		12101			

Section B ADDITIONAL PAGE 7 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				\$ 180	1				
B. Itemiz	zed Con	tribu	utions from Indivi	duals					
Last Name		Fir						MI	
Cooper		Ві	rian						
Residential Street Address	- · · · - · · · · - · · · · ·					State	Zip C	1	
214 Division St		Shelt				СТ	064	84	
Principal Occupation			Name of Employer retired						
retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess does contributor or busine valued at more than \$5,00	ess he/she i	o a can s assoc	didate for a chief executive ciated with have a contract OYes ONo	e officer of with said	of a municipality municipality	50	unt of	Contribution	
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Method of Contribution:			Date Received		Contributions	1			
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Last Name		Fir	st	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Of the Publication of the Public	MI	
Curran		G	reg						
Residential Street Address	C	City				State	Zip C	ode	
49 Werking St	İ	Plant	sville			CT	064	179	
Principal Occupation			Name of Employer						
Police Officer			Hamden PD						
or dependent child of a lobbyist? On does contributor or busine	0 100 200				7, Amo		Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2 Yes Is contributor a prin If yes, indicate work of government	which bran	ich or			⊙ No				
Method of Contribution:		,	Date Received		Contributions .				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money	Order	8/1121	100					
Last Name		Fi						MI	
Czako		E	ugene					<u> </u>	
Residential Street Address	ľ	City	h 11aaa			State	Zip (Code 473	
24 Fawn Ridge Rd		NOIL	h Haven			CI	004	413	
Principal Occupation retired			Name of Employer retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No does contributor or busin valued at more than \$5,00	ess he/she	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer with said	of a municipality	y, Am		f Contribution	
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	TOTAL	of a	dditional Section B	Pages	10000		***************************************		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 12101									

Section B ADDITIONAL PAGE 8 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-Receive (See instructions for definition of Small Contributor)		s Period ONLY OTAL SECTION A	\$ 1801			
B. Itemized Con	ntribu	itions from Individ	duals			
Last Name	Firs		anna Sistema Martina a Parkitty (2001) (1964-1966) (1967-1966)		MI	
Dagan	Do	oron				
l l	City			State	Zip Code	
110 Sheffield Rd	Walth	am		MA	02451	
Principal Occupation		Name of Employer				
P.C.						
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 is valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a st If yes, indicate which bran of government the contract	ich or bi	ranches	e contractor? Yes OLegislative			
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Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	9/9/21	100			
Last Name	Firs				Гмі	
Dalessio	1	ike			1744	
Posidential Street Address	City			State	Zip Code	
	Ansor	nia		CT	06401	
Principal Occupation Name of Employer						
City of Hosonia						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? to a cand	didate 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 # fr1 Yes Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or b	oranches	te contractor? Yes O Legislative	:		
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	7/2/21	20			
Last Name	Firs	st			MI	
DiCenso	Ca	armen				
Residential Street Address	City			State	Zip Code	
7 Jeanetti Dr	Derb	у		СТ	06418	
Principal Occupation	L	Name of Employer	<u>, </u>			
Economic Development Liaison		City of Derby				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	to a can	didate for a chief executive stated with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bran of government the contract	nch or b	oranches	_ ONo			
Method of Contribution:		Date Received	Aggregate Contributions			
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TOTAL	Lofad	Iditional Section B l	Pages 9880			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections . umn A of Summary Page				

Section B ADDITIONAL PAGE ⁹ of ³¹

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		d decision of the	TYPE OF REPORT	100 140				
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					
B. Itemized Co	ntril	outions from Indivi	duals					
Last Name	F	?irst				MI		
DiCenso		Carmen						
Residential Street Address	City	1		State	Zip C			
7 Jeanetti Dr	Der			СТ	064	18		
Principal Occupation		Name of Employer						
Econ Development Liaison		City of Derby				.,		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				y, Amo		Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lf yes, indicate which brace of government the contributor appropriate which brace is the section L1?	anch or	branches _	te contractor? Yes OLegislative					
If yes, list Event # fr2 of government the contra	ict is w	Date Received	Aggregate Contributions	-				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	v Orde		500					
Last Name		irst				ΜΙ		
DiCenso		Carmen						
Residential Street Address	City			State	Zip C	ode		
7 Jeanetti Dr	Der	by		СТ	064	118		
Principal Occupation		Name of Employer		<u> </u>	, <u>L</u>			
Econ Development Liaison		City of Derby						
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?				y, Amo		Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2 Yes Is contributor a principal of a lifyes, indicate which broad of government the contributor.	anch o	r branches	tte contractor? No Legislative	s				
Method of Contribution:		Date Received	Aggregate Contributions	7				
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Last Name	I	First				MI		
DiPaulo		Daryl						
Residential Street Address	City			State	Zip C			
412 Hittig Rd	Ora	inge		СТ	064	477 		
Principal Occupation		Name of Employer						
electrician		D.J.D.D.						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	0 to a c ie is ass	andidate for a chief execution sociated with have a contract Yes O No	ve officer of a municipalit t with said municipality	ty, Ame		f Contribution		
event reported in Section L1? O No If yes, indicate which br	Yes Is contributor a principal of a state contractor or prospective state contractor? OYes							
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMone	ey Orde	Date Received 8/11/21	Aggregate Contributions 200					
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TOTA	L of	additional Section B	Pages 9900					
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin		DIVIDUALS (Sections 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 Contributor (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$ 1801				
B. Iten	nized Con	trib	utions from Indivi	duals				
Last Name		Fir	est					MI
Drugonis		Α	nnmarie					
Residential Street Address	C	ity			St	ate	Zip C	Code
111 Middle Benham Rd	1:	Seym	nour		C	т	064	183
Principal Occupation			Name of Employer					
First Selectwoman			Town of Seymour					
or dependent child of a lobbyist? O No does contributor or but	contributor a lobbyist, spouse, dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No				lity,	Amou 100	int of	Contribution
· · · · · · · · · · · · · · · · · · ·	rincipal of a st		ntractor or prospective state	e contractor? SY				
	nt the contract			OLegislative				
Method of Contribution:		*****	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney	Order	7/25/21	150				
Last Name		Fir	st					MI
Drugonis		Α	nnmarie					
Residential Street Address	C	lity			St	ate	Zip C	Code
111 Middle Benham Rd	111 Middle Benham Rd Seymour C					T	064	183
Principal Occupation			Name of Employer					
First Selectwoman			Town of Seymour					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in extended does contributor or but valued at more than \$5	siness he/she is	a can	adidate for a chief executive ciated with have a contract Yes No	e officer of a municipal with said municipality	lity,	Amou 50	ınt of	Contribution
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Last Name	*****	Fi	rst					MI
Dybas		В	Barbara					
Residential Street Address	To the second	City			S	tate	Zip (Code
22 O'Sullivan Rd		Derb	у			T	06	418
Principal Occupation			Name of Employer				L	
retired			retired					
	isiness he/she i		ndidate for a chief executive ciated with have a contract Yes No			Amo 20	unt o	f Contribution
event reported in Section L1? O No If yes, indica	principal of a s ate which bran ent the contract	ch or		te contractor? OLegislative				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney	Order	Date Received 7/2/21	Aggregate Contributions				
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	TOTAL	of a	dditional Section B	Pages 10130		**************************************		
TOTAL OF ALL CONTRIBUTI (Enter t			OIVIDUALS (Sections lumn A of Summary Page				CERTAIN CO.	

Section B ADDITIONAL PAGE 11 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					
B. Itemized Con	ntribu	tions from Individ	luals					
Last Name	First						MI	
Dybas		rbara	v			T		
	^{City} Derby	,		i	State CT	Zip C 064		
22 O'Sullivan Rd Principal Occupation	Derby	Name of Employer				00-	10	
retired		retired						
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 t	to a cand	lidate for a chief executive	officer o	of a municipality,	Amo	unt of	Contribution	
or dependent child of a lobbyist? On does contributor or business he/she is valued at more than \$5,000?					100			
Is this contribution associated with an Yes Is contributor a principal of a s		tractor or prospective state	contract	or? QYes	1 '**			
event reported in Section L1? No If yes, indicate which bran of government the contract			OLegis	lative				
Method of Contribution:	1	Date Received		Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	9/18/21	120					
Last Name	First	t	dailes reconstruction of the second				MI	
Dziekan Jr	He	enry						
Residential Street Address	City			1	State	Zip C		
1204 Main St #314 Branford CT 06405					105			
Principal Occupation		Name of Employer						
retired retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ordependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?					100		Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No No If yes, indicate which brain of government the contraction of government the contraction.	nch or b	ranches		⊙ No				
Method of Contribution:		Date Received		Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	8/11/21	100					
Last Name	Firs	t	<u> </u>			***************************************	MI	
Dziekan	Ja	mes				,		
	Clana	Jalo			State AZ	Zip (304	
11822 N 49th Ave	Glenc					00.		
Principal Occupation retired		Name of Employer retired						
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a can		e officer	of a municipality	Amo	wnt o	f Contribution	
or dependent child of a lobbyist? No No does contributor or business he/she valued at more than \$5,000?					100		Contribution	
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TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections Aumn A of Summary Page		12101				

Section B ADDITIONAL PAGE 12 of 31

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	TYPE OF REPORT							
RD21				Oct 10 Filing				
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$ 1801				
B. Itemized	Cont	ribu	itions from Indivi	duals				
Last Name		Firs					MI	
Dziekan		Ca	athleen					
Residential Street Address	Ci	•			State	Zip (1	
1204 Main St #314	В	ranf	ord		СТ	064	105	
Principal Occupation			Name of Employer					
retired			retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of 3 does contributor or business he valued at more than \$5,000?						Amount of Contribution		
event reported in Section L1? No If yes, indicate which	h brancl	h or b		e contractor? Yes OLegislative				
If yes, list Event # fr3 of government the co	ontract i	s with	Date Received	Aggregate Contributions	-			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OM	Money O	rder	9/18/21	100				
Last Name		Firs				under Honorband	мі	
Fernino		1	arol					
Residential Street Address					State	Zip (Code	
1021 Roosevelt Dr	l *				СТ	064		
Principal Occupation			Name of Employer		L			
property manager			_					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?				with said municipality	50	ount of	Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr1	ch branc	h or b		te contractor? Yes O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Money O	rder	7/2/21	50				
Last Name		Fin					MI	
Forte			obert		·	- T		
Residential Street Address		ty Jork	.,		State] ^	Code 418	
59 Mohawk Dr		Derb	_		C1	100	410	
Principal Occupation			Name of Employer retired					
retired	20400 :		<u> </u>	CC	т.		66 () ()	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of does contributor or business h valued at more than \$5,000?					y, Am 20	ount o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr1	ch branc	h or t		e contractor? OLegislative				
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money C	order	Date Received 7/2/21	Aggregate Contributions 20				
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			lditional Section B l					
TOTAL OF ALL CONTRIBUTIONS F (Enter total on			IVIDUALS (Sections Aumn A of Summary Page					

Section B ADDITIONAL PAGE $\frac{13}{}$ of $\frac{31}{}$

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
RD21				Oct 10	Oct 10 Filing			
A. Total Contributions from Small Contributors-Ro (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$ 180)1			
B. Itemized	d Cont	ribu	tions from Indivi	duals				
Last Name		Firs	t					MI
Harayda		Ka	ithleen					
Residential Street Address	Cit	y				State	Zip	Code
33 Wopowog Trail	SI	helto	on		•	СТ	06	484
Principal Occupation			Name of Employer			L		
retired			retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No High contribution is in excess of does contributor or business valued at more than \$5,000?	he/she is a					7, Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of the			tractor or prospective state	e contrac	tor? Syes	7		
If yes, list Event # of government the				OLegi				
Method of Contribution:			Date Received	Aggregat	e Contributions			
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Last Name		Firs	t			Orași de la compositori della		MI
Harris		La	ura					
Residential Street Address	Cit	 у				State	Zip	Code
511 Roosevelt Dr	D	erby	1			СТ	06	418
Principal Occupation	L		Name of Employer				1	
retired			retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000?	he/she is a					, Amo		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 government the	ich brancl	h or b			⊙ No			
Method of Contribution:		1	Date Received	Aggregat	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money O	rder	8/11/21	100				
Last Name		Firs	st			week and the second	Angli (Annuayya)	MI
Hemmock		Fr	ancis					
Residential Street Address	Cit	y				State	Zip	Code
71 Franklin Ave	D	erb <u>y</u>	у			CT	06	418
Principal Occupation			Name of Employer			L		
restaurant owner			Retro Grub & Pub					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess or does contributor or business valued at more than \$5,000?	he/she is	a can	didate for a chief executive iated with have a contract Yes No	e officer with said	of a municipality I municipality	y, Am o		of Contribution
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Method of Contribution:	\		Date Received	ı	te Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money O	rder	9/5/21	500				
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TOTAL OF ALL CONTRIBUTIONS (Enter total or			VIDUALS (Sections Aumn A of Summary Page		12101	**************************************		

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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-R (See instructions for definition of Small Contributor)			s Period ONLY OTAL SECTION A	\$ 1801				
B. Itemized Contributions from Individuals								
Last Name		Firs	st			MI		
Holmes		Al	vin					
Residential Street Address		ity			State	Zip Code		
376 Hawthorne Ave		Derby	У		СТ	06418		
Principal Occupation			Name of Employer					
financial analyst			Robert Half					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is					Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2 Yes Is contributor a principal fryes, indicate who of government the	hich branc	ch or b		e contractor? Yes OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction)Money (Order	8/11/21	100				
Last Name		Firs	St			MI		
Hyder		Ta	ara					
Residential Street Address	C	ity			State	Zip Code		
51 Franklin Ave	1	Derb	y		СТ	06418		
Principal Occupation Lang. Arts Specialist	al Occupation And Arts Specialist Name of Employer And Felicities				Sc	hools		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is	a can	didate for a chief executive iated with have a contract O Yes O No	e officer of a municipality with said municipality		Amount of Contribution		
	ipal of a st hich bran	ch or l	ntractor or prospective state	te contractor? OYes O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money (Order	8/11/21	100				
Last Name		Fir				MI		
Jazwinski		M	1ark					
Residential Street Address	j	City			State	Zip Code		
147 Westfield Rd		Milfo	ord		СТ	06461		
Principal Occupation			Name of Employer					
police office			Town of Bethany					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busines valued at more than \$5,000	ss he/she i	o a can s assoc	adidate for a chief executive ciated with have a contract Yes No	e officer of a municipalit with said municipality	y, Am 80	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2 Yes No If yes, indicate with an event reported in Section L1? If yes, list Event # fr2	hich bran	ch or l	ntractor or prospective state branches h:	te contractor? OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money	Order	8/11/21	80				
	SUBT	ОТА	L Section B — This	Page 280				
1	TOTAL	of ac	dditional Section B	Pages 10020				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 12101								

Section B ADDITIONAL PAGE 15 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-Rece (See instructions for definition of Small Contributor)			S Period ONLY TAL SECTION A	\$ 1801	water the control of	u ji ku sida ku ka sa		
B. Itemized C	Contr	ibu	tions from Indivi	duals				
Last Name		First				A	MI	
Kaladish		Eli	zabeth					
Residential Street Address	City				State	1 1	Code	
25 Millbrook Rd	Sh	elto	on .		СТ	06	484	
Principal Occupation			Name of Employer					
retired			retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Valued at more than \$5,000?					- [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 If yes, indicate which be of government the contributor of government the contributor.	branch (or br	anches	e contractor? Yes OLegislative				
Method of Contribution:		Ī	Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Ord	ier	9/18/21	100				
Last Name		First					MI	
Kilson		Ch	arles					
Residential Street Address	City	<u></u>			State	Zip	Code	
157 N Mountain Rd	Ca	nto	n		СТ	06	019	
Principal Occupation		П	Name of Employer		I			
Seasonal Maintenance			DEEP					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Visual If contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?					7, Am		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3 Yes Is contributor a principal of If yes, indicate which to of government the con	branch	or b	ranches	e contractor? Yes No Legislative				
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Last Name	enstanie describituro	Firs	te comince to the control of the state of th				MI	
Kilson		Lir	nda					
Residential Street Address	City				State	1 -	Code	
157 N Mountain Rd	Ca	anto	n		СТ	06	019	
Principal Occupation			Name of Employer					
cashier/clerk			6 Spoons Chocolat					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No					y, Am		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 If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government to the principal of If yes, indicate which be of government to the principal of If yes, indicate which be of government to the principal of If yes, indicate which be of government to the principal of If yes, indicate which be of government to the principal of If yes, indicate which be of government to the principal of If yes, indicate which be of government to the principal of If yes, indicate which be of government to the principal of If yes, indicate which be of the principal of If yes, indicate which be of government to the principal of If yes, indicate which be of government to the principal of If yes, indicate which is the principal of If yes, indicate which is the principal of If yes, indicate which is t	branch	or b	ranches	e contractor? OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Oro	der	9/18/21	100				
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TOT	'AL of	fad	ditional Section B I	2ages 10000				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 12101								

Section B ADDITIONAL PAGE 16 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)		this Period TOTAL SEC		\$ 180)1		······································	
B. Itemized Co	ntri	butions fr	om Indivi	duals				
Last Name	1	First						MI
Klarides-Ditria		Nicole						
Residential Street Address	City					State	Zip	Code
23 Osprey Dr	Sey	mour				CT	06	483
Principal Occupation		Name of En	ployer					
State Rep		State of	CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			ave a contract			5, Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lfyes, indicate which bra		or branches		e contrac	tor? Yes			
If yes, list Event # fr2 of government the contra	act is w	vith:	O Executive	OLegi	slative			
Method of Contribution:		Date Receiv			e Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 8/11/21		100				
Last Name	- 1	First						MI
Klarides-Ditria		Nicole						
Residential Street Address	City					State	1	Code
23 Osprey Dr	Sey	ymour				CT	06	483
Principal Occupation		Name of En	aployer					
State Rep		State of	CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sho valued at more than \$5,000?			ave a contract			, Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr1 Yes No If yes, indicate which be of government the contributor aprincipal of a section L1?	anch o	or branches	rospective sta	_	⊙ No			
Method of Contribution:		Date Receiv	~	<u>, </u>	e Contributions	+		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 7/2/21		100				
Last Name	T	First		Acres and the state of		 		MI
Kopjanski		Dave						
Residential Street Address	City					State	Zip	Code
12 Krakow St	De	rby				СТ	06	418
Principal Occupation		Name of Er	nployer					
building official		State of	CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No does contributor or business he/sh valued at more than \$5,000?			ave a contract			7, Amo	ount (of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr1 Section L1? Yes Is contributor a principal of a lifyes, indicate which broad of government the contributor as principal of a lifyes, indicate which broad of government the contributor as principal of a lifyes, list Event # fr1	anch c	or branches	rospective sta	_	⊙ No			
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Ord	Date Receiver 7/2/21	ved	Aggrega 20	te Contributions			
SUB	тот	ΓAL Section	ı B — This	Page	120			
ТОТА	L of	additional	Section B	Pages	10180			entalentennen el seno-ance esce construmente entre entre en
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals,					12101			

Section B ADDITIONAL PAGE 17 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-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ 1801	oj spramo pomosta	HERBITERIN HERBERGER GERTE		
B. Itemized Cor	atribi	utions from Individ	duals				
Last Name	Fir	st			MI		
Koshes	Fr	rank					
Residential Street Address	City			State	Zip Code		
43 Pinecrest Rd	Oran	ge		СТ	06477		
Principal Occupation		Name of Employer					
police officer		town of Orange					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Ofr1 Yes Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or b	oranches	e contractor? Yes OLegislative				
If yes, list Event # Ofr of government the contract Method of Contribution:		Date Received	Aggregate Contributions	-	i		
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/2/21	20				
Last Name	Fir	st	7000 TO 1000 T		ТМІ		
Kozlowski	1	1ike					
	City			State	Zip Code		
213 Old Field Ln					06460		
Principal Occupation		Name of Employer		L	<u>I</u>		
unemployed		unemployed					
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?				/, Amo	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 surface of government the contract of government the government the government of government the government of government the government of government the government of government	nch or	branches _	e contractor? Yes O Legislative				
Method of Contribution:	·····	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	9/18/21	100				
Last Name	Fir				MI		
Lenart	E	llen					
,	City			State	Zip Code		
173 Hawthorne St	Derb	y 		СТ	06418		
Principal Occupation		Name of Employer					
retired		retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No				y, Am o	ount of Contribution		
Is this contribution associated with an event reported in Section L1? **Moderate of Section L1?** **If yes, list Event # fr1.** **If yes, list Event # fr1.* **If yes, list Event	nch or l	branches	O Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/2/21	140				
SUBT	гота	AL Section B — This	Page 160				
TOTAL	Lofa	dditional Section B I	Pages 10140				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 12101							

Section B ADDITIONAL PAGE 18 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)		his Period ONLY FOTAL SECTION A	\$ 1801				
B. Itemized Co	ntril	butions from Indivi	duals				
Last Name	I	First				MI	
Lenart	ŀ	Ellen					
Residential Street Address	City			State	Zip (
173 Hawthorne St	Der	by		СТ	06	418	
Principal Occupation		Name of Employer					
retired		retired					
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?			with said municipality	100	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a levent reported in Section L1? No If yes, indicate which bra			e contractor? Yes				
event reported in Section L1? No If yes, indicate which bra If yes, list Event # Off2 of government the contra			OLegislative (No				
Method of Contribution:		Date Received	Aggregate Contributions			1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Orde	er 8/11/21	140				
Last Name	I	First				MI	
Lougal		Jan					
Residential Street Address	City				Zip (Code	
31 Oak Hollow Rd	Branford C				06	405	
Principal Occupation Name of Employer							
retired		retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Special Properties of No Special Properties of No				y, Ame	ount o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2 Yes Is contributor a principal of a ffyes, indicate which bratefy of government the contraction.	anch o	or branches	_ O No				
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Orde	er 8/11/21	150				
Last Name	[]	First				MI	
Lougal	1	Jan					
Residential Street Address	City			State	1 -	Code	
31 Oak Hollow Rd	Bra	inford		CT	06	405	
Principal Occupation		Name of Employer					
retired		retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Volume 1 If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am		f Contribution	
event reported in Section L1? O No If yes, indicate which bra	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: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMone	y Orde	Date Received er 9/18/21	Aggregate Contributions				
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		additional Section B 1			***************************************		
TOTAL OF ALL CONTRIBUTIONS FRO			A L D)				
		Column A of Summary Page					

Section B ADDITIONAL PAGE 19 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-Receive (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$ 180	1	etasoneradorumbi			
B. Itemized Co	ntrik	outions from Indivi	duals					
Last Name	- 1	irst					MI	
Marini	~	John 						
Residential Street Address	City				State	1 1	Code	
9 Dempsey Ct	Ans	onia 			СТ	06	401	
Principal Occupation		Name of Employer						
Attorney		MZS Law						
	If contribution is in excess of \$400 to a candidate for a chief executive offic does contributor or business he/she is associated with have a contract with syalued at more than \$5,000? OYes No				, Amo	unt o	f Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a fyes, indicate which bra	nch or	branches	Contract	No				
If yes, list Event # Ofr1 of government the contract	Ct is Wi	Date Received		Contributions	-			
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Orde		100	Communicions				
Last Name	سنهنجس	First		and the second second section state			МІ	
Marini		John						
Residential Street Address	City		·		State	Zip	Code	
9 Dempsey Ct	1.					_	401	
Principal Occupation	L	Name of Employer				Щ_		
Attorney		MZS Law						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amo	unt o	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 If yes, indicate which bra of government the contra	ınch o	r branches	_	⊙ No				
Method of Contribution:		Date Received	Aggregate	7				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	г 8/11/21	10					
Last Name	F	First	Language and the second				MI	
Marino		Vincent						
Residential Street Address	City		····		State	Zip	Code	
830 Bayberry Ln	Ora	inge			CT	06	477	
Principal Occupation		Name of Employer						
Attorney		MZS Law						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Am o	unt o	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 If yes, indicate which brateful of government the contral of government the contral of the section of the sect	nch o	r branches	_	⊙ No				
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMone	y Orde	Date Received 8/11/21	Aggregate 300	Contributions				
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TOTAL of additional Section B Pages 10150								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + R)					12101			

Section B ADDITIONAL PAGE ²⁰ 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-Receiv (See instructions for definition of Small Contributor)		this Period O TOTAL SECTION	THE RESIDENCE OF STREET, STREE	\$ 1801					
B. Itemized Co	ntri	butions from	Indivi	luals					
Last Name		First						MI	
Marino		Debra							
Residential Street Address	City					State	Zip (
830 Bayberry Ln	Ora	ange				СТ	064	177	
Principal Occupation		Name of Employ	er						
Attorney		MZS Law							
	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 Contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Over One			Contribution					
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which bran of government the contract of government the government the government the government the government of government the government of government the government the government of government the government of government the government of government the government of g	nch c	or branches		e contractor? OLegislative	Yes No				
Method of Contribution:		Date Received		Aggregate Contribut	tions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	ord	er 9/18/21		1000					
Last Name		First				<u></u>		MI	
Matto		Mark							
Residential Street Address	City				s	State	Zip (Code	
308 Prospect St	Na	ugatuck				CT	06	770	
Principal Occupation	L	Name of Employ	er						
D.M.									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						Amo	unt o	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 If yes, indicate which bra of government the contra	ınch (or branches		e contractor? Legislative	OYes No				
Method of Contribution:		Date Received		Aggregate Contribu	tions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Ord	er 8/11/21		50					
Last Name		First						MI	
Mattutini Sr		Thomas							
Residential Street Address	City				j	State	1 -	Code	
11 McConney Grove	De	erby				СТ	06	418	
Principal Occupation retired		Name of Employ	/er						
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?						Amo		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No No If yes, indicate which bra of government the contrar	al of a state contractor or prospective state contractor? Yes No								
Method of Contribution:		Date Received		Aggregate Contribu	tions	1			
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TOTAL	L of	additional Sec	tion B I	Pages 9050					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line									

Section B ADDITIONAL PAGE ²¹ 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-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$ 1801						
B. Itemized Co	ntril	butions from Indivi	duals							
Last Name	F	First					MI			
Milone	-	John								
Residential Street Address	City			······································	State	Zip	Code			
1400 Half Moon Rd	Che	eshire			CT	06	410			
Principal Occupation	L	Name of Employer		· · · · · · · · · · · · · · · · · · ·						
Engineer		SLR Consulting								
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?					, Amo	unt o	f Contribution			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brain of government the contract	nch or	r branches	_	⊙ No						
Method of Contribution:		Date Received	,	e Contributions	-					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde	er 8/15/21	250							
Last Name	F	First					MI			
Moyher]	shelley								
Residential Street Address	City				State	Zip	Code			
85 Redwood Dr 203	East	t Haven			CT	06	513			
Principal Occupation		Name of Employer				<u> </u>				
retired retired										
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?					, Amo		f Contribution			
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	or branches		⊙ No						
Method of Contribution:		Date Received	Aggregat	e Contributions	7					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde	er 7/2/21	100							
Last Name]	First	denomina esta perces				MI			
Murphy		Mary Ellen								
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·			State	Zip	Code			
18 Hickory Hill	She	elton			СТ	06	484			
Principal Occupation	l	Name of Employer			L					
restaurant		Riverwalk Social								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					/, Am o		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 state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative										
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	y Orde	Date Received 9/17/21	Aggrega 100	te Contributions						
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TOTAL OF ALL CONTRIBUTIONS FROM	M IN	DIVIDUALS (Sections .	A + B)	12101			en jada digi maka endi ja palada 19.45 11.049			
(Enter total on Line	13, C	Column A of Summary Page	1 otals)							

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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-Receiv (See instructions for definition of Small Contributor)	\$ 1801									
B. Itemized Contributions from Individuals										
Last Name	Firs	st		····			MI			
Nault	Ro	onald								
Residential Street Address	City				State	Zip C	ode			
21 Bayberry Ln	Guilfo	ord			CT	064	137			
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/she valued at more than \$5,000?	is assoc	iated with have a contract OYes ONo	with said m	unicipality	, Amo	unt of	Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second If yes, indicate which brain of government the contract	nch or b	ranches	e contractor OLegisla	No						
Method of Contribution:	JE 13 1714	Date Received		Contributions	-					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	9/9/21	100							
Last Name	Firs	i St					MI			
Nesteruk	D	arren								
Residential Street Address	City			I	State	Zip C	ode			
20 Stephen St	Derby	y			CT	064	118			
Principal Occupation		Name of Employer								
disabled		disabled								
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?					, Amo		Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a sevent reported in Section L1? If yes, list Event # Of government the contraction of government the government of government the government of government the government of government the government of	nch or b	oranches	_	⊙ No						
Method of Contribution:		Date Received		Contributions	7					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	9/28/21	250							
Last Name	Fire						MI			
Nesteruk	Jo	oyce								
Residential Street Address	City				State	Zip (
20 Stephen St	Derb				СТ	064	418			
Principal Occupation		Name of Employer								
retired		retired								
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?					, Amo		Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Security Executive Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Secutive Security Securi										
Method of Contribution:		Date Received		Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	9/28/21	250				and any said process of the decomplete for the said and the			
SUBT	гота	L Section B — This	Page 6	00	-kedulukakakakakaka	na de la companya de				
TOTAL	L of ac	lditional Section B l	Pages 9	700						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 12101										

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE O	F 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					
B. Itemized Co	/9/ALX000/	butions from In	ıdivid	uals				Тмі	
Last Name O'Malley	1	Sheila						MI	
Residential Street Address	City					State	Zip (Code	
446 Main St W C-3	1 -	odbury				СТ	06	798	
Principal Occupation	Т	Name of Employer							
Director Econ Development		City of Ansonia	а						
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?	e is as	sociated with have a co	ntract w No	vith said	municipality	Ame	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr1 Section L1? Yes Is contributor a principal of a If yes, indicate which brate of government the contral of government the government of government of government the government of government o	anch c	or branches vith: OExec	utive (O Legis	lative				
Method of Contribution:		Date Received			Contributions				
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Last Name		First						MI	
O'Malley	1=1	Sheila				~	15:	<u></u>	
Residential Street Address 446 Main St W C 3	City	odbury			l l	State CT	Zip	798	
Principal Occupation	VVC	Name of Employer			<u> </u>		100	7 7 9	
Director Econ Development		City of Ansoni	a						
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400) to a c			officer o	f a municinality	Ame	unt o	f Contribution	
or dependent child of a lobbyist? No		sociated with have a co				20	June	Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2 Section L1? Is contributor a principal of a lf yes, indicate which brateful of government the contraction.	anch (or branches		contract	⊙ No				
Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Ord	Date Received er 8/11/21	1	Aggregate 90	Contributions				
Last Name		First					######################################	MI	
O'Malley		Sheila							
Residential Street Address	City			,		State	1 -	Code	
446 Main St W C-3	W	oodbury				CT	106	798	
Principal Occupation		Name of Employer	in						
Director Econ Development		City of Ansoni		00					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes one dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		sociated with have a co				50	ount o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2 Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch d	or branches		contract	⊙ No				
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Omone	ey Ord	Date Received 8/13/21	l l	Aggregate 90	Contributions				
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TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		IDIVIDUALS (Sect Column A of Summary			12101				

SEEC FORM 20 Revised January 2015

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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-Receiv (See instructions for definition of Small Contributor)	\$ 1801							
B. Itemized Co.	ntrib	utions from Indivi	duals					
Last Name	Fir	rst			<u> </u>	MI		
Orchano	В	ob						
Residential Street Address	City			State	Zip C			
43 lannotti Ln	Derb	-		СТ	064	118		
Principal Occupation		Name of Employer						
retired		retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No lose contributor or business he/she valued at more than \$5,000?				Amo 50	Amount of Contribution 50			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brain of government the contract of government the contract.	nch or l	branches	Contractor? Yes No No Legislative					
Method of Contribution:		Date Received	Aggregate Contributions	1				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	8/11/21	50					
Last Name	Fir	rst				MI		
Parker	G	ary						
Residential Street Address	City			State	Zip (
38 N Coe Ln	Anso	onia 		CT	064	101		
Principal Occupation Name of Employer								
Engineer		SLR Consulting						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No life contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amo 200	unt of	Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or	branches	e contractor? Yes No Legislative					
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Last Name	Fir	rst				MI		
Parmalee Jr	F	rederick						
Residential Street Address	City			State	Zip (
64 Katherine Ct	Shelf			СТ	06	484		
Principal Occupation CPA		Name of Employer Schachticoke Triba	I Nation					
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?				, A.mo	unt o	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3 Yes No If yes, indicate which bra of government the contra	ınch or	branches	e contractor? OLegislative Yes No					
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TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A lumn A of Summary Page						

Section B ADDITIONAL PAGE ²⁵ of ³¹

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE (F 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					
B. Itemized Co	44110000000	ibut First	ions from Individ	luals				MI	
Parmalee Sr		Fre	derick						
Residential Street Address	City					State	1	Code	
55 Oxen Hill Rd	Tru	umb	ull			CT	06	611	
Principal Occupation		1	Name of Employer						
retired		!	retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?						Amo 100	Amount of Contribution		
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Method of Contribution:		- 1	Date Received	Aggregat	e Contributions	1			
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Last Name		First						MI	
Pellacia		Frai	nk						
Residential Street Address	City				1	State	1 -	Code	
92 Oak Ave	She	eltor	n			CT	06	484	
Principal Occupation		- 1	Name of Employer						
Trash Management		(City of Derby Public	: Work	5				
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?						Amo 20	unt o	f Contribution	
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Method of Contribution:			Date Received		e Contributions	1			
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Last Name		First						MI	
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Residential Street Address	City					State	1 ~	Code	
92 Oak Ave	She	elto	n			CT	06	484	
Principal Occupation		- 1	Name of Employer						
Trash Management			City of Derby Publi	c Work	S				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Yes does contributor or business he/sh valued at more than \$5,000?						Amo 50	unt o	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2 Section L1? Is contributor a principal of a section L1? If yes, indicate which be of government the contributor of government the contributor.	anch o	or bra			⊙ No				
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMone	ey Ord	1	Date Received 8/11/21	Aggregat 70	e Contributions				
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT							
RD21 C					0 Filing						
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A)1						
	B. Itemized Con	ntribı	utions from Individ	luals							
Last Name		Fire						MI			
Picroski		Fr	rederick								
Residential Street Address		City				State	Zip C	ode			
216 Derby Ave		Derb	у			CT	064	18			
Principal Occupation			Name of Employer								
software			Townfaire Tire								
or dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					, Am o	Amount of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2		nch or b	ranches	Contrac	No						
Method of Contribution:		······································	Date Received	Aggregat	te Contributions	1					
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Last Name	omenosta maria a segundo esta esta esta esta esta esta esta esta	Firs	st	***************************************		rendentrativis		MI			
Picroski		Fr	rederick								
Residential Street Address		City				State	Zip C	ode			
216 Derby Ave		Derby	у			CT	064	118			
Principal Occupation			Name of Employer								
Software			Townfaire Tire								
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					, Am o	Amount of Contribution 50				
Is this contribution associated with an event reported in Section L1? **Mathematical Reports of the Indian Properties** **If yes, list Event # fr2**	, , ,	nch or l	branches	e contrac	⊙ No						
Method of Contribution:			Date Received		te Contributions	1					
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Poul		N	lina								
Residential Street Address		City				State	Zip C				
424 Washington Rd		Wood	dbury			СТ	067	798			
Principal Occupation			Name of Employer								
unemployed			unemployed								
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?					, Ame		Contribution			
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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										
B. Itemized Co	ntrib	outions from Individ	duals	Hardware II and Barbara						
Last Name	F	irst				MI				
Pullano	I	Frank								
Residential Street Address	City			State	Zip C	ode				
777 Mt Carmel Ave	Nor	th Haven		СТ	064	173				
Principal Occupation		Name of Employer				·				
construction exec		Banton Construction	on Co							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No laces contributor or business he/she valued at more than \$5,000?				y, Amo	unt of	Contribution				
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Last Name	F	irst		med and the same pro-		MI				
Pyne III	\	Warner				С				
Residential Street Address	City			State	Zip C	ode				
162 Center Rd	Woo	odbride		СТ	065	525				
Principal Occupation	L	Name of Employer								
Business Development		Philips Healthcare								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	indidate for a chief executive ociated with have a contract OYes O No	e officer of a municipality with said municipality		Amount of Contribution					
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Method of Contribution:		Date Received	Aggregate Contributions							
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Last Name	F	irst				MI				
Rumbin		Marco				:				
Residential Street Address	City			State	Zip C	Code				
95 Tomlinson Rd	Sey	mour		CT	064	183				
Principal Occupation		Name of Employer		-						
sales										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo		Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2 Yes No If yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes OLegislative							
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TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A			UKUP PAKENEN					

Section B ADDITIONAL PAGE ²⁸ 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-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$ 1801					
B. Itemized C	Contr	ibu TFirs	itions from Indivi	duals				МІ	
Sadlick		Ra						N11	
Residential Street Address	City	<u></u>				State	Zip (Code	
5 Cullens Hill Rd	De	erby	/			CT	064	418	
Principal Occupation	L		Name of Employer	······································	<u></u> 1.		<u></u>		
electrician									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?						Amo	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr1 Yes Is contributor a principal of If yes, indicate which be of government the contributor.	ranch	or b	ranches	e contrac	No				
Method of Contribution:			Date Received	Aggregat	e Contributions				
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Last Name		Firs						MI	
Szewczyk		<u> </u>	seph					L	
Residential Street Address	City					State CT	Zip (Code 418	
166 Mt Pleasant St	100	erby				CI	00	418	
Principal Occupation			Name of Employer						
unemployed	00.4		unemployed	· · · · · · · · · · · · · · · · · · ·	6 : 1:	1 .			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a lobbyist in excess of \$40 does contributor or business he/si valued at more than \$5,000?						100		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr2 Yes No If yes, indicate which be of government the contribution of government the contribution.	oranch	or t	oranches	_	⊙ No				
Method of Contribution:			Date Received	Aggregat	e Contributions	1			
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Last Name		Fire						MI	
Sampson			harles ————————————————————————————————————				T=:		
Residential Street Address	City	y erb	u			State CT] -	Code 418	
6 Commodore Hull Dr Principal Occupation		ei D	_			<u> </u>	100	410	
police officer			Name of Employer Town of Westport						
	00.45		<u> </u>	- office-	of a municipality	Т		Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a lobbyist of the property o						50	ount o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr1 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									
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Or	der	Date Received 7/2/21	Aggrega 100	te Contributions				
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TOTAL OF ALL CONTRIBUTIONS FRO			IVIDUALS (Sections a umn A of Summary Page		12101				

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			
B. Itemized Con	ntril	butions from Indivi	duals				
Last Name	F	First	***				MI
Sampson	- '	Charles					
Residential Street Address	esidential Street Address City State Zip Code						
6 Commodore Hull Dr	Der	by			CT	064	418
Principal Occupation		Name of Employer					
police officer		Town of Westport					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No No No No No No Valued at more than \$5,000?					, Amo i	int o	f Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brar			e contrac	tor? Syes	7		:
event reported in Section L1? No If yes, indicate which brar of government the contract of government the government of government of government the government of government o			OLegi				
Method of Contribution:		Date Received	Aggregat	e Contributions	7		
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Last Name	F	First				day ya Maya	MI
Schellenberg		Barbara					
Residential Street Address	City				State	Zip (
38 Haviland Dr	38 Haviland Dr Trumbull CT						611
Principal Occupation		Name of Employer					
attorney	attorney MZS law						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	officer with said	of a municipality I municipality	Amo t 100	int of	f Contribution
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Method of Contribution:		Date Received		e Contributions	7		
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Last Name	I	First				***************************************	MI
Stahl		Mike					
Residential Street Address	City				State	^	Code
18 McConney Grove	Der	rby			CT	06	418
Principal Occupation		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a contribution is in excess of \$400 to a candidate for a chief executive officer of a mur does contributor or business he/she is associated with have a contract with said municity valued at more than \$5,000? One will be a contribution of a chief executive officer of a mur does contributor or business he/she is associated with have a contract with said municity valued at more than \$5,000? One will be a contribution of a chief executive officer of a mur does contributor or business he/she is associated with have a contract with said municity valued at more than \$5,000?					Amo	unt o	f Contribution
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Method of Contribution:		Date Received		te Contributions	7		
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TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A column A of Summary Page		12101			

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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				
				An decree					
B. Itemized Co	ntri	ibu	tions from Indivi	duals					
Last Name		First						MI	
Stahl		Mi	ke						
Residential Street Address	City State						Zip (
18 McConney Grove	Derby					СТ	064	418	
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/she valued at more than \$5,000?						, Amo	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lf yes, indicate which bra	nch c	or br	ranches	e contrac	⊙ No	-			
If yes, list Event # fr2 of government the contract Method of Contribution:	Ct is v		Date Received		te Contributions	_			
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Vanetten		Ric							
Residential Street Address	City					State	Zip (Code	
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Principal Occupation			Name of Employer				<u></u>		
plumber									
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?						Amo	unt of	f Contribution	
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Method of Contribution:			Date Received	Aggregat	e Contributions				
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Last Name		Firs						MI	
Vanetten		Ric	ch						
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113A Colony Rd	Se.	ym				СТ	06	483 	
Principal Occupation plumber			Name of Employer						
	contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes ONO 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				/, Am o				
event reported in Section L1? O No If yes, indicate which bra	Yes Is contributor a principal of a state contractor or prospective state contractor? OYes								
Method of Contribution:			Date Received	1	te Contributions	1			
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NAME OF COMMITTEE (Provide Complete Name as Reg	gistered with Filing Repository)	4.656		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			
	B. Itemized Con	tribi	utions from Indivi	duals			
Last Name		Fir	st			770.700.00	MI
Velky Sr		Ja	imes				
esidential Street Address City St.							Code
57 Charter Oak Rd		South	uthbury			06	488
Principal Occupation			Name of Employer				
contractor							
or dependent child of a lobbyist? ONO does of	ntribution is in excess of \$400 to contributor or business he/she is d at more than \$5,000?				Amount of Contribution		
Is this contribution associated with an event reported in Section L1? No No No	Is contributor a principal of a st If yes, indicate which brancof government the contract	ch or b	ranches	e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card O	Payroll Deduction OMoney	Order	9/18/21	100			
Last Name		Fir	st				MI
Velky		Ri	ichard				
Residential Street Address	lo	City			State	Zip (Code
626 Washington Rd	,	Wood	dbury		СТ	06	798
Principal Occupation			Name of Employer		<u> </u>	ــــــــــــــــــــــــــــــــــــــ	
retired			retired				
or dependent child of a lobbyist? O No does of	atribution is in excess of \$400 to contributor or business he/she is d at more than \$5,000?				y, Amo		f Contribution
	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or l	ntractor or prospective state	te contractor? Yes			
Method of Contribution:	of government the contract		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card O	Payroll Deduction	Order	9/18/21	200			
Last Name		Fir	I.			Marin parket	MI
Wesaw		N	1elissa				
Residential Street Address	10	City			State	Zip	Code
347 Munger Ln		Bethl	lehem		СТ	06	751
Principal Occupation			Name of Employer		<u> </u>		
Nurse			Schaghticoke Triba	al Nation			
or dependent child of a lobbyist? O No does	ntribution is in excess of \$400 to contributor or business he/she ind at more than \$5,000?				y, Am o		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # fr3	Yes Is contributor a principal of a state contractor or prospective state contractor?						
Method of Contribution: Cash OPersonal Check OCredit/Debit Card O	Payroll Deduction OMoney	Order	Date Received 9/18/21	Aggregate Contributions 100			
SUBTOTAL Section B — This Page 400							
TOTAL of additional Section B Pages 9900							
TOTAL OF ALL C	CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page		·		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMM RD21	MTTEE (Provide Comple	te Name as Registered w	vith Filing Reposi	tory)		TYPE OF REPORT Oct 10 Filing		
		C1. C	Contributio	ns from	Other Cor	nmittees		
Name of Committee					Name of T	reasurer		
Address				Is this co	orted in Section	ciated with an Oyes ONo n L1? es, list Event #	Amount of	Contribution
City		State	Zip Code	Date R	eceived	Aggregate Contributions		
Name of Committee					Name of T	reasurer		
Address				Is this co	ntribution asso	ciated with an OYes ONo	Amount of	Contribution
					orted in Section If year	es, list Event#	_	
City		State	Zip Code	Date R	eceived	Aggregate Contributions		
Name of Committee	Have an out of the second seco				Name of T	reasurer		
Address				Is this co	orted in Section	ciated with an Yes No n L1? es, list Event #	Amount of	Contribution
City		State	Zip Code	Date R	eceived	Aggregate Contributions		
	C2. I	Reimbursemen	ts or Surn	ns Distri	butions fr	om other Committees		
Name of Committee			· · · · · · · · · · · · · · · · · · ·		Name of T			
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimbursem	ent for shared o	expense (Surplus Distr	ibution	Amount	of Receipt
Description								
Name of Committee			yang disebih pidankya dan pidan dya mang mbalikan afanda dahip		Name of T	reasurer		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimburse	ement for share	d expense	O Surplus Di	stribution	Amount	of Receipt
Description					- F			
			SUBTO	TAL Sec	tion C — T	his Page		
			TOTAL	of additio	nal Section	C Pages	and the second section of the second section of the Second section of the second section of the	
		FALL COMMIT is C1 + C2) (Enter i	Committee to the Committee of the Commit			authoreasanacha bhaiseagaithe a		
								-

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Reposi	itory)	,	TYPE OF	REPORT	
RD21	Oct 10 F	Oct 10 Filing				
	D. Loans	Receiv	ed this Period			
Name of Lender			Source of Loan: OBank O Car	ndidate O Individua	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)					.1	Amount Received
Street Address	City	***************************************		State	Zip Code	
Name of Lender	erenen de la composition della		Source of Loan: OBank Car	ndidate O Individua	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)				***************************************		Amount Received
Street Address	City			State	Zip Code	
Name of Lender	en e	uzzansku posta i rendere i krijagiste	Source of Loan: OBank OCar	ndidate O Individua	1 Other Committee	Date of Receipt
Street Address	City		ACCUPATION AND ACCUPATION ASSESSMENT ASSESSM	State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)	Amount Received					
Street Address	City			State	Zip Code	
	1		TOTAL SECT	CION D 0		
E. Receipts from Entities other	r than Indiv	viduals	or Other Com	ımittees <i>(Referer</i>	ıdum Committe	es ONLY)
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
Name of Entity		<u> </u>				and the security of the securi
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contri	butions	
Name of Entity		<u> </u>				
Street Address	<u>., </u>			Date Received		Amount Received
City		State	Zip Code	Aggregate Contri	butions	
		1	TOTAL SEC	TION E 0	generalny, som generalnik mengelandi sa 178 di Kibirata Adab	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	(Provide Complete Name as Regista	ered with Filing Repository)		TYPE OF REPORT
RD21				Oct 10 Filing
F.	Amount Transferred	from Affiliated Busine	ss Treasury (Busines	s Entity Committees ONLY)
Date of Receipt	Is this transaction associ event reported in Section		s, list Event#	Amount
Date of Receipt	Is this transaction associ	× 10 - 17 - 10 - 17 - 10 - 17 - 10 - 17 - 17	s, list Event#	Amount
Date of Receipt	Is this transaction associ		s, list Event#	Amount
Date of Receipt	Is this transaction associ		s, list Event#	Amount
			TOTAL SECTION	F 0
	A CERTIC	4. J. J. J. W.		TOO STATE OF THE S
	ansierred from Affilia			reasury (Organization Committees ONLY)
Date of Receipt		Date of Receipt		Date of Receipt
Amount		Amoun	t .	Amount
		7	TOTAL SECTION G	0
	H. Personal Funds of	the Candidate Receive	d this Period <i>(Candi</i>	date Committees ONLY)
Date of Receipt	Method of payment:		1	Amount
	OCash	O Personal Check	Credit/Debit Ca	rd
Date of Receipt	Method of payment:			Amount
	O Cash	O Personal Check	O Credit/Debit Ca	rd
Date of Receipt	Method of payment:			Amount
	OCash	O Personal Check	Credit/Debit Ca	rd
Date of Receipt	Method of payment:	y den gegyt folgog gyndom di syday meterlengde kindet blind folgog gyndom to folgog den gegyd		Amount
	OCash	O Personal Check	O Credit/Debit Ca	rd
			TOTAL SECTION	VH 0
		I. Anonymous Co	ontributions	
	Per Public Act 11-48	, Anonymous Contribu	itions may no long	er be deposited in <i>any</i>
	ount. If a committee	receives an anonymou	is contribution, the	campaign treasurer shall
		e contribution to the S	tate Elections Enfo	
		for deposit in the	General Fund.	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Compl	lete Name as Registered with Filing Repository)	Т	YPE OF	REPORT	
RD21		lo	ct 10 F	iling	
	J. Interest from Deposits in Authori	ized Accounts			
Name of Institution		D	ate Rece	ved	Amount
Street Address	City	State		Zip Code	5
	City	Giae	•	Zip Couc	
Name of Institution		D	ate Recei	ved	Amount
Street Address	City	State	•	Zip Code	
	TOTA	AL SECTION .	J 0		
K.	Miscellaneous Monetary Receipts not Con	nsidered Cont	ribut	ions	
Name			Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description	····	<u> </u>			
Name			Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
	TOTAL S	ECTION K	0		
SUMM	IARY OF OTHER MONETARY RECEI	PTS (Sections	D thr	ough K)	
Total Loans Received this Period (S	Section D)				
Total Receipts from Entities other t	han Individuals or Other Committees (Section E)	· · · · · · · · · · · · · · · · · · ·	+		
Total Amount Transferred from Af	filiated Business Treasury (Section F)	 	+		
Total Amount Transferred from Af	filiated Labor Union or Other Organization Treast	ıry (Section G)	+		
Total Amount of Personal Funds of	the Candidate Received this Period (Section H)		+		
Total Amount of Interest from Dep	osits in Authorized Accounts (Section J)		+		
	eipts not Considered Contributions (Section K)		+		
	Total of Othe				

II. EVENT ACTIVITY (Sections L1—L5)

	EE (Provide Complete Name as Registered with Filing Repository)								
RD21	T_ Th	Oct 10 Filing It Information							
Event#		r mormation	1						
Date of Event Lette	Associations of Ontholic Man Mate		Was this a fur • Yes	ndraising event? No					
Location: Street Address		City	State	Zip Code					
112 Derby Ave		Derby	СТ	06418					
Subpart 1: (All Communication Was this event hosted	nittees) at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No							
	lude goods or services donated by a business entity donated by an individual of up to \$100?	O Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) O No							
	ag sale, auction, or other sale of donated items n individual of up to \$100?	OYes (If yes, enter Total Receipts here.) O No	\$						
	mmittees, Municipal Candidates and Political Com of advertising space in a program book or on a nis fundraiser?	mittees other than Exploratory Committees) O Yes (If yes, go to Section L3 Purchases of Advert or on a Sign and complete required informations		Program Book					
	ommittees ONLY) ell food or beverage at a fair or similar mass the state with this fundraiser?	OYes (If yes, enter Total Receipts here.) ONo							
Event#	In								
Date of Event Lette 8/11/21 fr:	Discourse at AAA Olysia		Was this a fur	ndraising event? ONo					
Location: Street Address	<u> </u>	City	State	Zip Code					
30 Hawthorne Ave		Derby	ст	06418					
Subpart 1: (All Come Was this event hosted	nittees) at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No							
	clude goods or services donated by a business entity donated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations and complete required information.) No	not Considered	Contributions					
	tag sale, auction, or other sale of donated items in individual of up to \$100?	Yes (If yes, enter Total Receipts here.) No	\$						
Subpart 2: (Party Co Were there purchases sign associated with t	mmittees, Municipal Candidates and Political Com of advertising space in a program book or on a his fundraiser?	mittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Adversor or on a Sign and complete required inform No		Program Book					
	mmittees ONLY) ell food or beverage at a fair or similar mass the state with this fundraiser?	OYes (If yes, enter Total Receipts here.) ⊙No	\$						
SUBTOTAL Se	ction L1—Subpart 1 (All Committees) Total Receipts f	rom Sale of Donated Items — This Page							
		tion L1—Subpart 3 (Town Committees ONLY) eipts from Food Purchases — This Page							
		TOTAL of additional Section L1 Pages							
		EIPTS FROM SMALL PURCHASES		200000000000000000000000000000000000000					

Section L1. ADDITIONAL PAGE 1 of 1

NAME OF COMMITTEE		TYPE OF REPORT						
RD21			Oct 10 Filing					
		t Information						
Event # Date of Event Letter 9/18/21 fr3	Party at Vincent & Debra Marino's Home			Was this a fur Yes	ndraising event? O No			
Location: Street Address		City		State	Zip Code			
830 Bayberry Ln		Orange		СТ	06477			
Subpart 1: (All Commit Was this event hosted at		 Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) 						
	de goods or services donated by a business entity onated by an individual of up to \$100?	O Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) O No						
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$				
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Comn advertising space in a program book or on a fundraiser?	nittees other than Exploratory Yes (If yes, go to Section Lagor or on a Sign and comp	Purchases of Advert		Program Book			
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$				
Event # Date of Event Letter	Description			Was this a fur O Yes	ndraising event?			
Location: Street Address		City		State	Zip Code			
Subpart 1: (All Commit Was this event hosted at	•	Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No						
	de goods or services donated by a business entity onated by an individual of up to \$100?	O Yes (If yes, go to Section L and complete required O No		not Considered	Contributions			
	g sale, auction, or other sale of donated items individual of up to \$100?	O Yes (If yes, enter Total Rec	ceipts here.)	\$				
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Command advertising space in a program book or on a stundraiser?	O Yes (If yes, go to Section L or on a Sign and com	3 Purchases of Advert	- "	Program Book			
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$				
SUBTOTAL Secti	on L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page					
		ion L1—Subpart 3 <i>(Town Commi</i> sipts from Food Purchases —						
		TOTAL of additional Section	n L1 Pages					
		CIPTS FROM SMALL PU						

II. EVENT ACTIVITY (Sections L1—L5)

	iblic Act 11-48, effecti I purchases from a cor							
NAME OF COMMITTEE	(Provide Complete Name as Registere	d with Filing Reposito	ry)		TYPE OF REPOR	RT		
RD21					Oct 10 Filing			
	L3. Purchases	of Advertisin	ıg in a Prograi	n Book or o	n a Sign			
Name of Purchaser						_	e Made By:	<u> </u>
A1A Homebuyers LLC						_	siness Entity	Other
Street Address			I c::.			U Ind	ividual/Sole Pi State	oprietorship Zip Code
	,		City Shelton				CT	06484
8 Huntington St Ste 327		A 1		A	A 2 D	1	<u> </u>	
Date Received	Event #	Aggregate Purchases	IOF AII EVENIS		gram Ad Purcha	se	Amount of Sig	зи гигспаѕе
9/14/21	fr3	250.00		250.00				
Name of Purchaser						_	e Made By:	Other
Apollo Pizza						_	siness Entity ividual/Sole Pi	_
Street Address			City				State	Zip Code
235 Roosevelt Dr			Derby				СТ	06418
Date Received	Event #	Aggregate Purchases		Amount of Pro	gram Ad Purcha	se .	Amount of Sig	n Purchase
9/14/21	fr3	250.00		250.00				,
Name of Purchaser						_	e Made By:	
Bad Sons Beer						_	siness Entity lividual/Solc P	Other roprictorship
Street Address			City				State	Zip Code
251 Roosevelt Dr			Derby				СТ	06418
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se .	Amount of Sig	gn Purchase
9/13/21	fr3	250.00		250.00				
Name of Purchaser			resonatopo (m. 1919) e estado de la compacta de la			_	e Made By:	
Pasquale Civitella						$\overline{\underline{}}$	siness Entity lividual/Sole P	O Other roprietorship
Street Address			City				State	Zip Code
8 Huntington St Ste 32	7		Shelton				СТ	06484
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise	Amount of Si	gn Purchase
9/18/21	fr3	200.00		200.00				
Name of Purchaser	gyggyydgyn nyddiog maegaia mydiacynchimae y befaellaeth ach febber 17 dd ei feb 17 dd ei feb 17 dd ei febber 1					_	e Made By:	O 64
Luchs Consulting						_	siness Entity lividual/Sole P	,
Street Address			City				State	Zip Code
87-89 Colony St			Meriden				СТ	06451
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise	Amount of Si	gn Purchase
9/9/21	fr3	250.00		250.00				
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in P	rogram Book -	— This Page 1	200		Racitivos sucestas de la companya d
	SUBTOTAL Section	on L3 Total Pure	chases of Advertis	ing on a Sign -	— This Page			
		· ·	TOTAL of a	dditional Secti	on L3 Pages 1	1000		
TOTA	L OF ALL PURCHASES O		NG IN A PROGRA Line 16c, Column			200		

Section L3. ADDITIONAL PAGE 1____ of

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small

individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Oct 10 Filing **RD21** L3. Purchases of Advertising in a Program Book or on a Sign Purchase Made By: Name of Purchaser Business Entity Other F Pepe Construction Individual/Sole Proprietorship Street Address City State Zip Code CT 36 Commerce St Derby 06418 Date Received Amount of Sign Purchase Event # Aggregate Purchases for All Events **Amount of Program Ad Purchase** 250.00 250.00 9/1/21 fr3 Name of Purchaser Purchase Made By: Business Entity Other United Office Furniture OIndividual/Sole Proprietorship Street Address City State Zip Code CT 06514 35 Marne St Hamden Aggregate Purchases for All Events Date Received Event # **Amount of Program Ad Purchase** Amount of Sign Purchase 250.00 250.00 9/7/21 fr3 Purchase Made By: Name of Purchaser Business Entity Other Walsh Fence LLC OIndividual/Sole Proprietorship Zip Code Street Address City State CT 88 Marsh Hill Rd Orange 06477 Aggregate Purchases for All Events **Amount of Sign Purchase** Date Received **Amount of Program Ad Purchase** Event # 250.00 250.00 9/9/21 fr3 Purchase Made By: Name of Purchaser Business Entity Other Weston and Sampson Engineers OIndividual/Sole Proprietorship Street Address Zip Code City 01867 55 Walkers Brook Dr #100 Reading MA **Amount of Sign Purchase** Date Received Event # Aggregate Purchases for All Events **Amount of Program Ad Purchase** 250.00 9/16/21 fr3 250.00 Purchase Made By: Name of Purchaser OBusiness Entity Other OIndividual/Sole Proprietorship Zip Code State Street Address City Date Received Event # Aggregate Purchases for All Events **Amount of Program Ad Purchase Amount of Sign Purchase** SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page 1000 SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages 1000 TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN 2200 (Enter total on Line 16c, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Sections L1—L5)

E <i>(Provide Complete Name a</i>	s Registered with Filing Repo	ository)	TYPE OF	REPORT			
			Oct 10 Fi	iling			
L4	. In-Kind Donatio	ons Not Consi	dered Contributions				
		// 					
			<u></u>				
		City			State	Zip Code	
Description of Donation				Fair	Market V	alue of Donation	
	T		I V. L. S. di. P.				
Date Received	Event #		Aggregate value for this event				
eliennetisteen valentiin seleinisteen jaasta väitettään etä sestä tiin tää siin teen jän täätä							
		Tai			Tarre	Tr:- C-1-	
		City			State	Zip Code	
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	
				FAII			
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				
	S	UBTOTAL Sect	ion L4 — This Page		*****		
	T	OTAL of additio	nal Section L4 Pages				
TAL OF ALL IN-KINI							
 A supplied to the supplied of the							
	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 # City Description of Donation Date Received Event # City City City City Description of Donation Date Received Event # City City City Date Received Event #	Description of Donation	Description of Donation Date Received Event # Aggregate Value for this Event Fair	Description of Donation Date Received Event # Aggregate Value for this Event Fair Market V		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pr	ovide Complete Name as Registered with Filing Re	pository)			TYPE OF RE	PORT		
RD21					Oct 10 Filing			
L5.	In-Kind Donations Not Consid	ered (Contributions Associa	ted with a l	House Part	y		
Name of Host					t supporting more than one candidate or			
Vincent & Debra Marino				committee? OYes O No If yes, complete Itemization in Addendum L5				
Street Address			City			State	Zip Code	
830 Bayberry Rd			Orange			CT	06477	
Description of Donation			<u> </u>		Fair Market Value of Donation			
Appetizers & drinks					450			
Event #	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events—this ho	st/candidate	1			
fr3								
Name of Host				Is this event	supporting m	ore than o	ne candidate or	
				3	OYes ON			
			I cia.	If yes, co	omplete Itemiza	State	Zip Code	
Street Address			City			State	Zip Code	
						<u> </u>		
Description of Donation					Fair Mar	ket Value	of Donation	
					_			
Event #	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events—this ho	st/candidate				

Name of Host				Is this event	supporting m	ore than o	ne candidate or	
				1	OYes ON omplete Itemiz		ldendum I.5	
Street Address			City	19 923, 00	ompicio itema	State	Zip Code	
Direct Hadian								
			1		T	<u></u>		
Description of Donation					Fair Mai	ket Value	of Donation	
					4			
Event #	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events—this he	ost/candidate				
Name of Host					OYes ON		one candidate or	
				1	omplete Itemiz		ddendum L5	
Street Address			City	1		State	Zip Code	
Description of Donation					Fain Ma	Jest Voles	of Donation	
Description of Donation					rair Ma	rket valut	oi Donauon	
	A VI COL From The		ggregate Value of all Events—this h	ont/aandidata	4			
Event #	Aggregate Value of this Event—all hosts	l A	ggregate value of an Events—ims n	ost/canataate				
						Mars 1986		
		SUI	BTOTAL Section L5 —	This Page	450			
		TOT	AL of additional Section	L5 Pages				
					<u> </u>			
	F ALL IN-KIND DONATIONS N	OT C	ONSIDERED CONTRI	BUTIONS	450			
ASSOCIATED WITH	A HOUSE PARTY (Enter total o	n Line	22, Column A of Summary	rage 1 otals)	<u> </u>			
ASSOCIATED WITH		NOT C n Line	ONSIDERED CONTRI 22, Column A of Summary	Page Totals)	450			
						2021	OCT 12 PM	
						10, 345, 540,		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Repository)				to Transfely to process All Sand	F REPORT		
RD21		Put supris Hays in a control of			200,2000		Oct 10	Filing		NA SA
		7.11.107	M. In-Kir	nd Cont	rib	outions				
Name										
Street Address				C	City	U-6			State	Zip Code
Type of contributor: OCommittee	Date Recei	ved	Aggregate Contri	ibutions	T	Description of In-Kind	Contribution	1		<u> </u>
OIndividual / Sole Proprietorship OOther										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes					Fair Market Value of this Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	tor a principal o indicate which l rnment the contr	branch or t	oran	ctor or prospective straches Executive	O No			
Name										
Street Address				C	City				State	Zip Code
Type of contributor:	Date Recei	ved	Aggregate Contri	ibutions	Т	Description of In-Kind	Contribution	1	<u>, I </u>	
OIndividual / Sole Proprietorship OOther										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes										
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No No No									
Name					- An garlennigh					
										.,
Street Address				C	City				State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Recei	ved	Aggregate Contr	ibutions		Description of In-Kind	Contribution	1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co		business he/she		ed y	for a chief executive with have a contract working Yes No		* * 1	Fair Market Value of this Contribution	
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes No	If yes,	tor a principal or indicate which b	branch or b	oran	ctor or prospective statches Executive	_	ONo		
If yes, ust Event #		01 5010			elega al					
						ion M — This Pa				
	-		TOTA	L of addit	tion	nal Section M Pag	es			
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS a	Enter total on Lin	ie 23, Colun	nn A	of Summary Page To	otals) 0			
	N	. Refun	dable Depo	sit to Te	elej	phone Compar	ıy			
Last Name of Individual				First				MI	Date Depos	it Made
Residential Street Address			City				State	Zip Code		Amount of Deposit
Name of Telephone Company			<u> </u>	······································						
Street Address			City			<u></u>	State	Zip Code		
TOTAL S	ECTION	N N (Enter	total on Line 24	i, Column	A oj	Summary Page Tot	als) 0		<u> </u>	

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	•	TYPE OF REPORT				
RD21			Oct 10 Filing	Oct 10 Filing			
	P. Expenses	Paid by Committee					
Name of Payee			Date of Payment	Method of Payment:			
Rob Hyder			7/12/21	O Check # 6321 O Debit Card O EFT			
Street Address		City		State Zip Code			
51 Franklin Ave		Derby		CT 06418			
Purpose of Expenditure	Description		Event #	Amount			
(by code) RMB	Fundraiser expenses			194.55			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is c	checked)				
(g approacts)	None of the below Coordinated with reimbursement sought (joint expenditure)	e) Independ	14				
	ionOAOBOCOD						
Name of Payee	Method of Payment:						
Pam Gagliardi			7/16//21	O Check #6322 O Debit Card O EFT			
Street Address		City		State Zip Code			
149 Mountain Rd		Seymour		CT 06483			
Purpose of Expenditure							
(by code) RMB	Fundraiser expenses			100.23			
Expenditure #							
(if applicable)							
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri		ent ion OA OB OC OD				
Name of Payee	Method of Payment:						
Newtown Savings	s Bank		7/30/21	O Check #			
Street Address		City		O Debit Card OEFT State Zip Code			
815 Bridgeport Av	<i>r</i> e	Shelton		CT 06484			
Purpose of Expenditure	Description		Event #	Amount			
(by code) BNK	service charge			3			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	nless "Nane of the holow" is	checked)	~			
(if applicable)	None of the below	meas mone of the vetow 15	······································				
	O Coordinated with reimbursement sought (joint expenditu						
	Coordinated without reimbursement sought (in-kind cont	ribution) Organiza	ationOAOBOCOD	Doubled of Desired			
Name of Payee			Date of Payment 8/5	Method of Payment: Check #6323			
Rich Dziekan			0/0	O Debit Card O EFT			
Street Address		City		State Zip Code			
17 Krakow St		Derby		CT 06418			
Purpose of Expenditure	Description		Event #	Amount			
(by code) RMB	postage			950.87			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)	1			
(if applicable)	None of the below	_					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)	<u> </u>	dent ation OA OB OC OD				
		SUBTOTAL Section P —	300				
	TC	TAL of additional Section	on P Pages 8319.69				
	TOTAL OF ALL EXPE						
		e 19, Column A of Summary					

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			
	P. Expenses	Paid by Committee	e				
Name of Payee				Date of Payment	Method of Payment:		
Valley Publishing				8/5/21	Ocheck # 6324 Obebit Card OEFT		
Street Address		City	1		State	Zip Code	
7 Francis St		Derby			СТ	06418	
Purpose of Expenditure (by code)	Description		Event #	# "		Amount	
A-DM	mailer				002.00		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	s checked	d)	903.98		
(if applicable)	None of the below (does not involve another candidate or core						
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contract)	. 02 00 02					
Name of Payee	Cooldinated without reinhoursement sought (in-kind coint	Organiz Organiz		A OB OC OD Date of Payment	Method of	Payment:	
Ever Ready Press				8/12/21	• Check		
Street Address			O Debit State	Card OEFT Zip Code			
					CT	06401	
78 Clifton Dr		Ansonia					
Purpose of Expenditure (by code)	Description		Event #	•	Amount		
A-OTH	palm cards		230.00				
Expenditure #							
(if applicable)	None of the below (does not involve another candidate or cor	nmittee)					
Name of Payee	Date of Payment	Method of	Payment:				
AM Club 8/18/21						# <u>6326</u>	
Street Address City					O Debit Card OEFT State Zip Code		
30 Hawthorne Av	0	Derby			CT	06418	
		Doiby			ļ <u> </u>	100410	
Purpose of Expenditure (by code)	Description		Event #	‡		Amount	
FNDR	Dinner				1480.	00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below" i	is checke	ed)			
(i) uppricable)	None of the below (does not involve another candidate or co		• .				
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont			DA OB OC OD			
Name of Payee		J Organi	Zuuon	Date of Payment	Method of	Payment:	
FedEx				8/12/21	O Chec	***************************************	
Street Address		City		Lepton and the second	O Debit State	Card OEFT Zip Code	
707 Bridgeport A	ve	Shelton			СТ	06484	
Purpose of Expenditure	Description	<u> </u>	Event	#	 	Amount	
(by code) PRNT	Contribution form copies						
		1. (3)	<u> </u>		28.56		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un		is спеске	(u)			
	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure)		endent				
Coordinated without reimbursement sought (in-kind contribution) Organization OB OC OD							
		SUBTOTAL Section P -	— This	Page 2642.54			
						Marie Company	

Section P. ADDITIONAL PAGE 2____ of 5_

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
RD21				Oct 10 Filing			
7.0	P. Expenses	Paid by Committee					
Name of Payee				Date of Payment	Method of Payment:		
Newtown Savings	Bank			8/31/21	Ocheck #Obebit Card OEFT		
Street Address		City	1		State	Zip Code	
815 Bridgeport Av	e	Shelton			СТ	06484	
Purpose of Expenditure	Description		Event #	4		Amount	
(by code) BNK	service charge				2.00		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the helow" is a	checke	d)	3.00		
(if applicable)	None of the below (does not involve another candidate or core						
	O Coordinated with reimbursement sought (joint expenditure	e) Independ					
N. CD	Coordinated without reimbursement sought (in-kind contri	bution) Organizat	tionQ	A OB OC OD Date of Payment	Method of P	ayment.	
Name of Payee				-	O Check		
Ever Ready Press				9/10/21	O Debit Card OEFT		
Street Address		City			State	Zip Code	
78 Clifton Dr		Ansonia			СТ	06401	
Purpose of Expenditure (by code)	Description		Event #	<i>‡</i>		Amount	
A-SIGN	A-SIGN Lawn Signs (payment 1 of 3)						
Expenditure #	I Type of Expenditure (Itemization in Addendum P Required un.	less "None of the below" is c	checked	d)	800.00		
(if applicable)							
Coordinated without reimbursement sought (in-kind contribution) Organization A O B O C O D Date of Payment Method or							
,						#	
WalMart				9/10/21	O Debit Card OEFT		
Street Address		City			State	Zip Code	
465 Bridgeport Av	<i>r</i> e	Shelton			CT 06484		
Purpose of Expenditure	Description		Event #	#	Amount		
(by code) A-PH-BNK	Phones				72.20		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below" is	check	ed)	73.38		
(if applicable)	None of the below (does not involve another candidate or co			• • •			
	O Coordinated with reimbursement sought (joint expenditu	re) O Indepen	_				
	Coordinated without reimbursement sought (in-kind cont	ribution) Organiza	ation.				
Name of Payee				Date of Payment	Method of I	-	
Ever Ready Press				9/11/21	O Debit		
Street Address		City			State	Zip Code	
78 Clifton Dr		Ansonia			CT	06401	
Purpose of Expenditure	Description		Event	#		Amount	
(by code) A-SIGN	Lawn Signs (payment 2 of 3)				444.95		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checke	ed)	444.93		
(if applicable)	None of the below (does not involve another candidate or co						
	Coordinated with reimbursement sought (joint expenditure	re) O Indepen					
Coordinated without reimbursement sought (in-kind contribution) Organization OR OR OR OR OR OR OR OR OR O							
	\$	SUBTOTAL Section P —	– This	Page 1321.33			

Section P. ADDITIONAL PAGE 3____ of 5__

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)	1	TYPE OF REPORT				
RD21				Oct 10 Filing			
	P. Expenses	Paid by Committee					
Name of Payee			I	Date of Payment	Method of P	· .	
WalMart				9/15/21	O Check #O Debit Card OEFT		
Street Address		City			State	Zip Code	
465 Bridgeport Av	e	Shelton	·		CT 06484		
Purpose of Expenditure (by code) A-PH-BNK	phones		Event #		Amount 48.52		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)	dent	о А Ов Ос Ор	10.02		
Name of Payee					Method of P	· .	
USPS			19	9/16/21	O Check # 6328 O Debit Card O EFT		
Street Address				State	Zip Code		
74 Olivia St		Derby			СТ	06418	
Purpose of Expenditure (by code)	Description		Event #		Amount		
A-DM	DM Postage for mailer						
Expenditure # [7]	968.27						
(у иррисионе)	ОвОсОр						
Name of Payee			I	Date of Payment	Method of P	•	
Valley Publishing 9/16/21				9/16/21	O Check O Debit O	Card OEFT	
Street Address		City			State	Zip Code	
7 Francis St		Derby			СТ	06418	
Purpose of Expenditure (by code)	Description		Event #			Amount	
A-DM	Mailers				958.86	,	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked	d)	730.00		
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind conte	re) O Indepen		а Ов Ос Ор			
Name of Payee				Date of Payment	Method of F	•	
Sherry Tutillo				9/19/21	O Check	Card OEFT	
Street Address		City			State	Zip Code	
75 Redwood Dr#	708	East Haven	·		СТ	06513	
Purpose of Expenditure (by code) RMB	Description Misc supplies		Event #		514.64	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checked	d)			
(g) approximation	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e) Independ		<u>а Ов Ос Ор</u>		TO ANNO MONEY OF THE STREET OF	
	s	SUBTOTAL Section P —	– This]	Page 2490.29			

Section P. ADDITIONAL PAGE 4____ of 5____

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
RD21		Oct 10 Filing	Oct 10 Filing			
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payment	Method of Payment:		
White Eagles	9/19/21	O Check # 6331				
Street Address		City	<u> </u>	O Debit Card OEFT State Zip Code		
70 Factory St		Derby		CT 06418		
	In	<u> </u>	ent #			
Purpose of Expenditure (by code)	Description	L L	JIL π	Amount		
OVHD	rent	500.00				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri					
Name of Payee			Date of Payment	Method of Payment:		
Ever Ready Press			9/24/21	O Check # 6332 O Debit Card OEFT		
Street Address		City		State Zip Code		
78 Clifton Dr		Ansonia		CT 06401		
Purpose of Expenditure	Description	Eve	ent#	Amount		
(by code) A-SIGN	lawn signs (payment 3 of 3)			1243.64		
	Type of Expenditure (Itemization in Addendum P Required un	1 4N C4l b-l 4 in about	J J.			
(if applicable)						
Name of Payee			Date of Payment	Method of Payment:		
Derby Pizza			9/27/21	O Check # O Debit Card OEFT		
Street Address		City		State Zip Code		
143 Main St		Derby		CT 06418		
Purpose of Expenditure (by code)	Description	Eve	ent#	Amount		
A-PH-BNK	Food for volunteers			36.29		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below" is ch	ecked)	1 00.27		
(if applicable)	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 control of the below (does not involve another candidate or control	re) 🔘 Independen				
Name of Payee			Date of Payment	Method of Payment:		
Newtown Savings	s Bank		9/30/21	O Check #O Debit Card		
Street Address		City		State Zip Code		
815 Bridgeport A	/e	Shelton		CT 06484		
Purpose of Expenditure (by code)	enditure Description Event #					
BNK	service charge			3.00		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is che	cked)] 0.00		
(if applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD						
		SUBTOTAL Section P — T	his Page 1782.93			

Section P. ADDITIONAL PAGE 5____ of 5____

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
RD21		Oct 10 Filing	Oct 10 Filing			
	P. Expenses	Paid by Committee				
Name of Payee Anedot.com	•	-	Date of Payment 9/30/21	Method of Payment: O Check #		
		T.C.L.		O Debit Card OEFT		
Street Address 5555 Hilton Ave s	te 106	Baton Rouge		State Zip Code LA 70808		
Purpose of Expenditure	Description		Event #	Amount		
(by code) WEB	fee for online donations 7/1/21 to 9/30/21	82.60				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri					
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card OEFT		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)				
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card OEFT		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required under 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 contr	ommittee) re) Indeper	ndent			
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	ommittee) re)				
		SUBTOTAL Section P -	- This Page 82.60			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Fili		TYPE OF REPORT				
RD21			Oct 10 Filing				
	Q. Campa	aign Expenses Paid b	y Candidate				
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is rein	nbursement claimed?		
				0	Yes O No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)	Boomphon						
Name of Payee (Name of V	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reir	nbursement claimed?		
				0	Yes O No		
Street Address		City		State	Zip Code		
					· ·		
Purpose of Expenditure	Description		Event#		Amount		
(by code)							
			D.A. CD.		1-1-10		
Name of Payee (Name of)	Vendor, Person or Entity who candidate paid directly)		Date of Payment		mbursement claimed?		
				0	Yes O No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)							
			Date of Payment	Ic roi	mbursement claimed?		
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Faymon	_			
				0			
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)			.				
Name of Pauce (Name of)	 Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is rei	mbursement claimed?		
Name of Payee (Nume of	remot, reson or Linky who cumume pun uncerty)			O Yes O No			
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)							
Name of Pavee (Name of	 Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is rei	mbursement claimed?		
,				ر ا	Yes O No		
	And the second s	Tei		State	Zip Code		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)							
				-			
		SUBTOTAL Se	ection Q — This Page 0				
		TOTAL STAR	anal Section O Pages				
		TOTAL OF AUGUM	onal Section Q Pages				
	TOTAL OF	ALL EXPENSES PAIL	D BY CANDIDATE 0				
	(Ente	er total on Line 26, Column A	of Summary Page Totals)				

IV. EXPENDITURES (Sections P-T)

	EE (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPORT	Γ	
RD21			Oct 10 Filing		
	•	ncurred on Committee C	Credit Card		
Name of Issuing Insti	aution	Type of Credit Card: O Visa O Maste	er Card ODiscover OAm	nerican Express	s OOther:
Name of Vendor, Person o	r Entity		gegga di garagong saga ng kang panggan kanang manan na pang mangkan kanadam mangka sababik	Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R None of the below Coordinated with reimbursement sought (jo	oint expenditure) Ind	w" is checked) dependent ganization OA OB OC (O a	
Name of Vendor, Person of	r Entity	and developed the secure for the second developed and according to the second and according to the second and a		Date of 1	Fransaction .
Street Address		City		State	Zip Code
Purpose of Expenditure by code)	Description		Event #		Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum R None of the below Coordinated with reimbursement sought Coordinated without reimbursement sought	oint expenditure) O Inc	dependent	ΟÞ	
Name of Vendor, Person of	r Entity			Date of T	Transaction
Street Address		City	Line and the second	State	Zip Code
Purpose of Expenditure by code)	Description	L	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R None of the below Coordinated with reimbursement sought Coordinated without reimbursement sought	oint expenditure) Inc	w" is checked) dependent ganization: OA OB OC	Ов	
		SUBTOTAL Section R	— This Page 0		
		TOTAL of additional Sect	tion R Pages		
то	TAL OF ALL EXPENSES INCURRY (Enter to	ED ON COMMITTEE CRI tal on Line 27, Column A of Summ			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF R	EPORT			
RD21 Oct 1				10 Filing			
	S. Expenses Incurred by Com	mittee but Not Paid I	Ouring this Pe	riod			
Name of Creditor				Date Inc	curred		
Street Address		City	***************************************	State	Zip Code		
Purpose of Expenditure (by code)	Description	Event#			Amount Incurred Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expendi Coordinated without reimbursement sought (in-kind co	Indeper		Oc Op			
Name of Creditor				Date In	curred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#	•	Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indeper		Oc Op			
Name of Creditor				Date In	curred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	1	Event #		Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind co	Indeper		Oc Op			
		SUBTOTAL Section S	5-This Page				
	1	FOTAL of additional Sect	tion S Pages				
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	ING THIS PERIOD BUT ine 28, Column A of Summa			W-100 - 100		
	Previously reported Exp	oenses Unpaid and still O	utstanding		Martiner Commence of the Comme		
	TOTAL OF ALL EXPENSES INCURREI (Enter total on Li	O BY COMMITTEE BUT ne 28a, Column A of Summa					

IV. EXPENDITURES (Sections P—T)

	E (Provide Complete Name as Registered with Filing Repositor	<i>lu</i>		PE OF RE				
RD21	T L	4 1 2	and the second second	Control of September 1971	ig			
I	T. Itemization of Reimb	First	muary ra	yees	мі	Date of I	Payment to Vendor,	
Last Name of Worker/Cons Hyder	uuant	Rob		I WII	Person or Entity 6/30/21			
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u> </u>				Committee '	Worker/Consultant as	
Big-Y				1 🛋	reported in Section P: O Check # 6321 Debit Card EFT			
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant	City	 	1		State	Zip Code	
656 New Haven Av	e	Derby				СТ	06418	
Purpose of Expenditure (by code)	Description		Event #				Amount	
FNDR	Appetizers		fr1			160.52	2	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed unless "None of the below	" is checked))				
0.41	None of the below Coordinated with reimbursement sought (joint expe	nditure) Orga	pendent O	O B				
Last Name of Worker/Cons	ultant	First			MI	Date of l	Payment to Vendor,	
Hyder		Rob				6/30/	- 1	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u> </u>			o Reimburse n Section P:	Committee '	Worker/Consultant as	
Dollar Tree				ــــــــــــــــــــــــــــــــــــــ	ck # <u>6321</u>	_ O De	bit Card OEFT	
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City		<u> </u>		State	Zip Code	
492 New Haven Av	<i>r</i> e	Derby				СТ	06418	
Purpose of Expenditure (by code)	Description		Event #				Amount	
FNDR	Serving items		fr1	34.03				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind	nditure) O Ind	v" is checked) ependent O anization: o A	0 (
Last Name of Worker/Cons	sultant	First			MI		Payment to Vendor, or Entity	
Gagliardi		Pam	6/			/21		
Name of Vendor, Person or USPS	Entity Paid by Committee Worker/Consultant			reported i	in Section P:	_	Worker/Consultant as	
	Person or Entity Paid by Committee Worker/Consultant	City		O Che	ck # <u>6322</u>	State	ebit Card OEFT	
74 Olivia St	eason of Emily Faid by Committee Works, Constitution	Derby				СТ	06418	
Purpose of Expenditure (by code)	Description		Event #				Amount	
POST	Prepaid postcards for invitations		fr1			22.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	red unless "None of the belov	v" is checked,)				
	None of the below Coordinated with reimbursement sought (joint expe		ependent O anization: O A	О (
		SUBTOTAL Section	Г — This P	age 210	5.55			
		TOTAL of additional S	ection T Pa	ges 15	43.74			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS AND CO	NSULTAN	NTS 17	60.29		commercial de Commercial de Section de Commercial de Comme	
				manage de comment				

Section T ADDITIONAL PAGE _ 1 of _ 3

						PE OF REPORT t 10 Filing			
NO21	T. Itemization of Reimb	2112	rsements and Second		and the second second	9			
Last Name of Worker/Cons		Fir		<u> </u>	,	мі	Date of Payment to Vendor		
Gagliardi		1	ım				Person or Entity 6/9/21		
Name of Vendor, Person or Vistaprint.com	Entity Paid by Committee Worker/Consultant				reported in	Reimburse Section P: k #6322	Committee Worker/Consultant as Debit Card DEFT		
Street Address of Vendor, F	Person 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#			78.23	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expe	ndit	ure) O Indepen		0 0) O			
Last Name of Worker/Cons	ultant	Fir	st			MI	Date of Person of	Payment to Vendor,	
Dziekan		Ri	ch				8/5/2	•	
USPS	Entity Paid by Committee Worker/Consultant				reported in	Reimburse Section P: k # <u>6323</u>	_ Q De	Worker/Consultant as	
Street Address of Vendor, F 83 Bridge St	Person or Entity Paid by Committee Worker/Consultant		City Shelton				State CT	Zip Code 06484	
Purpose of Expenditure	Description			Event#	 		Amount		
(by code) A-DM	postage for fliers						950.8	7	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind)	endit	ure) O Indepe		0 0) O			
Last Name of Worker/Cons	sultant		rst			MI		Payment to Vendor, or Entity	
Tutillo		Sherry			8/23/21			/21	
Name of Vendor, Person or Joann Fabric	Entity Paid by Committee Worker/Consultant				reported i	o 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	
1405 Boston Post I	Rd		Milford				СТ	06460	
Purpose of Expenditure (by code) OVHD	Description Event #						6.49	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D								
SUBTOTAL Section T — This Page 10					age 103	5.59			
TOTAL of additional Section T Pages					ges 508	508.15			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	W(ORKERS AND CONS	SULTAN	TS 176	0.29	neri e e e e e e e e e e e e e e e e e e		

Section T ADDITIONAL PAGE 2 of 3

NAME OF COMMITTE RD21	E (Provide Complete Name as Registered with Filing Repositor)	y)			PE OF RE t 10 Filin				
NDZ1	T. Itemization of Reimb	1117	sements and Second	Andrews and the state of the		9			
Last Name of Worker/Cons		Fir		им у в и	yces	мі	Date of I	Payment to Vendor,	
Tutillo			erry		Person or Enti			r Entity	
					I B	Doimburgo		Worker/Consultant as	
Big-Y	Entity Paid by Committee Worker/Consultant				reported in	Section P: k # <u>6330</u>	_	bit Card	
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant		City		•		State	Zip Code	
656 New Haven Av	e		Derby				CT	06418	
Purpose of Expenditure (by code) OVHD	Description HQ			Event #			9.59	Amount	
Expenditure # (if applicable)							,,,,,		
Last Name of Worker/Cons	ultant	Fir	st			МІ	Date of I Person o	Payment to Vendor,	
Tutillo		Sł	nerry				8/20/	- 1	
Name of Vendor, Person or USPS	Entity Paid by Committee Worker/Consultant				reported in	o Reimburse n Section P: ck # <u>6330</u>			
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code	
74 Olivia St			Derby				СТ	06418	
Purpose of Expenditure (by code) FNDR	Description postage for invitations			Event # fr3	Alle			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind)	endit	ure) Indepe		0 0) O			
Last Name of Worker/Cons	sultant	Fi	rst			MI		Payment to Vendor, or Entity	
Tutillo		Sherry					8/23/21		
Name of Vendor, Person or Vistaprint.com	Entity Paid by Committee Worker/Consultant	J			reported i	to Reimburse in Section P: ck #6330	_	Worker/Consultant as	
-	Person or Entity Paid by Committee Worker/Consultant		City		O Che	CK # <u>0330</u>	State	Zip Code	
275 Wyman St	reison of Entity Fait by Committee Works//Consultant		Waltham				MA	02451	
Purpose of Expenditure	Description		<u> </u>	Event #	······································			Amount	
(by code) FNDR	invitations			fr3			223.32		
Expenditure # (if applicable)									
			SUBTOTAL Section T -	— This Pa	age 342	91			
		T	OTAL of additional Sec	tion T Pa	ges 120	00.83		y digitaliyay ya da di dawa di adalama da ay da diyay day da adalama da yida adalah da 1979 da ay	
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	w	ORKERS AND CONS	III.TAN	TS 17	0.29			
IVIALUFALL	REMIDURISEMENT TO COMMITTEE	'''	AREAS AIW COINS	JULIAN			ganga maganaga ini pinci dalah d		

Section T ADDITIONAL PAGE 3 of

of	3	
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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor	y)	ander discourse	TY	PE OF RE	PORT		
RD21 Oc					t 10 Filin	g		
and the second	T. Itemization of Reimb	uı	sements and Second	dary Pa	yees			
Last Name of Worker/Consu	altant	Fir	st			MI	Date of Pa Person or	syment to Vendor,
Tutillo		St	erry				7/16/2	- 1
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u> </u>			Payment to	Reimburse	Committee W	orker/Consultant as
Vistaprint.com					reported in	Section P:	_	
·	erson or Entity Paid by Committee Worker/Consultant		City		Chec	k# <u>6330</u>	State	it Card EFT Zip Code
	erson of Emily Faid by Committee Worker Consultant		Waltham				MA	02451
275 Wyman St			vvaitiiaiii	·			IVIZ	02401
Purpose of Expenditure (by code) FNDR	Description			Event#				Amount
FNDR	Invitations			fr2			57.48	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed ı	nless "None of the below" i	is checked)				
(i) application	None of the below		O					
	Coordinated with reimbursement sought (joint expertional Coordinated without reimbursement sought (in-kind			ndent O	0 0	0		
				zauon: O A	овс	_	Date of P	ayment to Vendor,
Last Name of Worker/Const	ultant	Fir				MI	Person or	Entity
Tutillo		Sr	nerry				8/23/2	21
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Reimburse Section P:	Committee W	/orker/Consultant as
Staples		 ,			شا	k # <u>6330</u>		oit Card OEFT
	erson or Entity Paid by Committee Worker/Consultant		City				State	Zip Code
1371 Boston Post R	d		Milford				CT	06460
Purpose of Expenditure	Description			Event #				Amount
(by code) FNDR	labels for invitations			fr3			107.76	
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	ed i	inless "None of the below" i	is checked)	·		·	
(if applicable)	None of the below		0					
	Coordinated with reimbursement sought (joint expertional Coordinated without reimbursement sought (in-kind			_	0 0	0		
	Cooldinated without reinfoursement sought (iii-kind	-	Organi	zation: o A	овс	_		
Last Name of Worker/Cons	ultant	Fi	rst			MI	Person or	ayment to Vendor, Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					o Reimburse n Section P:	Committee V	Vorker/Consultant as
					O Che		Q Del	bit Card OEFT
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code
Purpose of Expenditure	Description			Event#			 	Amount
(by code)								ranount
				<u> </u>			-	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	ed i	unless "None of the below"	is checked,)			
	None of the below Coordinated with reimbursement sought (joint expe	ndit	ure) O Indepe	endent 🔿	~ (
	Coordinated with reimbursement sought (in-kind			_	ОВО	$C \circ D$		
	L							
			SUBTOTAL Section T -	— This P	ige 165	.24	**************************************	
		T	OTAL of additional Sec	tion T Pa	ges 13	78.50		
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	W	DRKERS AND CONS	SIII.TAN	TS 174	0.29		
TOTAL OF ALL	REMIDURGEMENT TO COMMITTEE	,,,	JANEAS AITO COINS	JULIAN	170	·····		