#### **SEEC FORM 20**

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

Page 1 of 17

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#### COVER PAGE

				TIGE		THE RESIDENCE OF THE PARTY OF T		
1. NAME OF COMMITTEE	2011年中华100日	400			Marie Marie	CHARLET SERVED IN ACRE		
Marilyn for Ma <b>yo</b> r								
2. TREASURER NAME	references	Lak Z. E.	<b>HARRIA</b>					
First Matthew		MI R	Last Wag	gner	Suffix			
3. TREASURER ADDRESS	10 To 10 10 TO 10	ENGLISHED.	at 60 HD an					
Street Address 125 Sterling Street	eet			City State CT				
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Comple	te only if Candi	date Committee)		6. DISTRICT NUMBER		
(mm/dd/yyyy) 11/5/2019	Mayor					(if applicable)		
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)	2 33259					
First Marilyn		MI V	Last Mod	ore		Suffix		
8. TYPE OF REPORT (Check One Box)	<b>外,138</b> 人1580年	Mark.						
O January 10 filing	●7th day preced	ding primar	у О	th day preceding referendum		ntribution or Disbursement		
April 10 filing	O30 days follow	wing primar	у О	15 days following referendum	(PACs ONL)  Amendme			
OJuly 10 filing	O7th day preced	ding electio	n OI	Deficit	Type of Re	port:		
October 10 filing	12th day prece			Termination				
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		n			:27 : 17		
9. PERIOD COVERED		Sugar.	STATE OF		372	9 3 8		
	Beginning Dat	te		Ending Date	150	. 뭐 경소등		
<u> </u>	7/1/2019		thru	9/1/2019	=== K2;	6 A A A A A A A A A A A A A A A A A A A		
					3 J. E.			
10. CERTIFICATION				A STREET NOT THE SKI	ر ک			
I hereby certify and state, under p Disclosure Statement for the pe			rate and co	mplete.	this Itemized Ca	mpaign Finance		
Mattlin & Daggne	_		Matthew V	Vaggner		9/3/2019		
	ER (SIGNATURE)	•	PRINT NAM	E OF SIGNER		DATE (mm/dd/yyyy)		
		STEEL ST			i en	SIMPLE COST IN		
A person who is				violated any provisions of ti r imprisonment or both.	he campaign fin	ance statutes		

**SEEC FORM 20** 

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

#### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Marilyn for Mayor	TYPE OF REPORT  7th Day Preceding Primary				
viality i for ways.	COLUMN A This Period	COLUMN B Aggregate			
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0			
12. Balance on hand at the beginning of Reporting Period	\$77,766.71				
13. Contributions Received from Individuals (Sections A and B)	\$24,085.00	\$112,600.00			
14. Receipts from Other Committees (Sections C1 and C2)	\$4,500.00	\$13,790.00			
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$1,000.00			
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00			
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed					
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$0.00	\$0.00			
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$28,585.00	\$127,390.00			
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$106,351.71	\$127,390.00			
19. Expenses Paid by Committee (Section P)	\$86,015.00	\$107,053.29			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$20,336.71	\$20,336.71			
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$264.74	\$264.74			
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$183.25	\$3728.25			
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00			
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00			
25. Loan Balance	\$0.00				
25a. + Loans Received (Section D)	\$0.00	\$0.00			
25b. + Interest and Penalties on Loan	\$0.00	\$0.00			
25c Payments on Loan	\$0.00	\$0.00			
25d. Total Outstanding Loan Amount	\$0.00				
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$203.71			
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00				
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00				

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

NAME OF COMMITTEE (Trouble Complete Name as Registered with Titing Repository)			TYPE OF REPORT			
Marilyn for Mayor			7th Day Preceding Primary			
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)	-Received SUI	this Period ONLY BTOTAL SECTION A	\$ 0.00			
**						
B. Itemiz	zed Contr	ibutions from Individ	duals			
Last Name Jones		Shelly			MI	
Residential Street Address 378 Wintergreen Ave	City H	amden		State CT	Zip Code 06514	
Principal Occupation Professor		Name of Employer Central CT State Ur	niversity			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of dependent child of a lobbyist?  Yes does contributor or busine valued at more than \$5,00	ess he/she is a	candidate for a chief executive associated with have a contract Yes ONo	e officer of a municipality with said municipality	\$25	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a princ If yes, indicate wo of government to	which branch		e contractor? Yes  OLegislative			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	145	Date Received	Aggregate Contributions \$25.00		:	
Last Name Kovac		First Marcella	L		MI	
Residential Street Address 264 Broad St	City B	ridgeport	<del>-</del>	State CT	Zip Code 06604	
Principal Occupation Owner		Name of Employer Bananaland				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess does contributor or busine valued at more than \$5,00	ess he/she is a	candidate for a chief executive associated with have a contract Yes No	e officer of a municipality with said municipality		ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate of government	which branch		te contractor?  Yes No Legislative			
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction		Date Received	Aggregate Contributions \$100.00			
Last Name Wiggins		First Brenda	<u> </u>	•	MI	
Residential Street Address 2625 Park Ave 7E	City B	ridgeport		State CT	Zip Code 06604	
Principal Occupation Retiree		Name of Employer GE				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of dependent child of a lobbyist?  Yes of contribution is in excess does contributor or busing valued at more than \$5,000.	ness he/she is a	a candidate for a chief executive associated with have a contract Yes No	e officer of a municipality with said municipality		ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative						
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney Or	rder Date Received 7/1/2019	Aggregate Contributions \$25.00			
	SUBTO	TAL Section B — This	Page \$150.00			
		f additional Section B l	83-46A			
TOTAL OF ALL CONTRIBUTION (Enter total)	NS FROM I al on Line 13,	NDIVIDUALS (Sections A Column A of Summary Page	<b>A + B)</b> \$24,085.00 <i>Totals)</i>			

## Section B ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Marilyn for Mayor	7th Day Preceding Primary					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		S Period ONLY TAL SECTION A	\$0.00			
B. Itemized Con	ntribu	tions from Individ	luals		МІ	
Last Name First						
Cianciolo		ames ———————		Lear	Zin Cada	
Residential Street Address	City	Haven		State	Zip Code 06511	
951 State St	I MEM	Name of Employer		<u> </u>	133311	
Principal Occupation Chiropractor		Self				
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	to a cand is associ Yes •	idate for a chief executive ated with have a contract	officer of a municipality with said municipality		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 brane of government the contract	nch or bra	ınches	e contractor? Yes Legislative No			
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 7/2/2019	Aggregate Contributions \$100.00	1		
Last Name Houel	A Administration of the Control of t				MI	
Condition Street Address				State CT	Zip Code 06606	
Principal Occupation		Name of Employer			la a	
Director		Greater Bridgepor		<del></del>		
	is associ Yes •	ated with have a contract No	with said municipality		unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes   No   Is contributor a principal of a If yes, indicate which brane of government the contract	nch or bra	ınches	e contractor? Yes  egislative No			
Method of Contribution		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Money Ord	der	7/2/2019	\$350.00			
Last Name	Fu	rst			MI	
Owens	A	nn				
Residential Street Address	City		· · · · · · · · · · · · · · · · ·	State	Zip Code	
488 Brooklawn Ave	Bridg	geport		СТ	06604	
Principal Occupation		Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No    Yes   If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	is associ	idate for a chief executive ated with have a contract No	officer of a municipality with said municipality		unt of Contribution	
Is this contribution associated with an event reported in Section L1?    Section L1   Yes						
Method of Contribution: Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 7/2/2019	Aggregate Contributions \$300.00			
SUBT	тота	L Section B — This	Page \$300.0	00		
TOTAL	L of ad	ditional Section B F	ages \$23,93	35.00		
TOTAL OF ALL CONTRIBUTIONS FROM  Finite total on Lin	M INDI	VIDUALS (Sections A	(A + B) Totals \$24,08	5.00		

## Section B ADDITIONAL PAGE 2 of 84

NAME OF COMMITTEE (Provide Complete Name as Register of with Filing Repository)			TYPE OF REPORT				
Marilyn for Mayor			7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Receiv (See Instructions for definition of Small Contributor)	ved this SUBTO	s Period ONLY TAL SECTION A	\$0.00				
	4-11-11	Com Indivi	Junio				
STATE OF THE RESIDENCE OF THE PROPERTY OF THE		tions from Indivi	auais			MI	
Spiller	K	Karen					
Residential Street Address 1 Mount Pleasant Terrace, unit 3	City Bost				State MA	Zip Code 02119	
Principal Occupation  Consultant/Educator		Name of Employer KAS Consulting					
	e is associ Yes	ated with have a contract No	with said municipa	ipality lity	1	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	anch or bra	Executive	Legislative 💮	Yes No			
Method of Contribution:  Cash Personal Check • Credit/Debit Card Money Ord	rder	Date Received 7/2/2019	Aggregate Contribu \$175.00	tions			
Last Name Anderson	First Nicolette					МГ	
Residential Street Address 535 Clinton Ave	City Brid	City			State CT	Zip Code 06605	
Principal Occupation Teacher	•	Name of Employer Lindsay's House	ELC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associ	didate for a chief executive ated with have a contract No	e officer of a munic with said municipa	cipality, dity		ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  Section L1?  No  Section L1?  No  Section L1?  No  Section L1?	anch or bro	anches	te contractor?	Yes No			
Method of Contribution:  Cash Personal Check • Credit/Debit Card Money Ord	rder	Date Received 7/6/2019	Aggregate Contribu \$50.00	itions			
Last Name Andrews		rst Shyma				MI	
Residential Street Address 227 Valley Ave	City	geport			State CT	Zip Code 06606	
Principal Occupation Nurse Practitioner		Name of Employer  Norwalk Health D	ept				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a cand e is associ Yes	iated with have a contract	e officer of a municipa	cipality, ility		ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, hist Event # 070619A  Is contributor a principal of a lf yes, indicate which brar of government the contract	anch or br	anches	te contractor?	Yes No		, , , , ,	
Method of Contribution  Cash Personal Check Credit/Debit Card Money Ord	rder	Date Received 7/6/2019	Aggregate Contribu	ntions			
SUB	втота	L Section B This	s Page \$1	65.0	0		
TOTA	L of ad	Iditional Section B	Pages \$2	23,93	5.00		
TOTAL OF ALL CONTRIBUTIONS FROM	OM IND	IVIDUALS (Sections	A + B) \$2	4,08	5.00		

SEEC FORM 20 Revised Japanusy 2015 Secti	on B ADDITIONAL	_ <b>P</b> A	AGE 3	of84				
NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repositary)	6.0X.	THE STREET STREET	TYPE OF REPORT				
Marilyn for Mayor				7th Day Precedir	ng Prim	ary		
A. Total Contributions from Sm (See instructions for definition of Small C	The state of the s	ed th UBTC	is Period ONLY OTAL SECTION A	\$0.00				
4.			The state of the s	TATISHED STREET STREET STREET	10000 (98-407400)	Daniel Co.	orace tax care as	
	B. Itemized Con	-	utions from Individual	duals		ARCH.		
Last Name		1 1	irst Gloria				МІ	
Residential Street Address		City			State	Zio (	Code	
220 Moffitt St		-	lgeport		CT	1 '	610	
Principal Occupation			Name of Employer					
Dental Asst			Dr. Ken Temple					
or dependent 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?	s assoc	didate for a chief executive tiated with have a contract  No	e officer of a municipality with said municipality		unt of 20.0	Contribution	
event reported in Section L1?	t reported in Section L1? If yes, indicate which branch or branches					20.0	,,,	
Method of Contribution  Cash Personal Check Cred	it/Debit Card Money Ord	er	Date Received 7/6/2019	Aggregate Contributions \$20.00				
Last Name Baraka		- 1	irst Sauda				MI	
Residential Street Address 85 Pine Point Drive		City Brid	Igeport	State CT	2ip 0	Code 606		
Principal Occupation			Name of Employer Retired					
or dependent child of a lobbyist?	57961.5	s assoc es	iated with have a contract No	with said municipality		unt of 100.	Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # • No	If yes, indicate which branc	h or b	ranches	te contractor? Yes Legislative No				
Method of Contribution  Cash Personal Check • Cred	it/Debit Card Money Ord	er	Date Received 7/6/2019	Aggregate Contributions \$350.00				
Last Name		- 1	irst				МІ	
Bell Johnson			Deborah					
Residential Street Address 1457 Chopsey Hill Road		City Brid	lgeport		State CT	2ip (	Code <b>606</b>	
Principal Occupation		_	Name of Employer					
Administrator			Norwalk Public Sc		,			
or dependent 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?	s assoc	didate for a chief executive tated with have a contract.  No	e officer of a municipality with said municipality		unt of 40.0	Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 070619A	If yes, indicate which branc	h or b	ranches	te contractor? Yes Legislative No				
Method of Contribution  Cash Personal Check Cred	it/Debit Card Money Ordo	er	Date Received 7/6/2019	Aggregate Contributions \$40.00			<del></del> -	

\$160.00	SUBTOTAL Section B This Page
\$23,935.00	TOTAL of additional Section B Pages
\$24,085.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  Enter total on Line 13, Column A of Summary Page Totals

## Section B ADDITIONAL PAGE 4 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Marilyn for Mayor			7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed th	is Period ONLY OTAL SECTION A	\$0.00				
B. Itemized Cor		utions from Indivi	duals			MI	
Last Name Bevis	- 1 '	First Polk					
Residential Street Address 715 Frenchtown Road	Street Address				State CT	Zip Code 06606	
Principal Occupation Owner		Name of Employer  JP Property Servi	ces				
	is assoc Yes	No	with said r	nunicipality		unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 070619A  • Yes Is contributor a principal of a If yes, indicate which bran of government the contract	ich or b	ranches Executive	Legislativ	/e No			
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	der	7/6/2019	\$25.00	Contributions )			
Last Name Billups	- 1	irst Beverlyn				MI	
Residential Street Address 445 Beaver St 75 F	City Ans	sonia			State	2ip Code 06401	
Principal Occupation		Name of Employer Retired					
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?	is assoc	ididate for a chief executive ciated with have a contract  No	e officer of with said r	a municipality, nunicipality		ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 070619A  Section L1?  No ls contributor a principal of a lf yes, indicate which bran of government the contract	nch or b	ranches	ite contract Legislati	No			
Method of Contribution:  Cash • Personal Check Credit/Debit Card Money Ord	der	Date Received 7/6/2019	Aggregate \$105.0	Contributions			
Lasi Name Bratton	- 1	<sup>First</sup> John	<del></del>			MI	
Residential Street Address 56 Park Ave	City Brid	dgeport			State CT	Zip Code 06604	
Principal Occupation  Driver		Name of Employer Self			_		
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?	is associ	ndidate for a chief executive ciated with have a contract  No	e officer of with said a	f a municipality nunicipality	`   · · · · ·	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 070619A  Is contributor a principal of a ffyes, indicate which bran of government the contract	nch or b	ranches	te contract	No			
Method of Contribution  Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 7/6/2019	Aggregate \$60.00	Contributions			
SUB	TOTA	AL Section B — This	s Page	\$125.0	0		
TOTA	Lofa	dditional Section B	Pages	\$23,93	35.00		
TOTAL OF ALL CONTRIBUTIONS FROM Enter total on Liv	M INE	DIVIDUALS (Sections Column A of Summary Page	A + B) e Totals	\$24,08	5.00	196	

#### Section B ADDITIONAL PAGE 5

	D ADDITIONA.		AGE	01_			
NAME OF COMMITTEE (Provide Complete Name as Re	gistered with Filing Repository)			-	OF REPORT		
Marilyn for Mayor				7th Day Preceding Primary			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$0.00				
	B. Itemized Cor	ntril	butions from Indiv	iduals			
Last Name Custis			First				MI
Residential Street Address		City	Linda			Leur	
112 Southfield Ave		l '	amford			State	Zip Code 06902
Principal Occupation			Name of Employer			<u>L</u>	
05			Caregiver				
or dependent child of a lobbyist?	tribution is in excess of \$400 to contributor or business he/she if at more than \$5,000?	s asse	andidate for a chief executivociated with have a contract  No	e officer of with said	of a municipality municipality		ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 070619A  • Yes No	Is contributor a principal of a If yes, indicate which brand of government the contract	ch or	branches	ite contrac	No	7 *	350.00
Method of Contribution  Cash Personal Check Credit/Del	bit Card Money Ord	er	Date Received Aggregate Contributions				
Last Name Giles			First Antoinette	.1	· · ·		MI
Residential Street Address		City				State	Zip Code
2612 North Ave GS		Bri	dgeport			СТ	06604
Principal Occupation			Name of Employer Retired				
or dependent child of a lobbyist? does co	ribution is in excess of \$400 to ontributor or business he/she is at more than \$5,000?	s asso	ndidate for a chief executive ciated with have a contract  No	e officer of with said (	f a municipality municipality		unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  No	Is contributor a principal of a s  If yes, indicate which brane of government the contract	h or l	oranches	te contract	No	*	50.00
Method of Contribution Cash Personal Check • Credit/Det	oit Card	er	Date Received 7/6/2019	<del></del>	Contributions		
Last Name			First			_	MI
Little			Raleigh				
Residential Street Address 62 Sherman Street		City <b>Bri</b> t	dgeport			State CT	Zip Code 06608
Principal Occupation Counselor			Name of Employer RNP		•	•	
or dependent child of a lobbyist? does co	ribution is in excess of \$400 to ontributor or business he/she is at more than \$5,000?	asso	ndidate for a chief executive clated with have a contract v	officer of	`a municipality, nunicipality		unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 070619A	s contributor a principal of a st If yes, indicate which branch of government the contract i	h or b	ranches	e contracto	No		40.00
Aethod of Contribution:  Cash Personal Check Credit/Deb	it Card Money Orde	er	Date Received 7/6/2019	<del></del>	Contributions		
	SUBT	ОТА	L Section B This	Page	\$120.00	)	
	TOTAL	of a	dditional Section B P	ages	\$23,93	5.00	
TOTAL OF ALL CO	ONTRIBUTIONS FROM Enter total on Line		IVIDUALS (Sections A Journal of Summary Page		\$24,085	5.00	

## Section B ADDITIONAL PAGE 6 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Marilyn for Mayor		7th Day Preceding Primary			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A			\$0.00		
B. Itemized Con	ntributio	ns from Indivi	duals		
Last Name Martin		МІ			
Residential Street Address	State	Zip Code			
85 Corintian Ave	Stratfor			СТ	06615
Principal Occupation	R	ne of Employer etired		· • •	
	is associated Yes • N	with have a contract O	with said municipality		unt of Contribution 40.00
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 070619A  Section L1?  No ls contributor a principal of a lf yes, indicate which brane of government the contract	ch or branch	es	te contractor? Yes Legislative No		
Method of Contribution  Cash Personal Check Credit/Debit Card Money Ord	I	e Received 6/2019	Aggregate Contributions \$40.00		
Last Name McLeod					
esidential Street Address				State CT	Zip Code 06607
Principal Occupation Direct Care Counselor		ne of Employer Ontinuum of Car	· •		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?  Yes  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 070619A  Yes  No  If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?  Yes  No  Of government the contract	is associated Yes • N state contraction or branch	with have a contract O tor or prospective states	with said municipality	1	ant of Contribution
Method of Contribution	120.0	e Received	Aggregate Contributions	$\dashv$	
Cash Personal Check Credit/Debit Card Money Ord	der 7/	6/2019	\$50.00		
Last Name	First	<u></u>			MI
McLeod	Eva			Tresse	I Zio Code
Residential Street Address 2675 Park Ave	Bridger	oort		State	Zip Code 06604
Principal Occupation		ne of Employer etired		·	
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 walued at more than \$5,000?		with have a contract			unt of Contribution 5.00
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 070619A  Is contributor a principal of a state contractor or prospective state contractor? Yes ff yes, indicate which branch or branches of government the contract is with: Executive Legislative					
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	1	e Received 6/2019	Aggregate Contributions \$129.00		
SUBT	TOTAL S	ection B — This	Page \$95.00	)	
TOTAL	L of addit	ional Section B	Pages \$23,9	35.00	
TOTAL OF ALL CONTRIBUTIONS FROM Enter total on Line	M INDIVI	DUALS (Sections . n A of Summary Page	A + B) \$24,08	35.00	

# Section B ADDITIONAL PAGE 7 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Marilyn for Mayor			7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved thi SUBTO	s Period ONLY TAL SECTION A	\$0.00				
B. Itemized Co		tions from Indivi	duals				
ast Name First Mol end Melissa						МІ	
McLeod	<u></u>	71011334			State	Zip Code	
Residential Street Address 12 Alanson Road	Residential Street Address					06607	
Principal Occupation		Name of Employer Glady's Crossing	LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive of does contributor or business he/she is associated with have a contract with valued at more than \$5,000?  Yes  No				nunicipality		unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 070619A No Section L1?	anch or br	anches	Legislativ	e No			
Method of Contribution  Cash • Personal Check Credit/Debit Card Money Or	rder	Date Received 7/6/2019	Aggregate \$75.00	Contributions			
Last Name McLeod	D-A-folio					MI	
Residential Street Address	City		<del>-</del>		State	Zip Code	
12 Alanson Road Bridgeport					СТ	06607	
Principal Occupation Healthcare		Name of Employer Bridgport Health	Com.				
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of the section L1?  If yes, indicate which bra	Yes 'a state co	iated with have a contract  No  ntractor or prospective statements	with said n	or? Yes		unt of Contribution	
If yes, list Event # 070619A No of government the contra	act is with	Executive	Legislativ	e INO			
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Or	rder	Date Received 7/6/2019	Aggregate \$40.00	Contributions			
Last Name	- 11	irst	'			MI	
Molina		/ezenia					
Residential Street Address  1 Pepperidge Road	City Trur	mbull			State CT	Zip Code 06611	
Principal Occupation Juvenlie Probation Officer		Name of Employer 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	e is assoc	didate for a chief executiv iated with have a contract No	e officer of with said n	a municipality nunicipality		unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 070619A  Section L1?  No  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 Legislative							
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Or	Method of Contribution:  Date Received Aggregate Contributions 7/0/2010 \$40,00						
SUB	втота	L Section B — This	s Page	\$155.0	0		
TOTA	AL of ac	ditional Section B	Pages	\$23,93	5.00		
TOTAL OF ALL CONTRIBUTIONS FRO	OM IND	IVIDUALS (Sections	A + B) e Totals	\$24,08	5.00		

## Section B ADDITIONAL PAGE \_\_\_ 8 \_\_ of \_\_ 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Marilyn for Mayor			7th Day Preceding Primary			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$0.00			
	B. Itemized Cont	ributions from Indivi	duals			
Last Name		First Viola			MI	
Parker	State	Zip Code				
Residential Street Address 8 Sixth Street		<sup>City</sup> Ansonia		CT	06401	
Principal Occupation		Name of Employer Retired				
or dependent child of a lobbyist?  No  does co	ntributor or business he/she is at more than \$5,000? Ye	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	with said municipality	´	nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 070619A	s contributor a principal of a sta If yes, indicate which branch of government the contract is	ate contractor or prospective state or branches s with: Executive	Legislative No			
Method of Contribution  Cash • Personal Check Credit/Deb	it Card	Date Received 7/6/2019	Aggregate Contributions \$85.00			
Last Name		First			MI	
Ramos		Wilhelmina		C	7 - Codo	
Residential Street Address 53 53rd Way		City West Palm Beach	State FL	Zip Code 33402		
Principal Occupation		Name of Employer Retired				
or dependent child of a lobbyist?  No  No  does co	ntributor or business he/she is at more than \$5,000? Ye	a candidate for a chief executive associated with have a contract on NO ate contractor or prospective st	with said municipality		nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 070619A No	If yes, indicate which branch of government the contract is	or branches	Legislative No			
Method of Contribution:  Cash • Personal Check Credit/Deb	it Card O Money Orde	Date Received 7/6/2019	Aggregate Contributions \$40.00			
Last Name	-	First			MI	
Smith-Wright		Jacqueline				
Residential Street Address 129 Pitt Street		city Bridgeport		State CT	Zip Code 06606	
Principal Occupation		Name of Employer Retired				
or dependent child of a lobbyist? does co	ibution is in excess of \$400 to intributor or business he/she is at more than \$5,000?	a candidate for a chief executive associated with have a contractes. • No	ve officer of a municipality t with said municipality		nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 070619A	s contributor a principal of a st If yes, indicate which branch of government the contract i	ate contractor or prospective st to or branches s with: Executive	Legislative Yes			
Method of Contribution:  Cash Personal Check Credit/Deb	oit Card Money Orde	Date Received 7/6/2019	Aggregate Contributions \$140.00			
	SUBT	OTAL Section B — Thi	s Page \$120.0	00		
	TOTAL	of additional Section B	Pages \$23,93	35.00		
TOTAL OF ALL CO	ONTRIBUTIONS FROM Enter total on Line	INDIVIDUALS (Sections 13, Column A of Summary Page	A + B) \$24,08	35.00		

## Section B ADDITIONAL PAGE 9 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with	<b>35. 字篇图10</b> 20 4.00	TYPE OF REPORT					
Marilyn for Mayor			7th Day Preceding Primary				
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	outors-Received SUE	this Period ONLY STOTAL SECTION A	\$0.00				
В.	Itemized Contr	ibutions from Indivi	duals				
Last Name Spain		First Ruby			МІ		
Residential Street Address 458 Elm St		ity New Haven		State CT	Zip Code 06511		
Principal Occupation		Name of Employer Retired		<u> </u>			
or dependent child of a lobbyist? No does contributor valued at more t	or dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N						
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 070619A  Section L1?  No Is contribution associated with an event reported in Section L1?  No of government of the section L1?	Legislative No						
Method of Contribution:  Cash Personal Check Credit/Debit Card	Money Order	7/6/2019	Aggregate Contributions \$90.00				
Last Name Hiller		First Margaret		MI			
Residential Street Address 50 Beacon St.		City S Bridgeport C					
Principal Occupation		Name of Employer Retired			-		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes one of the formula of the contribution is does contributor valued at more to the contributor of the contri	or business he/she is a	candidate for a chief executive sociated with have a contract NO	re officer of a municipality with said municipality		nt of Contribution		
event reported in Section L1?	utor a principal of a stat indicate which branch of ernment the contract is		ate contractor? Yes Legislative No				
Method of Contribution.  Cash Personal Check • Credit/Debit Card	Money Order	Date Received 7/12/2019	Aggregate Contributions \$200.00				
Last Name		First			MI		
Kish		Anna		I State I	Zip Code		
Residential Street Address 3030 Park Ave Apt 8w7		City Bridgeport		State CT	06604		
Principal Occupation		Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contributor valued at more to	or business he/she is a	candidate for a chief executive sociated with have a contract No	e officer of a municipality t with said municipality		nt of Contribution		
event reported in Section L17	utor a principal of a state indicate which branch of ernment the contract is	te contractor or prospective stroor branches with: Executive	ate contractor? Yes Legislative No				
Method of Contribution:  Cash Personal Check • Credit/Debit Card	Money Order	Date Received 7/12/2019	Aggregate Contributions \$175.00				
	SUBTO	TAL Section B — Thi	s Page \$190.0	00			
	TOTAL o	f additional Section B	Pages \$23,93	35.00			
TOTAL OF ALL CONTRI	BUTIONS FROM I  Enter total on Line 1.	NDIVIDUALS (Sections 3, Column A of Summary Pag	A + B) \$24,08	35.00			

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## Section B ADDITIONAL PAGE 10 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Marilyn for Mayor			7th Day Preceding Primary					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$0.00					
B. Itemized Cor	ntrib	outions from Indivi	duals					
Last Name		First					MI	
Saunders Maignan	City	Cynthia			State	Zip (	Code	
Residential Street Address 518 N. Summerfield Ave		idgeport			CT		310	
Principal Occupation Grants and Contracts Specialist		Name of Employer State of CT						
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?	is asso	andidate for a chief executive ociated with have a contract  No	e officer of with said n	a municipality, nunicipality	1	Amount of Contribution \$25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No								
Method of Contribution: Cash Personal Check Credit/Debit Card Money Order Date Received 7/13/2019 \$75.00								
Name First Marleen							Mi	
Residential Street Address  City  21 Helen Road  Branford						'	Code	
21 Helen Road	СТ	064	405					
Principal Occupation Realtor		Name of Employer Self						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?  Yes  No  Is contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?  Yes  No  Of government the contract of government the government the government the government the government of government the government of government the government of government the government of government of government the government of government the government of governm	is asso Yes state of	ociated with have a contract  No  contractor or prospective sta branches	with said n	or? Yes		Amount of Contribution \$25.00		
Method of Contribution  Cash Personal Check Credit/Debit Card Money Orc	der	Date Received 7/14/2019	Aggregate \$25.00	Contributions				
Last Name	Т	First		-			MI	
Forget		Bernadette						
Residential Street Address 120 Fair Street	City	uilford			State CT	Zip (	Code 437	
Principal Occupation		Name of Employer Retired				•	-	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso Yes	andidate for a chief executive ociated with have a contract  No	e officer of with said n	a municipality nunicipality		ount of 3100.	Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes  No Is contributor a principal of a If yes, indicate which bran of government the contract	ich or	branches	te contracto Legislativ	No				
Method of Contribution:  Cash Personal Check • Credit/Debit Card Money Ord	der	Date Received 7/15/2019	Aggregate \$100.0	Contributions 0				
SUB'	тот	AL Section B — This	Page	\$150.0	0			
TOTAL	Lof	additional Section B	Pages	\$23,93	5.00			
TOTAL OF ALL CONTRIBUTIONS FROM  Enter total on Lin	M IN	DIVIDUALS (Sections .	A + B)	\$24,08	5.00			

## Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Marilyn for Mayor				7th Day Preceding Primary					
A. Total Contributions from Sn (See instructions for definition of Small C			his Period ONLY FOTAL SECTION A	\$0.00					
						_			
	B. Itemized Cor	ntril	butions from Indivi	duals					
Last Name			First			e e e	MI		
Deignan			Josephine						
Residential Street Address 159 Compo Road North	4	City	estport			State CT	Zip Code 06880		
Principal Occupation Sales Associate			Name of Employer Brooks Brothers						
or dependent child of a lobbyist?		is ass Yes	ociated with have a contract  No	with said n	nunicipality		unt of Contribution 25.00		
Is this contribution associated with an event reported in Section L12  If yes, list Event #   Section L12   If yes, list Event #				te contracto Legislativ	No				
Method of Contribution.  Cash Personal Check • Cred	lit/Debit Card	ler	Date Received 7/16/2019	Aggregate \$25.00	Contributions				
Last Name Reed		First Lonnie					MI		
Residential Street Address	ential Street Address City S						Zip Code		
60 Maple Street Branford						СТ	06405		
Principal Occupation Consultant & Writer/Producer/Direct	tor TV		Name of Employer Iger/Reed LLC						
or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?		ociated with have a contract				Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	If yes, indicate which brane	ch or	branches	te contracto	No				
Method of Contribution  Cash Personal Check • Cred	lit/Debit Card	ler	Date Received 7/16/2019	Aggregate \$100.0	Contributions 0				
Last Name			First				MI		
Bradshaw			Catherine						
Residential Street Address 1231 Moose Hill Road		City	, uilford			State CT	Zip Code 06437		
Principal Occupation			Name of Employer	_					
Mgmt Consultant		_	Cadence Consult	ing					
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she in valued at more than \$5,000?		ociated with have a contract				unt of Contribution 30.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071819a	If yes, indicate which brane	ch or	branches	te contracto	No				
Method of Contribution: Cash Personal Check Cred	it/Debit Card	ler	7/18/2019	Aggregate \$30.00	Contributions				
	SUBT	гот	AL Section B This	Page	\$155.0	0	A		
	TOTAL	of	additional Section B l	Pages	\$23,93	5.00			
TOTAL OF A	LL CONTRIBUTIONS FROM		DIVIDUALS (Sections a		\$24,08	5.00			

### Section B ADDITIONAL PAGE 12 of 84

NAME OF COMMITTEE (Provide Complete Name as		TYPE OF REPORT							
Marilyn for Mayor				7th Day Preceding Primary					
A. Total Contributions from Sma (See instructions for definition of Small Con-		ed th	is Period ONLY OTAL SECTION A	\$0.00					
	B. Itemized Con	trib	utions from Indivi	luals _					
Last Name		- 10	int William					MI	
Horne		City	V VIIII CATT	_	<u> </u>	State	Zin	Code	
Residential Street Address 246 Pleasant Point Road			nford			CT		405	
Principal Occupation			Name of Employer Retired		•		•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No							Amount of Contributi		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071819a  • Yes No  Is contributor a principal of a state contractor or prospective state contractor? Yes of government the contract is with Executive Legislative No									
Method of Contribution:  Cash • Personal Check Credit/	/Debit Card	er	Date Received 7/18/2019	Aggregate Co \$100.00	entributions				
Last Name	C	1.5	First					МІ	
Kelsey			Chandra				-		
Residential Street Address 1 Paynes PI	Shine Suece Address					State		Code 405	
Principal Occupation			Name of Employer						
Public Heath			Yale University						
Is 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							Amount of Contribution \$75.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071819a  No	Is contributor a principal of a s  If yes, indicate which brane of government the contract	ch or b	ranches	Legislative	Yes No				
Method of Contribution:  Cash • Personal Check Credit/	/Debit Card	er	Date Received 7/18/2019	Aggregate Co \$75.00	ontributions				
Last Name		F	First			_,		MI	
Kilgore		1	Margaret						
Residential Street Address 42 Turtle Bay Drive		City Bra	nford			State	-	Code 405	
Principal Occupation			Name of Employer Retired				1	·	
or dependent child of a lobbyist?	contribution is in excess of \$400 to be contributor or business he/she is slued at more than \$5,000?	s assoc	didate for a chief executive ciated with have a contract  No	e officer of a with said mu	municipality, nicipality		100	Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071819a	Is contributor a principal of a s  If yes, indicate which brane of government the contract	ch or b	ranches	te contractor	Yes No				
Method of Contribution  Cash • Personal Check Credity	/Debit Card	er	Date Received 7/18/2019	Aggregate Co \$100.00					
	SUBT	OTA	L Section B — This	Page	\$275.0	0			
	TOTAL	ofa	dditional Section B I	Pages	\$23,93	5.00			
TOTAL OF AL	L CONTRIBUTIONS FROM	75000		STATISTICS.	\$24,08				

Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_\_84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository)				TYPE OF REPORT				
Marilyn for Mayor				7th Day Preceding Primary				
A. Total Contributions from Small (See instructions for definition of Small Contributions)		d thi	s Period ONLY TAL SECTION A	\$0.00				
	B. Itemized Cont		itions from Indivi	duals				
Last Name		1 '	irst				MI	
Mangum			Margaret	<del></del>		State	Zip Code	
Residential Street Address 60 Wilburs Lane		City Guil	lford			CT	06437	
Principal Occupation			Name of Employer	-				
Designer			Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No				unicipality	Amount of Contributio			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071819a  Is contributor a principal of a state contractor or prospective state fyes, indicate which branch or branches of government the contract is with: Executive L					e No			
Method of Contribution  Cash Personal Check Credit/D	ebit Card Money Orde	er 	Date Received 7/18/2019	Aggregate \$100.0	Contributions 0	:	<u>.</u>	
Last Name McCarthy		- 1	irst Shirley				MI	
Residential Street Address 16 Rockland Park		City Brai	nford			State CT	Zip Code 06405	
Principal Occupation			Name of Employer Retired					
or dependent child of a lobbyist?  No  No  value		assoc es	No	with said m	unicipality		ount of Contribution	
ls this contribution associated with an event reported in Section L1?  If yes, list Event # 071819a	Is contributor a principal of a st  If yes, indicate which branch of government the contract is	h or b	ranch <del>e</del> s	Legislativ	N.			
Method of Contribution:			Date Received	-	Contributions			
Cash • Personal Check Credit/E	Debit Card OMoney Orde	er	7/18/2019	\$100.0	0			
Last Name	<del> </del>	- 1	irst				MI	
McMahon			Elizabeth ———————			State	Zio Code	
Residential Street Address 172 Hotchkiss Grove Road		City Brai	nford			CT	06405	
Principal Occupation  Lawyer		•	Name of Employer Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	ontribution is in excess of \$400 to s contributor or business he/she is and at more than \$5,000?	assoc	didate for a chief executive intended with have a contract.  No	re officer of with said m	a municipality iunicipality	1	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071819a	Is contributor a principal of a si If yes, indicate which brance of government the contract	h or b	ranches	Legislativ	No			
Method of Contribution  Cash • Personal Check Credit/D	Debit Card Money Orde	er	7/18/2019	Aggregate \$50.00	Contributions			
	SUBT	ОТА	L Section B Thi	s Page	\$250.0	0		
	TOTAL	ofa	dditional Section B	Pages	\$23,93	5.00		
TOTAL OF ALL	CONTRIBUTIONS FROM Enter total on Line	IND 13, C	IVIDUALS (Sections Column A of Summary Pag	A + B) e Totals	\$24,08	5.00		

# Section B ADDITIONAL PAGE \_\_\_\_\_\_\_ of \_\_\_\_\_84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Marilyn for Mayor			7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved th SUBTO	is Period ONLY OTAL SECTION A	\$0.00				
				2002-00-2-2	10.150	ario sonte l'Arcelo secono	
B. Itemized Co		utions from Indivi	duals			МІ	
Last Name Merrill	I `	rirst Kristin					
Residential Street Address	City	ston		Sta C		Zip Code 06612	
100 Crossbow Ln Principal Occupation		Name of Employer	<del> </del>				
Jeweler / Sculptor		Self				<u>-</u> -	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  Yes No  No  Yes No					Amount of Contribut		
s this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  Yes lf yes, list Event # 071819a  No  Is contributor a principal of a state contractor or prospective state contractor?  Yes of government the contract is with: Executive Legislative							
Method of Contribution:  Cash • Personal Check Credit/Debit Card Money Or	rder	Date Received 7/18/2019	Aggregate Contribution \$50.00	ns			
Last Name Novak	- 1	First Brenda				MI	
Residential Street Address 335 Clark Ave	City Bra	>10)			te T	Zip Code 06405	
Principal Occupation Travel Tech		Name of Employer Go Firefly LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a car e is assoc Yes	ciated with have a contract	e officer of a municip with said municipalit			int of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071819a  • Yes Is contributor a principal of If yes, indicate which bra of government the contra	anch or b	ranches	1.75	es lo	1 400.00		
Method of Contribution  Cash • Personal Check Credit/Debit Card Money Or	rder	Date Received 7/18/2019	Aggregate Contribution \$50.00	ns			
Last Name		First				MI	
Parker		Janet					
Residential Street Address 190 Wooster St	City Nev	w Haven		Stz C		Zip Code 06511	
Principal Occupation Minister / Student		Name of Employer Self	<del>-</del>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/shu	0 to a car le is asso Yes	ciated with have a contract	e officer of a municip with said municipalit	pality.		unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of If yes, indicate which bra of government the contra	anch or b	oranches		'es lo	·		
Method of Contribution:  Cash • Personal Check Credit/Debit Card Money Or	rder	Date Received 7/18/2019	Aggregate Contribution \$50.00	ons			
SUE	втот	AL Section B — Thi	s Page \$15	0.00			
TOTA	AL of a	dditional Section B	Pages \$23	,935.	00		
TOTAL OF ALL CONTRIBUTIONS FRO	OM IND	DIVIDUALS (Sections	A + B) \$24	,085.	00		

## Section B ADDITIONAL PAGE 15 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Marilyn for Mayor			7th Day Preceding Primary					
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)	Received thi	s Period ONLY OTAL SECTION A	\$0.00		-			
					Marcollo Inc	C SC WINTSON CONTRACTOR		
B. Itemiz		itions from Indivi	duals			1.0		
Last Name	I *	irst Gaile				МІ		
Ramey	City	Jaile	<del> </del>		State	Zip Code		
Residential Street Address 22 Grove St	'	nford			CT	06405		
Principal Occupation		Name of Employer						
Project Manager		Self						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  No  No  No  No  No  No  No  No  N					unt of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071819a  • Yes   Is contributor a principal of a state contractor or prospective state contractor? Yes   If yes, indicate which branch or branches   Yes   If yes, indicate which branches   Yes   If yes								
Method of Contribution:  Cash Personal Check Credit/Debit Card Me	oney Order	7/18/2019	Aggregate Contrib	utions				
Last Name Simpson		rist Christine				MI		
Residential Street Address	City	nford			State CT	Zip Code 06405		
74 South Montowese St	Dia	Name of Employer						
Principal Occupation Social Worker		Yale New Haven	Hospital					
or dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N	ess he/she is assoc 00? Yes		with said municip	Yes		ount of Contribution		
Method of Contribution:	oney Order	Date Received 7/18/2019	Aggregate Contrib	outions	1			
Last Name Traugh	I *	I First Kathi				MI		
Residential Street Address 5 Waverly Road	City Bra	nford			State CT	Zip Code 06405		
Principal Occupation Administrator		Name of Employer Yale University						
or dependent child of a lobbyist?  No  does contributor or busin valued at more than \$5,0	ness he/she is associ 100? Yes	ndidate for a chief executive ated with have a contract.  No	t with said municip	icipality, pality	1111	ount of Contribution		
event reported in Section L1?  If yes, indicate	incipal of a state co which branch or b the contract is with	ontractor or prospective st tranches h: Executive	Legislative	Yes No				
Method of Contribution:  Cash Personal Check • Credit/Debit Card M	loney Order	Date Received 7/18/2019	Aggregate Contrib	outions				
	SUBTOTA	AL Section B — Th	s Page \$	175.00	)			
	TOTAL of a	dditional Section B	Pages \$	23,93	5.00			
TOTAL OF ALL CONTRIBUTIO  Enter	NS FROM IND total on Line 13, C	OIVIDUALS (Sections Column A of Summary Pag	A + B) \$2	24,08	5.00			

#### Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_\_84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Marilyn for Mayor			7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$0.00				
B. Itemized Co	ntril	butions from Indivi	duals				
Burns		First Thomas			MI		
Residential Street Address 60 Crown Street	City Br	idgeport		State CT	Zip Code 06610		
Principal Occupation		Name of Employer Retired					
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?					ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes   No   No   Is contributor a principal of a If yes, indicate which brar of government the contraction.	te contractor? Yes Legislative No						
Method of Contribution:  Cash Personal Check • Credit/Debit Card Money Ord	Credit/Debit Card Money Order Date Received 7/19/2019 Aggregate Contributions \$50.00						
Last Name Rackliffe							
cesidential Street Address  O Thimble Island Road  Branford				State CT	Zīp Code 06405		
Principal Occupation		Name of Employer Retired					
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?					ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071819a  • Yes Is contributor a principal of a If yes, indicate which bran of government the contract	nch or	branches	te contractor? Yes	]	.20,00		
Method of Contribution: Cash • Personal Check Credit/Debit Card Money Orc	der	Date Received 7/19/2019	Aggregate Contributions \$25.00				
Last Name Backalenick		First Irene		<u>,,,, I</u>	MI		
Residential Street Address 3030 Park Ave Apt #7E4	City	idgeport		State CT	Zip Code 06604		
Principal Occupation	•	Name of Employer					
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?	is asso				ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  No  Yes  No  Is contributor a principal of a If yes, indicate which bran of government the contract	ich or l	branches	e contractor? Yes egislative No		į		
Method of Contribution: Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 7/20/2019	Aggregate Contributions \$20.00				
SUBT	гот	AL Section B — This	Page \$95.00	1			
TOTAI	Lofa	additional Section B F	ages \$23,93	5.00			
TOTAL OF ALL CONTRIBUTIONS FROM Enter total on Lin		DIVIDUALS (Sections A Column A of Summary Page		5.00			

# Section B ADDITIONAL PAGE 17 of 84

NAME OF COMMITTEE (Provide Complete Name a		TYPE OF REPORT							
Marilyn for Mayor				7th Day Preceding Primary					
A. Total Contributions from Sma (See instructions for definition of Small Co			S Period ONLY TAL SECTION A	\$0.00					
	B. Itemized Con	tribu	tions from Indivi	duals					
ast Name	27 117 11120 0 0 0 1		rst		THE RESERVED		МІ		
Burnell		E	Ilis						
esidential Street Address		City				State	Zip Code		
57 Oman Street		Brid	geport			СТ	06606		
uncipal Occupation			Name of Employer						
Owner			Self						
r dependent child of a lobbyist?	contribution is in excess of \$400 to bes contributor or business he/she is alued at more than \$5,000?	s associ	lidate for a chief executive ated with have a contract No	e officer of with said n	a municipality nunicipality		ount of Contribution		
s this contribution associated with an vent reported in Section L1?  Fyes, list Event # 072019a  • Yes	ried in Section L1? If yes, indicate which branch or branches								
lethod of Contribution: Cash Personal Check Credit	/Debit Card	ler	Date Received 7/20/2019	Aggregate \$50.00	Contributions				
ast Name Clemons			Barbara				MI		
esidential Street Address 195 Wood Ave		City Brid	geport			State	Zip Code 06604		
rincipal Occupation			Name of Employer Retired						
or dependent child of a lobbyist? No divi	In contributors a minuted of a	s associ	ated with have a contract No	with said n	nunicipality		ount of Contribution		
vent reported in Section L1?  fyes, list Event # 072019a	If yes, indicate which branc of government the contract	ch or br	anches	Legislativ	O No				
lethod of Contribution			Date Received		Contributions				
Cash • Personal Check Credit	/Debit Card 🦳 Money Ord	ler	7/20/2019	\$100.0	00				
sst Name	- ···	F	rst				MI		
Griffin			Cynthia						
esidential Street Address		City				State	Zip Code		
264 Union Ave Apt 212		Brid	geport			СТ	06607		
neipal Occupation			Name of Employer Retired						
or dependent child of a lobbyist?	contribution is in excess of \$400 to be contributor or business he/she is alued at more than \$5,000?		ated with have a contract				ount of Contributi \$20.00		
s this contribution associated with an vent reported in Section L1?  fyes, list Event # 072019a  • Yes	Is contributor a principal of a siff yes, indicate which brand of government the contract	ch or br	anches	ate contracti Legislativ	No	] `			
ethod of Contribution: Cash Personal Check Credit	/Debit Card  Money Ord	ler	Date Received 7/20/2019	Aggregate \$20.00	Contributions				
	SUBT	ГОТА	L Section B — Thi	s Page	\$170.0	00			
	TOTAL	ofad	Iditional Section B	Pages	\$23,93	35.00			
TOTAL OF AL	L CONTRIBUTIONS FROM Enter total on Line	4 IND	IVIDUALS (Sections olumn A of Summary Pag	A + B) e Totals	\$24,08	35.00			

### Section B ADDITIONAL PAGE 18 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Marilyn for Mayor			7th Day Preceding Primary					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this SUBTO	Period ONLY FAL SECTION A	\$0.00					
B. Itemized Co		ions from Indivi	duals		de Bes	MI		
Last Name  Jackson	Fir M	ona						
Residential Street Address 1042 Broad Street Loft 308	City Bridg	eport			State	Zip Code 06604		
Principal Occupation Chef		Name of Employer Self						
	Yes •	ited with have a contract No	with said n	nunicipality	y, Amount of Contribution \$50.00			
				/e No				
Method of Contribution  Cash Personal Check Credit/Debit Card Money Or	rder	Date Received 7/22/2019	Aggregate \$70.00	Contributions				
Last Name Janensch	Fir G	ail				MI		
iesidential Street Address 3030 Park Rd Cottage 12  St. Bridgeport  City Bridgeport						Zip Code 06604		
Principal Occupation		Name of Employer Retired						
	Yes •	ited with have a contract No	with said r	nunicipality		ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No Section L1?	anch or bra	nches	te contract	No				
Method of Contribution	, "	Date Received		Contributions				
Cash Personal Check Credit/Debit Card Money Or	rder	7/22/2019	\$295.0					
Last Name Lomax	Fig					Mi		
Residential Street Address 54 Agnes Street	City Bridg	jeport			State CT	Zip Code 06606		
Principal Occupation Architect		Name of Employer ETL Designs		-				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	Yes •	No	with said r	nunicipality		S250.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event   No  Yes  No  Is contributor a principal of If yes, indicate which bra of government the contra	anch or bra	inches	Legislati	No				
Method of Contribution  Cash Personal Check • Credit/Debit Card Money Or	rder	Date Received 7/22/2019	Aggregate \$300.0	Contributions				
SUE	втота	L Section B Thi	s Page	\$310.0	0			
TOTA	AL of ad	ditional Section B	Pages	\$23,93	35.00			
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDI Line 13, Co	VIDUALS (Sections lumn A of Sunmary Pag	A + B) e Totals	\$24,08	5.00			

## Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_\_84

NAME OF COMMITTEE (Provide Complete Name as		TYPE OF REPORT						
Marilyn for Mayor				7th Day Preceding Primary				
A. Total Contributions from Sma (See instructions for definition of Small Con		d thi UBTO	s Period ONLY TAL SECTION A	\$0.00				
						Name of Street or other Designation of the Street o		
	B. Itemized Con	_	tions from Indivi	duals			150	
Lasi Name McCluster		- 1	carl				MI	
Residential Street Address 10 E Bassett Lane		City Derl	<u> </u>			State	Zīp Code 06418	
Principal Occupation Pastor	Ž.		Name of Employer Shiloh Baptist Ch					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  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						ount of Contribution 5500.00		
Muse indicate which branch or branches					No			
Method of Contribution  Cash Personal Check Credity	Debit Card	er	Date Received 7/22/2019					
Last Name Minogue			First Thomas				Mi	
Residential Street Address 80 Roberton Crossing		City Fair	Fairfield				Zip Code 06825	
Principal Occupation Attorney			Name of Employer Self					
or dependent child of a lobbyist?	contribution is in excess of \$400 to bes contributor or business he/she is alued at more than \$5,000?	s assoc	didate for a chief executive iated with have a contract No	e officer of with said π	a municipality nunicipality		ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No	Is contributor a principal of a s  If yes, indicate which branc of government the contract	ch or b	ranches	ate contracto	NI-			
Method of Contribution:  Cash • Personal Check Credity	/Debit Card	er	Date Received 7/22/2019	Aggregate \$500.0	Contributions			
Last Name Shaw			irst Cass	· · · · ·	-	<u> </u>	MI	
Residential Street Address 800 Cleveland Ave		City Brid	lgeport			State CT	Zip Code 06604	
Principal Occupation President & CEO		•	Name of Employer Council of Churc	hes of G	reater Brid	geport		
or dependent child of a lobbyist?	contribution is in excess of \$400 to be contributor or business he/she is alued at more than \$5,000? • Y	s assoc	didate for a chief executive intended with have a contract No	ve officer of t with said n	a municipality nunicipality		ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a s  If yes, indicate which branc of government the contract	ch or b	ranches	ate contracto	No			
Method of Contribution	/Debit Card Money Ord	er	Date Received 7/22/2019	Aggregate \$200.0	Contributions 00			
	SUBT	ГОТА	L Section B — Thi	s Page	\$1200	.00		
	TOTAL	ofa	dditional Section B	Pages	\$23,93	35.00		
TOTAL OF AL	L CONTRIBUTIONS FROM Enter total on Line	1 IND e 13, C	IVIDUALS (Sections	A + B) ge Totals	\$24,08	35.00		

### Section B ADDITIONAL PAGE 20 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Marilyn for Mayor			7th Day Preceding Primary					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed thi	s Period ONLY OTAL SECTION A	\$0.00					
	·				NAME OF STREET			
B. Itemized Con		itions from Indivi	duals					
Last Name		irst Cathy				MI		
Stewart	City				State	Zip Code		
Residential Street Address 2600 Netherland Ave #3104	Bro				NY	10463		
Principal Occupation		Name of Employer						
Vice President		Independent Voti						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No  No  No  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						ount of Contribution		
this contribution associated with an vent reported in Section L1?  Yes  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with: Executive Legislative No								
Method of Contribution:  Cash • Personal Check Credit/Debit Card Money Ord	der	Date Received 7/22/2019	Aggregate C \$50.00	ontributions				
Last Name Goddard	- 1	irst Hazen				МІ		
Residential Street Address 3030 Park Ave Apt 9N4	City				State	Zip Code 06604		
Principal Occupation	ــــــــــــــــــــــــــــــــــــــ	Name of Employer		-				
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a figure, indicate which brain the section L1?	Yes a state counch or b	No     No     norractor or prospective startactors	with said mi	? Yes		320.00		
7) 753, 1131 27 47 47		Date Received		ontributions	$\dashv$			
Method of Contribution  Cash Personal Check Credit/Debit Card Money Or	rder	7/24/2019	\$20.00					
Last Name		irst Linda				MI		
Hudson	1 -				State	Zip Code		
Residential Street Address 18 Kings Highway South	We	stport			СТ	06880		
Principal Occupation Substitute Teacher		Name of Employer Town of Westpor	t					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car e is assoc Yes	ididate for a chief executive clated with have a contract  No	ve officer of a with said m	municipality inicipality		ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  No  Is contributor a principal of a lf yes, indicate which brain of government the contraction.	anch or b	ranches	Legislative	No				
Method of Contribution  Cash Personal Check • Credit/Debit Card Money Or	rder	Date Received 7/24/2019	Aggregate 0 \$50.00	Contributions				
SUB	зтот	AL Section B — Thi	s Page	\$120.0	00			
TOTA	L of a	dditional Section B	Pages	\$23,93	35.00			
TOTAL OF ALL CONTRIBUTIONS FRO	M INE	OIVIDUALS (Sections Column A of Sunmary Pag	A + B)	\$24,08	35.00			

## Section B ADDITIONAL PAGE 21 of 84

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)	数位置		TYPE OF REPORT				
Marilyn for Mayor				7th Day Preceding Primary				
A. Total Contributions from Sma (See instructions for definition of Small Con-		d th UBT	is Period ONLY OTAL SECTION A	\$0.00			•	
	B. Itemized Con		utions from Indivi	duals				
Last Name			First					MI
Loomis-Davern			Lisa			A	1 0=	
Residential Street Address 88 Crystal Lake Road		City Mic	Idletown			State		<sup>Code</sup> 457
Principal Occupation Teacher		Name of Employer Hartford Public Schools						
					a municipality	Ame	unt of	Contribution
or dependent child of a lobbyist?	nes contributor or business he/she is fullued at more than \$5,000?	s asso es	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality   • No				\$25.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No	Is contributor a principal of a s  If yes, indicate which branc of government the contract	ch or b						
Method of Contribution:  Cash Personal Check • Credity	Debit Card  Money Ord	er	Date Received 7/24/2019	Aggregate \$25.00	Contributions			
Last Name	<del></del>	i	First					MI
Ravden			Nina	_				
Residential Street Address 3967 Park Ave Apt. 9E8		City Fai				State CT		Code 825
Principal Occupation			Name of Employer				<u> </u>	
or dependent child of a lobbyist?	contribution is in excess of \$400 to be contributor or business he/she is lided at more than \$5,000?  Is contributor a principal of a series of government the contract	s assor 'es state c ch or b	ciated with have a contract  No ontractor or prospective statements	with said n	or? Yes		30.0	00
Method of Contribution			Date Received		Contributions	┥		
	Debit Card Oney Ord	er	7/24/2019	\$30.00				
Last Name		- 1	First					MI
Cuccaro			Frank					
Residential Street Address 229 Harbor Ave		City Brit	dgeport			State CT		Code 605
Principal Occupation Police Sergeant			Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	contribution is in excess of \$400 to be contributor or business he/she is alued at more than \$5,000?	s asso						Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a If yes, indicate which branc of government the contract	ch or b	oranches	te contracte	No	] `		
Method of Contribution  Cash • Personal Check Credit	/Debit Card	er	Date Received 7/26/2019	Aggregate \$1000	Contributions .00			
	SUBT	OTA	AL Section B — This	s Page	\$1055.	00		
	TOTAL	ofa	dditional Section B	Pages	\$23,93	5.00		
TOTAL OF AL	L CONTRIBUTIONS FROM Enter total on Line	1 INE	DIVIDUALS (Sections Column A of Summary Pag	A + B) e Totals	\$24,08	5.00		

## Section B ADDITIONAL PAGE 22 of 84

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)	1480424		TYPE OF REPORT				
Marilyn for Mayor				7th Day Preceding Primary				
A. Total Contributions from Sma (See instructions for definition of Small Con			eriod ONLY L SECTION A	\$0.00				
					CONTRACTOR OF THE PARTY OF THE	Protocological and Company		
	B. Itemized Con		ns from Indivi	duals				
Last Name Glasgow		First Judy			_	MI		
Residential Street Address 790 Concourse Village West	-	City Bronx			State NY	Zip Code 10451		
Principal Occupation Retired	Sa.,	Nan	e of Employer					
or dependent child of a lobbyist?	es contributor or business he/she is	o a candidate for a chief executive officer of a municipality s associated with have a contract with said municipality (es No				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 s  If yes, indicate which branc of government the contract							
Method of Contribution: Cash • Personal Check Credit/	Debit Card	1 = "	Received 29/2019	Aggregate Contributions \$50.00				
Last Name Christopher	<del></del>	First Troy	First Troy			MI		
Residential Street Address 816 Norman St		City Bridgep	ridgeport S			Zip Code 06605		
Principal Occupation Carpenter		I	ne of Employer Itmeg Interior					
or dependent child of a lobbyist?	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?	o a candidat s associated 'es • N	with have a contract	e officer of a municipality with said municipality		ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 073019a	Is contributor a principal of a s  If yes, indicate which branc of government the contract	ch or branch		te contractor? Yes Legislative No	_	710.00		
Method of Contribution:  Cash Personal Check Credit/	Debit Card Money Orde		Received 30/2019	Aggregate Contributions \$10.00				
Last Name		First				MI		
Dias		Pav	ony		Contra	Zin Code		
Residential Street Address 1650 Park Ave		City Bridgep	ort		State	Zip Code 06604		
Principal Occupation Housecleaner		- 1	eyna's Housecl	eaning LLC				
or dependent child of a lobbyist?	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?	o a candidat s associated 'es • N	with have a contract	e officer of a municipality with said municipality		ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 073019a	Is contributor a principal of a s  If yes, indicate which branc of government the contract	ch or branch		te contractor? Yes Legislative No	] `			
Method of Contribution     Cash Personal Check Credit/	Debit Card		e Received 30/2019	Aggregate Contributions \$5.00				
	SUBT	TOTAL S	ection B — Thi	s Page \$65.00	)			
	TOTAL	of addit	ional Section B	Pages \$23,93	35.00			
TOTAL OF ALI	CONTRIBUTIONS FROM	1 INDIVII	OUALS (Sections	A + B) \$24,08	35.00			

## Section B ADDITIONAL PAGE 23 of 84

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				7th Day Preceding Primary				
Marilyn for Mayor				Tar bay 1 tobaing 1 timery				
A. Total Contributions from Sm (See instructions for definition of Small C	nall Contributors-Receive Contributor) S	ed th UBT(	is Period ONLY OTAL SECTION A	\$0.00			_	
	P Itamized Con	trih	utions from Indivi	duals				
2012 (CES) (SECTION DELOS CONTROLES (SECTION SECTION S	B. Remizeu Con		First	uuato				MI
Last Name Errichetti			Thomas					
Residential Street Address		City			<del></del>	State		Code
85 Acton Road		Brid	dgeport			СТ	יסט	606 ———
Principal Occupation			Name of Employer					
Accountant			Kuchima			1.		
or dependent child of a lobbyist?	does contributor or business he/she is valued at more than \$5,000?	is assor <b>/es</b>					30.0	Contributio
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	If yes, indicate which branc	ch or b	with Executive Legislative					
Method of Contribution: Cash • Personal Check Crec	dit/Debit Card	ler	7/30/2019	Aggregate \$30.00	Contributions			
Last Name Gomes		- 1	First Jacinta					MI
Residential Street Address		City	•-			State		Code 401
12 Prospect St		Ans	sonia			Ci	100	401
Principal Occupation  Maintenance	<del></del>		Name of Employer Northbridge					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	is asso Yes state c	No     No     representation or prospective statements.	with said n	nunicipality		ount of \$20.0	Contributio
event reported in Section L1?  If yes, list Event # 073019a	If yes, indicate which brane		th Executive	Legislativ				
Method of Contribution:  Cash Personal Check Cred	dit/Debit Card	ier	Date Received 7/30/2019	Aggregate \$20.00	Contributions			
Last Name		$\neg$	First					MI
Kelly			Craig					
Residential Street Address 704 Iranistan Ave		City Bri	dgeport			State		Code 605
Principal Occupation Retired			Name of Employer					
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?	IS ASSO	indidate for a chief executive ciated with have a contract	ve officer of t with said r	a municipality		ount of	Contributi
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	es Is contributor a principal of a  If yes, indicate which bran- of government the contract	ich or t	branches	ate contract Legislativ	A Na		<b>,</b>	.00
Method of Contribution:  Cash • Personal Check Cred	dit/Debit Card  Money Ord	der	Date Received 7/30/2019	Aggregate \$100.0	Contributions			
	SUB	тот	AL Section B — Thi	s Page	\$150.0	00		
	TOTAL	Lofa	additional Section B	Pages	\$23,93	35.00		
TOTAL OF A	ALL CONTRIBUTIONS FROM Enter total on Lin	M INI	DIVIDUALS (Sections Column A of Summary Pag	A + B) e Totals	\$24,08	35.00		

## Section B ADDITIONAL PAGE 24 of 84

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				7th Day Preceding Primary				
Marilyn for Mayor		7.41	. D. I LONILY	7 (II Day I I				
A. Total Contributions from Sm (See instructions for definition of Small C		UBT(	OTAL SECTION A	\$0.00				
	D. Itamizad Con	trib	utions from Indivi	duals	fair co	(14) B		
Last Name	B. Itemized Con		First	duais		100000	MI	
Lopes			Spencer			Cent	Zip Code	
Residential Street Address 1610 Laurel Ave		City Bric	igeport	<u> </u>		State CT	06604	
Principal Occupation RN			Name of Employer Cornell Scott Hill Health Center					
or dependent child of a lobbyist?	does contributor or business he/she is valued at more than \$5,0007	s assoc	candidate for a chief executive officer of a municipality, issociated with have a contract with said municipality  No				ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 073019a	If yes, indicate which brane	ch or b						
Method of Contribution  Cash Personal Check Cred	lit/Debit Card Money Ord	ler	7/30/2019	Aggregate Contrib	utions	$\perp$		
Last Name McKeithan			First J. Michael				МІ	
Residential Street Address 33 Maple St		City No	rwalk			State	Zip Code 06850	
Principal Occupation  Tax Prep			Name of Employer M&L Associates					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is asso <b>(es</b>	ciated with have a contract  No	with said municip	icipality ality		ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 073019a	If yes, indicate which bran	ch or b	oranches	Legislative	Yes No			
Method of Contribution:  Cash Personal Check Cred	fit/Debit Card Money Ord	ler	Date Received 7/30/2019	Aggregate Contrib	autions			
Last Name Santos	· · · · · · · · · · · · · · · · · · ·	- 1	First Cheylynne				MI	
Residential Street Address 1610 Laurel Ave		City	dgeport			State CT	Zip Code 06604	
Principal Occupation			Name of Employer USPS					
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?	is asso	ndidate for a chief executive ciated with have a contract	ve officer of a mun t with said municip	icipality sality		ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 073019a	If yes, indicate which bran	ich or b	oranches	ate contractor? Legislative	Yes No			
Method of Contribution  Cash Personal Check Cred	dit/Debit Card	ler	7/30/2019	Aggregate Contrib	autions			
	SUB	гот	AL Section B — Thi	s Page \$	160.0	00		
	TOTAL	Lofa	dditional Section B	Pages \$	23,93	35.00		
TOTAL OF A	LL CONTRIBUTIONS FROM Enter total on Lin	M INI	DIVIDUALS (Sections Column A of Summary Pag	A + B) \$2	24,08	35.00		

### Section B ADDITIONAL PAGE 25 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Marilyn for Mayor			7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	eived th SUBT	is Period ONLY OTAL SECTION A	\$0.00				
		····					
B. Itemized C		utions from Indivi	duals	AL AS		Тмі	
Last Name Santos		First Francisco					
Residential Street Address 1067 Wayne St	City Bri	dgeport			State CT	Zip Code 06606	
Principal Occupation Appliance Tech		Name of Employer PC Richard & So			_		
or dependent child of a lobbyist?  No  No  No  No  does contributor or business he/s valued at more than \$5,000?	she is asso Yes	SEP 3				ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 073019a  • Yes Is contributor a principal of If yes, indicate which be of government the contributor.	oranch or l	is with: Executive Legislative					
Method of Contribution  Cash Personal Check Credit/Debit Card Money (	Order	7/30/2019	Aggregate ( \$40.00	Contributions			
Last Name SIIva		First Ana			5	MI	
Residential Street Address 622 Wood Ave	City Bri	-107			State CT	Zip Code 06604	
Principal Occupation Cleaning		Name of Employer Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	100 to a ca she is asso Yes	ociated with have a contract	e officer of with said m	a municipality unicipality	- 1	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 073019a  • Yes Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor apprincipal of Is contr	branch or	contractor or prospective st branches th: Executive	Legislativ	N.			
Method of Contribution:  Cash Personal Check Credit/Debit Card Money	Order	Date Received 7/30/2019	Aggregate \$20.00	Contributions			
Last Name Silva		First Maria		-		MI	
Residential Street Address 1650 Park Ave	City Bri	idgeport	<del></del>		State CT	Z <sub>ip</sub> Code 06604	
Principal Occupation  Retired		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	she is assu	andidate for a chief executivociated with have a contrac  No	ve officer of t with said n	a municipality nunicipality		ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 073019a  Section L1?  No ls contributor a principal if yes, indicate which of government the contributor of government the contributor.	branch or	contractor or prospective st branches ith: Executive	ate contracto	No			
Method of Contribution:  Cash Personal Check Credit/Debit Card Money	Order	Date Received 7/30/2019	Aggregate \$50.00	Contributions			
SU	UBTOT	'AL Section B Thi	s Page	\$110.0	00		
тот	TAL of	additional Section B	Pages	\$23,9	35.00		
TOTAL OF ALL CONTRIBUTIONS FE	ROM IN Line 13,	DIVIDUALS (Sections Column A of Summary Page	A + B) ge Totals	\$24,08	35.00		

#### Section B ADDITIONAL PAGE 26 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Marilyn for Mayor	10			7th Day Preceding Primary					
A. Total Contributions from Sma (See instructions for definition of Small Con-	all Contributors-Receive ntributor) SI	d th	is Period ONLY OTAL SECTION A	\$0.00	<del></del>				
							ar a Secondaria		
	B. Itemized Con		utions from Indivi	duals				0	
Last Name Williams		- 1	First Deborah				,	AI	
Residential Street Address 412 Shelton St		City Brid	dgeport			State	Zip Co.		
Principal Occupation	cipal Occupation Name of Employer  Mea Jair Health Care Center								
or dependent child of a lobbyist?	of a lobbyist? Yes does contributor or business he/she is associated with have a contract with said municipality					Amount of Contributi			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 073019a	ection L1? If yes, indicate which branch or branches								
Method of Contribution:  • Cash Personal Check Credit	/Debit Card	er	Date Received Aggregate Contributions \$20.00						
Last Name Williams		- 1	First Eric				1	···	
Residential Street Address 140 Ogden St		City Brid	19			State	Zip Co 0660		
Principal Occupation  Construction			Name of Employer Self						
or dependent child of a lobbyist?	contribution is in excess of \$400 to be contributor or business he/she is alued at more than \$5,000?	s asso	ndidate for a chief executive ciated with have a contract  No	e officer of with said m	a municipality, unicipality		ount of C	ontribution )	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 073019a	Is contributor a principal of a If yes, indicate which brand of government the contract	ch or b	oranches	te contracto	No	] `			
Method of Contribution  Cash Personal Check Credit	/Debit Card Money Ord	er	Date Received 7/30/2019	Aggregate \$20.00	Contributions		1		
Last Name		- 1	First	•	-	`	1	MI	
Axthelm		City	Nancy			State	Zip Co	de	
Residential Street Address 33 Minute Man Hill		_	estport			CT	0688		
Principal Occupation Retired			Name of Employer Retired						
or dependent child of a lobbyist?	contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?	o a ca s asso es	ndidate for a chief executive ciated with have a contract  No	e officer of with said n	a municipality nunicipality		ount of C	ontribution )	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a  If yes, indicate which brane of government the contract	ch or t	oranches	Legislativ	No	] `			
Method of Contribution  Cash Personal Check • Credit	/Debit Card Money Ord	ler	Date Received 7/31/2019	Aggregate \$100.0	Contributions 0				
	SUBT	гот	AL Section B — Thi	s Page	\$90.00	)			
	TOTAL	of a	additional Section B	Pages	\$23,93	5.00			
TOTAL OF AL	L CONTRIBUTIONS FROM	1 INI	DIVIDUALS (Sections	A + B) e Totals	\$24,08	5.00		-	

### Section B ADDITIONAL PAGE 27 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Marilyn for Mayor		7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY UBTOTAL SECTION A	\$0.00				
B. Itemized Con	tributions from Indivi	duals				
Last Name Dockter	First Charles		MI			
Residential Street Address 31 Greenlea Lane	City Weston		State Zip Code CT 06883			
Principal Occupation  Laundromat	Name of Employer Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contributor or business he/she is valued at more than \$5,000?	Amount of Contribution					
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 073119a  No  Is contributor a principal of a section L1?  No  No  No  No						
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	7/04/0040 104/0000					
Lest Name Lee	MI					
dental Street Address			State Zip Code CT 06605			
Principal Occupation	Name of Employer Self					
	s associated with have a contract es No	with said municipality	Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes   No   Is contributor a principal of a lf yes, indicate which brand of government the contract	42 102 101000	Legislative No				
Method of Contribution:  Cash • Personal Check Credit/Debit Card Money Ord	Date Received 7/31/2019	Aggregate Contributions \$1000.00				
Last Name	First		MI			
Steinberg	Jonathan	<del></del>	Share Zin C-4-			
Residential Street Address 1 Bushy Ridge Rd	City Westport		State Zip Code CT 06880			
Principal Occupation  Legislator	Name of Employer State of CT					
	s associated with have a contract 'es • No	with said municipality	Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 073119a  • Yes Is contributor a principal of a lif yes, indicate which brancof government the contract		Legislative No				
Method of Contribution  Cash Personal Check Credit/Debit Card Money Ord	Date Received 7/31/2019	Aggregate Contributions \$50.00				
SUBT	TOTAL Section B — This	s Page \$350.0	0			
TOTAL	of additional Section B	Pages \$23,93	5.00			
TOTAL OF ALL CONTRIBUTIONS FROM Enter total on Line	A INDIVIDUALS (Sections e 13, Column A of Summary Page	A + B) \$24,08	5.00			

# Section B ADDITIONAL PAGE 28 of 84

NAME OF COMMITTEE (Provide Complete Nam	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Marilyn for Mayor				7th (	Day Precedi	ng Pri	mary	,	
A. Total Contributions from St (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$0.0	0				
	B. Itemized Con	ıtril	butions from Indivi	duals					
Last Name Tisdale			Fitst Jeffrey					МІ	
Residential Street Address 647 Lakeside Dr		City Br	v idgeport			State	4 1	p Code 6606	
Principal Occupation Insurance Advisor			Name of Employer Mutual of Omaha						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does contributor or business he/she i	s asse	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  NO				Amount of Contri		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # • No.	If ves. indicate which branc	ch or					,000	3.00	
Method of Contribution  Cash Personal Check Cred	dit/Debit Card	er	Date Received 7/31/2019	Aggregat \$535.	e Contributions				
Last Name Heiss			First Laurie					МІ	
PO Box 540		City Re	•			State CT		Code 6876	
Principal Occupation Grant writer			Name of Employer Self						
ls contributor a lobbyist, spouse, or dependent 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?	s asso					ount o	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # • No.	If ves, indicate which branc	h or	branches	te contrac Legislati	No	7 `	<b>\$10.00</b>		
Method of Contribution: Cash Personal Check Cred	lit/Debit Card	er	Date Received 8/1/2019	Aggregat \$15.0	e Contributions	7			
Last Name Kane			First Michael	<b></b>				МІ	
Residential Street Address 60 Sedan Terr		City Fa	irfield			State CT		Code 825	
Principal Occupation Pharmacist			Name of Employer Retired						
or dependent 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?						ount o	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  No	If ves, indicate which branc	h or b	pranches	te contraci Legislati	No	<b>]</b>	,100	7.00	
Method of Contribution  Cash Personal Check • Cred	it/Debit Card Money Orde	er	Date Received 8/1/2019	Aggregate \$100.0	Contributions				
	SUBT	OTA	AL Section B — This	Page	\$615.0	0			
	TOTAL	of a	dditional Section B F	ages	\$23,93	5.00			
TOTAL OF A	LL CONTRIBUTIONS FROM Enter total on Line		DIVIDUALS (Sections A Column A of Summary Page		\$24,08	5.00			

## Section B ADDITIONAL PAGE 29 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Marilyn for Mayor		7th Day Preceding Primary			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY UBTOTAL SECTION A	\$0.00			
B. Itemized Cor	tributions from Indivi	duals			
Last Name Savin	Candice		MI		
Residential Street Address 17 Twin Falls Lane	City Westport		CT Zip Code CT 06880		
Principal Occupation Attorney	Name of Employer Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes No  If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract fes No	Amount of Contribution \$75.00			
event reported in Section L1?  If yes, indicate which bran	If yes, indicate which branch or branches				
Method of Contribution  Cash Personal Check Credit/Debit Card Money Ord	Date Received 8/1/2019				
Last Name Schneeman	First Kristin	MI			
Residential Street Address 276 Main Street	City Westport	*			
Principal Occupation Director	Name of Employer FasterCures				
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?			Amount of Contribution \$100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes No		te contractor? Yes Legislative No			
Method of Contribution: Cash Personal Check Credit/Debit Card Money Ord	Date Received 8/1/2019	Aggregate Contributions \$100.00	]		
Last Name	First		МІ		
Tornatore	Jean		17.01		
Residential Street Address 40 Narrow Rocks Rd	City Westport		State Zip Code CT 06880		
Principal Occupation Physician	Name of Employer Bridgeport Hospit	al			
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 candidate for a chief executive is associated with have a contract of the No	e officer of a municipality with said municipality	Amount of Contribution \$250.00		
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 bran of government the contract		Legislative No			
Method of Contribution  Cash Personal Check Credit/Debit Card Money Ord	Date Received 8/1/2019	Aggregate Contributions \$350.00			
SUB	FOTAL Section B — This	Page \$425.0	0		
TOTAL	L of additional Section B	Pages \$23,93	5.00		
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections	A + B) \$24,08	5.00		

## Section B ADDITIONAL PAGE 30 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Marilyn for Mayor				7th Day Preceding Primary					
A. Total Contributions from Sma (See instructions for definition of Small Co	all Contributors-Receive ontributor) S	d th UBT(	is Period ONLY OTAL SECTION A	\$0.00			····		
			· · · · · · · · · · · · · · · · · · ·						
	B. Itemized Con		utions from Indivi	duals					
Last Name		I ~	irst Oh:				МІ		
Blank			Shani ————————————————————————————————————						
Residential Street Address		City				State	Zip Code 06610		
110 Carnegie Ave Bridgeport						СТ	00010		
Principal Occupation			Name of Employer						
In School Suspension Officer City of Bridgeport									
or dependent child of a lobbyist?	Yes does contributor or business he/she is associated with have a contract with said municipality					ount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080219a  No	Is contributor a principal of a s  If yes, indicate which brance of government the contract								
Method of Contribution:  Cash • Personal Check Credit	/Debit Card Money Ord	er	Date Received Aggregate Contributions 8/2/2019 \$25.00						
	•				<u> </u>		120		
Last Name Flowers	First Ada					MI			
Residential Street Address		City				State	Zip Code		
25 Deforest Ave #1 Bridgeport					CT	06607			
Principal Occupation Support Staff			Name of Employer Mayor's Initiative	Re-Entr	/ Affairs				
or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  Yes  No  Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No  Is contributor or pusiness he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No  Is contributor or pusiness he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  Is contributor or pusiness he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  Is contributor or pusiness he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  Is contributor or pusiness he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No						ount of Contribution			
I) yes, list Event " OGOZ TOU	of government the contract			Legislativ	Contributions	⊣			
Method of Contribution  Cash • Personal Check Credit	t/Debit Card	ler	Date Received 8/2/2019	\$50.00					
Last Name			First Hilda				MI		
Kilpatrick						State	Zip Code		
Residential Street Address 219 Roydon Rd		City Nev	w Haven			CT	06511		
Principal Occupation Retired			Name of Employer						
or dependent child of a lobbyist?	205.25 962 1	is asso es	iated with have a contract No	with said n	nunicipality		ount of Contribution		
is this contribution associated with an event reported in Section L1?  If yes, list Event # 080219a	If yes, indicate which bran	ch or b	ranches	Legislativ	NI-				
Method of Contribution  Cash Personal Check Credi	t/Debit Card	ler	Date Received 8/2/2019	Aggregate \$25.00	Contributions				
	SUBT	ГОТА	AL Section B — Thi	s Page	\$100.0	0			
TOTAL of additional Section B Pages \$23,935					5.00				
TOTAL OF AL	L CONTRIBUTIONS FROM Enter total on Lin	M INE	DIVIDUALS (Sections Column A of Summary Page	A + B) e Totals	\$24,08	5.00			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Marilyn for Mayor			7th Day Preceding Primary					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed th	oral Section A	\$0.00					
B. Itemized Con	ntrib	utions from Indivi	duals			1.4		
Last Name Vice	I	First Collin				MI		
Residential Street Address 24 Asia Cir	City Brid	dgeport	_	_	State	Zip Code 06610		
Principal Occupation Property Manager		Name of Employer Semi retired						
or dependent child of a lobbyist?  No  No  does contributor or business he/she valued at more than \$5,000?					1	unt of Contribution 75.00		
s this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  Yes event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  Yes event reported in Section L1?  No No of government the contract is with Executive Legislative								
Method of Contribution  Cash Personal Check • Credit/Debit Card Money Ord	der	Date Received Aggregate Contributions \$75.00						
Last Name Walker		First Barbara				MI		
Residential Street Address 2 Morningview Ct	City Ha	9			State CT	Zip Code 06518		
Principal Occupation Probation Officer		Name of Employer State of CT						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ndidate for a chief executive ciated with have a contract  No	e officer of a with said m	municipality unicipality	1	unt of Contribution 25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080219a  Is contributor a principal of a fyes, indicate which brain of government the contract.	nch or l	branches	te contractor	No	Ì			
Method of Contribution  Cash Personal Check Credit/Debit Card Money Or	der	Date Received 8/2/2019	Aggregate 0 \$25.00	Contributions				
Last Name		First			•	MI		
Williams	Los	Deborah			State	Zip Code		
Residential Street Address 25 Deforest Ave	City Bri	idgeport			СТ	06607		
Principal Occupation Support Staff		Name of Employer  Department of La	bor			-		
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	is asso	indidate for a chief executive ciated with have a contract  No	e officer of a with said m	n municipality unicipality		unt of Contribution 50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080219a  Section L1?  No  No  Section L1?  No  No  Section L1?  No  No	nch or	branches	ate contracto Legislativ	No				
Method of Contribution:  Cash • Personal Check Credit/Debit Card Money Or	rder	Date Received 8/2/2019	Aggregate ( \$50.00	Contributions				
SUB	тот	AL Section B — Thi	s Page	\$150.0	00			
ТОТА	Lof	additional Section B	Pages	\$23,93	35.00			
TOTAL OF ALL CONTRIBUTIONS FRO	M IN	DIVIDUALS (Sections	A + B)	\$24,08	35.00			

IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Marilyn for Mayor			7th Day Preceding Primary				
A. Total Contributions from Sma (See instructions for definition of Small Con	II Contributors-Received atributor) SU	d this Period ONLY IBTOTAL SECTION A	\$0.00				
Zakowa sa kata wa kata ka kata ka kata ka	P. Itemized Cont	tributions from Indivi	elenb				
	B. Itemizeu Conc	First	uuais	100000000000000000000000000000000000000	MI		
Villiams		Anthea					
Residential Street Address 135 Terry Pl		City Bridgeport		State CT	Zip Code 06606		
Principal Occupation		Name of Employer			l		
or dependent child of a lobbyist?	100	associated with have a contract es No	t with said municipality		ant of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No	ent reported in Section L1?  If yes, indicate which branch or branches						
Method of Contribution  Cash Personal Check Credit/	Debit Card Money Orde	Date Received 8/3/2019					
Last Name Anthony		Shirley			MI		
Residential Street Address 724 Shelton Ave	a Street Address			State CT	Zip Code 06608		
Principal Occupation CNA		Name of Employer Northbridge Heal					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes o No		unt of Contribution					
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a st If yes, indicate which branch of government the contract i		ate contractor? Yes Legislative No	]			
Method of Contribution:  Cash Personal Check Credit/	Debit Card O Money Orde	Date Received 8/4/2019	Aggregate Contributions \$10.00	7			
Last Name		First			MI		
Nolen		Eugene					
Residential Street Address 1074 Wood Ave		City Bridgeport		State CT	Zip Code 06604		
Principal Occupation Contracting		Name of Employer Wellcare	-				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	contribution is in excess of \$400 to be contributor or business he/she is alued at more than \$5,000?	a candidate for a chief executive associated with have a contractes.  No	ve officer of a municipality t with said municipality		unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event • No	Is contributor a principal of a st  If yes, indicate which branch of government the contract		Legislative Yes				
Method of Contribution:  Cash Personal Check Credity	/Debit Card Money Orde	Date Received 8/4/2019	Aggregate Contributions \$5.00				
	SUBT	OTAL Section B Thi	is Page \$25.00	)			
	TOTAL	of additional Section B	Pages \$23,93	35.00			
TOTAL OF AL	L CONTRIBUTIONS FROM	INDIVIDUALS (Sections	(A+B) \$24,08	35.00			

of	84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Marilyn for Mayor		7th Day Preceding Primary						
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$0.00						
	B. Itemized Co.	ntril	butions from Indivi	duals				
Last Name			First				MI	
Collins			Christine					
Residential Street Address 127 Highland Avenue			<sup>City</sup> Branford		State CT	Zip Code 06405		
Principal Occupation	ntion Name of Employer							
Real Estate Agent			Coldwell BAnker					
or dependent child of a lobbyist?	contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, es contributor or business he/she is associated with have a contract with said municipality ued at more than \$5,000? Yes • No						Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No	If yes, indicate which bran	Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive  Legislative  No						
Method of Contribution  Cash Personal Check • Credity	Debit Card OMoney Ord	ler	Date Received 8/6/2019	Aggregat \$25.0	e Contributions O			
Last Name Mack			First Tyler				МІ	
Residential Street Address 285 Dayton Road			•			State CT	Zip Code 06606	
Principal Occupation Legislative Aide			Name of Employer State of Connection	cut				
or dependent child of a lobbyist?	contribution is in excess of \$400 to les contributor or business he/she in lued at more than \$5,000?					971	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No	n Yes Is contributor a principal of a state contractor or prospective state contractor? Yes							
lethod of Contribution:  Cash Personal Check Credit/Debit Card Money Order  Date Received 8/7/2019  Aggregate Contributions \$300.00								
ast Name First Mulvehill Maria					MI			
Residential Street Address 20 Hyde Lane		City	•		State CT	Zip Code 06880		
Principal Occupation homemaker								
contributor a lobbyist, spouse, 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  Amount of Contributor of Standard Contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No  \$100.00							unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # • No	Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative						100.00	
Method of Contribution: Cash Personal Check • Credit/I	Debit Card Money Orde	er	Date Received 8/7/2019	Aggregate \$100.0	Contributions 00			
SUBTOTAL Section B — This Page				Page	\$275.00			
TOTAL of additional Section B Pages				\$23,935.00				
TOTAL OF ALL	CONTRIBUTIONS FROM Enter total on Line		DIVIDUALS (Sections A Column A of Sunmary Page		\$24,08	5.00		

### Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_\_84\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Marilyn for Mayor		7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY UBTOTAL SECTION A	\$0.00				
B. Itemized Con	ntributions from Indivi	duals	<u>parameter and a second a second and a second a second and a second a </u>			
Last Name Askew	First Carolyn		MI			
Residential Street Address	City		State Zip Code			
285 Maplewood Ave #8J	Bridgeport	<u></u>	CT 06605			
Principal Occupation Uber Driver	Name of Employer Self					
Is contributor a lobbyist, spouse, 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?	Amount of Contribution \$25.00					
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a  • Yes  Is contributor a principal of a If yes, indicate which brane of government the contract						
Method of Contribution  Cash • Personal Check Credit/Debit Card Money Ord	Date Received 8/8/2019	Aggregate Contributions \$50.00				
Last Name Banta	First Jack		МІ			
Residential Street Address 20 Cole St	City Bridgeport	State Zip Code CT 06604				
Principal Occupation Electrician	Name of Employer					
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No    No    If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a  Section L1?  No ls contributor a principal of a figure, indicate which bram of government the contract		Legislative No	400.00			
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	Date Received 8/8/2019	Aggregate Contributions \$260.00				
Last Name	First		MI			
Baraka	Sauda					
Residential Street Address 85 Pine Point Drive	City Bridgeport		CT 06606			
Principal Occupation Retired	Name of Employer Retired		•			
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 is valued at more than \$5,000?	is associated with have a contract	e officer of a municipality with said municipality	Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a  Section L1?  No  No  Is contributor a principal of a If yes, indicate which bran of government the contract		Legislative Ves	4200.00			
Method of Contribution: Cash Personal Check Credit/Debit Card Money Ord	Date Received 8/8/2019	Aggregate Contributions \$550.00				
SUB1	rotal Section B — This	s Page \$285.0	0			
TOTAL	of additional Section B	Pages \$23,93	5.00			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections	A + B) \$24,08	5.00			

Marilyn for Mayor	A HOUSE REPORT VINCEN	7th Day Preceding Primary						
A. Total Contributions from Sn (See instructions for definition of Small C			his Period ONLY TOTAL SECTION A	\$0.00				
	B. Itemized Co	ntril	butions from Indiv	iduals				
Last Name		T	First				MI	
Barr	·		Tony					
Residential Street Address 141 Pennsylvania Ave		City	, idgeport			State	Zip Code	
Principal Occupation		ы	Name of Employer			T C I	06610	
Freelancer			None					
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso Yes		ve officer of with said	of a municipality		ount of Contributio	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a	If yes, indicate which brai	nch or					1100.00	
Method of Contribution  Cash Personal Check Credi	it/Debit Card  Money Or	der	Date Received 8/8/2019	Aggrega \$100.	te Contributions 00			
Last Name Brown		$\perp$	First Ernest				MI	
Residential Street Address 77 Huntington Tpke		City Bri	dgeport			State CT	Zip Code 06610	
Principal Occupation  City Inspector			Name of Employer City of Bridgeport					
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a	1	Yes state c ich or b	No contractor or prospective statements h Executive	nte contrac Legislati	tor? Yes	\$	500.00	
Method of Contribution:  Cash Personal Check Credit	t/Debit Card	ler	8/8/2019	Aggregate \$500.	e Contributions			
Last Name Chappell		- 1	First Betty				MI	
Residential Street Address 1845 Central Ave		City Bric	dgeport			State CT	Zip Code 06610	
Principal Occupation Disabled			Name of Employer N/A					
or dependent child of a lobbyist?	f contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?	o a car s assoc 'es	ididate for a chief executive ciated with have a contract  No	e officer of with said r	a municipality nunicipality		ant of Contribution	
Is this contribution associated with an event reported in Section L17  If yes, list Event # 080819a  • Yes	ported in Section L1? Yes If yes, indicate which branch or branches				]	20.00		
Method of Contribution:  Cash Personal Check Credit	/Debit Card O Money Ord	er	Date Received 8/8/2019	Aggregate \$20.00	Contributions			
	SUBT	ОТА	L Section B — This	Page	\$620.0	0		
<b>对科技技术</b> 的特别	TOTAL	of a	dditional Section B P	ages	\$23,93	5.00		
TOTAL OF AL	L CONTRIBUTIONS FROM Enter total on Line	I IND 13, C	IVIDUALS (Sections A olumn A of Summary Page	+ B) Totals	\$24,08	5.00		

#### Section B ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	50 X 32		TYPE OF REPO	ORT	COLUMN TO		
Marilyn for Mayor			7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved tl SUBT	his Period ONLY TOTAL SECTION A	\$0.00				
B. Itemized Co	ntril	butions from Indivi	duals				
Last Name		First Denise				МІ	
Clemons	1 0			1	State	Zip Code	
Residential Street Address 64 Bancroft Ave	City	, idgeport			CT	06604	
Principal Occupation		Name of Employer				<u> </u>	
Education							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  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						unt of Contribution 50.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a  Section L1?  No  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with: Executive Legislative No							
Method of Contribution:  Cash • Personal Check Credit/Debit Card Money Or	der	Date Received 8/8/2019	outions				
Last Name Corbin		First Cecelia				MI	
Residential Street Address	City			State	Zip Code 06605		
111 Wall St	Br	idgeport			<u> </u>	00000	
Principal Occupation		Name of Employer Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  • 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  Is this contribution associated with an event reported in Section L1?  • Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality.  • No  Is contribution of a state contract with said municipality valued at more than \$5,000? Yes • No						unt of Contribution	
If yes, list Event # 080819a No of government the contra  Method of Contribution:  Cash Personal Check Credit/Debit Card Money Or		Date Received 8/8/2019	Legislative Aggregate Contrit \$10.00	outions	1		
		Pina.	<u> </u>			MI	
Last Name Dukes		First Myron				***	
Residential Street Address	City				State	Zip Code	
184 Harriet St		idgeport			СТ	06605	
Principal Occupation	-	Name of Employer	······································	-			
Contracting							
1000 Land	e is ass Yes	ociated with have a contract  No	with said municip	ocipality pality		unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a  Section L1?  No  Is contributor a principal of If yes, indicate which bra of government the contra	inch or	branches	te contractor?	Yes No			
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Or	rder	Date Received 8/8/2019	Aggregate Contril	butions			
SUB	втот	FAL Section B — This	Page \$	85.00	)		
TOTA	L of	additional Section B	Pages \$	23,93	35.00		
TOTAL OF ALL CONTRIBUTIONS FRO	M IN	DIVIDUALS (Sections Column A of Summary Page	A + B) \$	24,08	5.00		

## Section B ADDITIONAL PAGE 37 of 84

NAME OF COMMITTEE (Provide Complete Name as Registere	d with Filing Repository)			TYPE OF REPORT				
Marilyn for Mayor				7th Day Preceding Primary				
A. Total Contributions from Small Con (See instructions for definition of Small Contributor,		d th	is Period ONLY OTAL SECTION A	\$0.00				
	B. Itemized Con	trib	utions from Indivi	duals				
Last Name		- 1	First Prondo					MI
Jernigan	<del>-</del>		Brenda			Cente	Zip C	ode
Residential Street Address		City	nonia			State	Zip C	ode
5402 Sq		LIU	Name of Employer					
Principal Occupation Retired								
or dependent child of a lobbyist? No does contrivalued at n	ibutor or business he/she is nore than \$5,000?	s asso es	ndidate for a chief executive ciated with have a contract  No	with said mu	nicipality	1	unt of 0	Contribution
event reported in Section L1?	ontributor a principal of a s fyes, indicate which brane f government the contract	contract is with Executive Legislative						
Method of Contribution  Cash Personal Check Credit/Debit C	Card Money Orde	er	Date Received 8/8/2019	Aggregate Co \$100.00	ntributions			
Last Name	1		First	· ·				MI
Lee			Charlene					
Residential Street Address		City	·			State	Zip C	
587 Vincelette St		Bridgeport					066	06
or dependent child of a lobbyist? does contri	ibutor or business he/she is	s asso	ndidate for a chief executive ciated with have a contract  No	e officer of a with said mu	municipality nicipality		unt of 6	Contribution
event reported in Section L1?	ontributor a principal of a s fyes, indicate which brance f government the contract	h or b		te contractor?	Yes No	] *		
Method of Contribution:  Cash Personal Check Credit/Debit (	Card Money Orde	er	Date Received 8/8/2019	Aggregate Co \$25.00	ontributions			
Last Name	<del>-</del> :	Т	First			'		MI
Maignan			Cynthia				5.48	
Residential Street Address		City				State	Zip C	
518 North Summerfield Ave		Bri	dgeport			СТ	066	10
Principal Occupation			Name of Employer	-				
Grants and Contracts			State of CT / DCI		7 5 125			
or dependent child of a lobbyist? No does contrivalued at a	ibutor or business he/she is nore than \$5,000? Y	s asso 'es	ndidate for a chief executive ciated with have a contract  No	with said mu	nicipality		unt of 6	Contribution  O
event reported in Section L1?	ontributor a principal of a s fyes, indicate which brance of government the contract	ch or l	contractor or prospective statements the Executive	te contractor?	N. Ala			
Method of Contribution  Cash • Personal Check Credit/Debit C	Card Money Ord	er	Date Received 8/8/2019	Aggregate Co \$40.00	ontributions			
	SUBT	TOT	AL Section B — Thi	s Page	\$150.0	0		
	TOTAL	of a	additional Section B	Pages	\$23,93	35.00		
TOTAL OF ALL CON	TRIBUTIONS FROM	1 INI	DIVIDUALS (Sections	A + B)	\$24,08	5.00		

### Section B ADDITIONAL PAGE 38 of 84

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)			TYPE OF R	EPORT			
Marilyn for Mayor				7th Day Preceding Primary				
A. Total Contributions from Sm (See instructions for definition of Small C		d this Per UBTOTAL	riod ONLY SECTION A	\$0.00				
	B. Itemized Con		s from Indivi	duals			1.71	
Last Name Matthews		First Wesle	эу				МІ	
Residential Street Address		City				State	Zip Code 06610	
42 Ashley St		Bridgepo	of Employer			-	00010	
Principal Occupation Coach		Self	<u> </u>					
or dependent child of a lobbyist?		s associated w 'es No	rith have a contract	with said mu	nicipality		ont of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a  • Yes  Is contributor a principal of a state contractor or prospective state contractor? Yes  If yes, indicate which branch or branches of government the contract is with: Executive Legislative								
Method of Contribution  Cash Personal Check Cred	lit/Debit Card	1 7 7 7	Received 2019	Aggregate Co \$500.00	ntributions			
Last Name Maya		First Alma	······································				М	
Residential Street Address		City		<u> </u>		State	Zip Code	
220 Funston Ave	nston Ave Bridgeport C				CT	06606		
Principal Occupation Retired			of Employer					
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?	s associated v	for a chief executive with have a contract	e officer of a with said mu	municipality, nicipality		ant of Contribution 50.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event 080819a	If yes, indicate which branch	ch or branches	i	te contractor?	Yes No			
Method of Contribution: Cash • Personal Check Cred	lit/Debit Card		Received /2019	Aggregate Co \$150.00	ontributions	]		
Last Name	<u> </u>	First	<del>.</del>		<del></del>		MI	
McKnight		Terry						
Residential Street Address		City				State CT	Zip Code 06606	
110 Woodside Ave		Bridgepo				CI	00000	
Principal Occupation		Name	of Employer					
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?	o a candidate is associated v es No	vith have a contract	e officer of a with said mu	municipality, nicipality		ant of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a	If yes, indicate which branch	ch or branche:	5	te contractor	Yes No			
Method of Contribution  Cash • Personal Check Cred	lit/Debit Card		Received /2019	Aggregate Co \$500.00				
	SUBT	ΓΟΤΑL Se	ction B — This	Page	\$1050.	00		
	TOTAL	of addition	onal Section B	Pages	\$23,93	5.00		
TOTAL OF A	LL CONTRIBUTIONS FROM	INDIVID	UALS (Sections	A + B)	\$24,08	5.00		

#### Section B ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_84

NAME OF COMMITTEE (Provide Complete Name a	s Registered with Filing Repository)			TYPE O	F REPORT		
Marilyn for Mayor				7th D	ay Precedir	ng Prim	ary
A. Total Contributions from Sma (See instructions for definition of Small Co		ed th	is Period ONLY OTAL SECTION A	\$0.00			
<b>在区域的发展的企业的企业</b>	B. Itemized Con	trib	utions from Indivi	duals			
Last Name		- 1	First				MI
Richardson			Jacqueline				
Residential Street Address		City	4			State	Zip Code 06608
346 Spring St		DIII	dgeport			01	100000
Principal Occupation  Condemnation / Anti Blight Specialist	t		Name of Employer City of Bridgeport	İ			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	contribution is in excess of \$400 to be contributor or business he/she is	s asso	ndidate for a chief executiv	e officer of	a municipality nunicipality		unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a	If yes, indicate which branc	Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with Executive Legislative					-
Method of Contribution:  Cash Personal Check Credit	/Debit Card	er	Date Received 8/8/2019	Aggregate \$630.0	Contributions		
Last Name Rogers			First Reginald			МІ	
Residential Street Address 36 Clover St	and the state of t				State CT	Zip Code 06614	
Principal Occupation			Name of Employer				
Unemployed							
or dependent child of a lobbyist?		s asso 'es	ciated with have a contract  No	with said r	nunicipality		unt of Contribution 30.00
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a	Is contributor a principal of a s  If yes, indicate which branc of government the contract	ch or b	oranches	ite contract Legislativ	No		
Method of Contribution:  Cash Personal Check Credit	/Debit Card \( \) Money Orde	er	Date Received 8/8/2019	Aggregate \$30.00	Contributions		
Last Name	<del></del>	T	First				MI
Scott			Jacqueline				
Residential Street Address 566 Wilmot Ave		City Brid	dgeport	-		State CT	Zip Code 06607
Principal Occupation Social Worker			Name of Employer Recovery Networ	k			<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	contribution is in excess of \$400 to be contributor or business he/she is alued at more than \$5,000?	o a car s asso 'es	ndidate for a chief executiv	e officer of	a municipality, nunicipality		unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a  No	Is contributor a principal of a s  If yes, indicate which branc of government the contract	h or b	pranches	ite contract Legislativ	No	7	400.00
Method of Contribution:  Cash Personal Check Credit	/Debit Card	er	Date Received 8/8/2019	Aggregate \$525.0	Contributions )O		
	SUBT	OTA	AL Section B — This	Page	\$930.0	0	
	TOTAL	ofa	dditional Section B	Pages	\$23,93	5.00	
TOTAL OF AL	L CONTRIBUTIONS FROM Enter total on Line		DIVIDUALS (Sections		\$24,08	5.00	

NAME OF COMMITTEE (Provide Complete Name of		TYPE OF REPORT						
Marilyn for Mayor				7th D	ay Precedi	ng Prin	nary	
A. Total Contributions from Small Co. (See instructions for definition of Small Co.)			his Period ONLY	\$0.00	· · · · · · · · · · · · · · · · · · ·			
	B. Itemized Cor	ntril	outions from Indivi	duals			10.000	
Last Name		П	First				МІ	
Sellers			Lillian					
Residential Street Address		City				State	Zip Code	
2 Valley Road		VV	estport			СТ	06880	
Principal Occupation Project manager			Name of Employer Barclays					
or dependent child of a lobbyist?	contribution is in excess of \$400 to bes contributor or business he/she is alued at more than \$5,000?						ount of Contr	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a  No	Is contributor a principal of a If yes, indicate which bran of government the contract					_	3100.00	
Method of Contribution  Cash Personal Check • Credit	/Debit Card	ler	Date Received Aggregate Contributions \$18/2019 \$100.00					
Lasi Name Smith			First Andre				МІ	-
Residential Street Address		City				State	Zip Code	
94 Yacht St	j	Bri	dgeport			СТ	06605	
Principal Occupation			Name of Employer					
Chauffer			Executive Service	es				
or dependent child of a lobbyist?	contribution is in excess of \$400 to ses contributor or business he/she is slued at more than \$5,000? Y						unt of Contri	bution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a No	Is contributor a principal of a s  If yes, indicate which branc of government the contract	ch or t	pranches	te contracto	No	"	30,00	
Method of Contribution:			Date Received	Aggregate	Contributions	1		
<ul> <li>Cash Personal Check Credit/</li> </ul>	Debit Card O Money Orde	er	8/8/2019	\$50.00				
Last Name		_	First	<u> </u>			М	
Sokolovic			Joseph					
Residential Street Address		City	· · · · · · · · · · · · · · · · · · ·			State	Zip Code	
334 Burnsford Ave		Bri	dgeport		ľ	CT	06606	
Principal Occupation			Name of Employer					
Civil Service	·		MTA NYC Transit					
or dependent child of a lobbyist? do	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?						unt of Contri 20.00	bution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a  • Yes No	Is contributor a principal of a s  If yes, indicate which branc of government the contract	h or b	pranches	te contracto	No	<b>*</b> '	20.00	
Method of Contribution Cash Personal Check Credit/	Debit Card	er	Date Received 8/8/2019	Aggregate (	Contributions O			
	SUBT	OTA	AL Section B — This	Page	\$170.00	)		
	TOTAL	of a	dditional Section B P	ages	\$23,93	5.00	<del>-</del> ,	
TOTAL OF ALI	CONTRIBUTIONS FROM	IND	OVIDUALS (Sections A	( + B)	\$24.08	5.00		$\neg$

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)	(E) Yes		TYPE	OF REPORT		
Marilyn for Mayor				7th (	Day Precedi	ng Prin	nary
A. Total Contributions from Si (See instructions for definition of Small	The Land Control of the Control of t		this Period ONLY TOTAL SECTION A	\$0.0	0		
- 10-14-1-1-1-1-1							
	B. Itemized Cor	ntri	butions from Indivi	duals			
List Name Spell			First Dasha				MI
Residential Street Address 284 Beechwood Ave		City Br	ridgeport			State CT	Zíp Code 06604
Principal Occupation Licensed Therapist			Name of Employer Self				
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 is valued at more than \$5,000?						ount of Contribution
event reported in Section L 1?	11.17 No If yes, indicate which branch or branches of government the contract is with: Executive Legislative No						
Method of Contribution.  Cash Personal Check Cree	dit/Debit Card	ler	Date Received 8/8/2019	Aggrega \$75.0	te Contributions		
Last Name Taylor			First Rhonda				МІ
Residential Street Address 106 Granfield Ave		City Bri	Bridgeport			State CT	Zip Code 06610
Principal Occupation			Name of Employer Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?					165	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a	If ves, indicate which brane	ch or	branches	te contrac Legislat	No	7	10.00
Method of Contribution:  • Cash Personal Check Cred	dit/Debit Card	ler	Date Received 8/8/2019	Aggregat \$10.0	te Contributions		
Last Name Watkins			First Ruby		***************************************		МІ
Residential Street Address 89 Fairview Avenue Extension		City Bri	idgeport			State CT	Zip Code 06606
Principal Occupation insurance sales			Name of Employer JMG				
or dependent 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?						unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a	If yes, indicate which branc	ch or t	branches	te contrac L <b>e</b> gislati	No		20.00
Method of Contribution: Cash Personal Check • Cred	dit/Debit Card	er	Date Received 8/8/2019	Aggregate \$25.0	e Contributions		
	SUBT	OT.	AL Section B This	Page	\$60.00		<del></del>
	TOTAL	ofa	additional Section B P	'ages	\$23,93	5.00	
TOTAL OF A	LL CONTRIBUTIONS FROM Enter total on Line		DIVIDUALS (Sections A Column A of Summary Page		\$24,08	5.00	

#### Section B ADDITIONAL PAGE 42 of 84

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)		TYPE OF REPORT				
Marilyn for Mayor			7th Day Preceding Primary				
A. Total Contributions from Sma (See instructions for definition of Small Co.		ed this Period ONLY UBTOTAL SECTION A	\$0.00				
	B. Itemized Con	tributions from Indivi	iduals				
Last Name Rodriguez		Pirst Dayshawn			MI		
Residential Street Address 131 Whitney Avenue		City Bridgeport		State CT	Zip Code 06606		
Principal Occupation Starbucks		Name of Employer Starbucks					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  • No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  • No					Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a siff yes, indicate which brand of government the contract		Legislative No				
Method of Contribution  Cash Personal Check Credit	/Debit Card O Money Ord	Date Received er 8/9/2019	Aggregate Contributions \$20.00				
Last Name Alfonso		First Maria		MI			
Residential Street Address 256 Brimfield Road		Nethersfield			Zip Code 06109		
Principal Occupation Retired AFSCME Service Represents	ative	Name of Employer Semi-retired & La	abor Arbitrator at SE	BMA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes o No		unt of Contribution					
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a s  If yes, indicate which branc of government the contract		ate contractor? Yes Legislative No				
Method of Contribution:  Cash Personal Check • Credit	/Debit Card Money Ord	Date Received 8/12/2019	Aggregate Contributions \$10.00				
Last Name Wells		First Janice	<u>'</u>		МІ		
Residential Street Address 2057 Broadmoor Way		City Fairburn		State GA	Zip Code 30213		
Principal Occupation retired		Name of Employer retired		•			
or dependent child of a lobbyist?	contribution is in excess of \$400 to bes contributor or business he/she is alued at more than \$5,000?	o a candidate for a chief executive s associated with have a contract of No	e officer of a municipality with said municipality		unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  No	Is contributor a principal of a s If yes, indicate which brand of government the contract						
Method of Contribution:  Cash Personal Check Credit	Debit Card Money Ord	er B/13/2019	Aggregate Contributions \$100.00				
	SUBT	OTAL Section B — Thi	s Page \$125.0	0			
	TOTAL	of additional Section B	Pages \$23,93	5.00			
TOTAL OF AL	L CONTRIBUTIONS FROM Enter total on Line	1 INDIVIDUALS (Sections	A + B) \$24,08	5.00			

NAME OF COMMITTEE (Provide Complete Name as Regis		TYPE OF REPORT				
Marilyn for Mayor			7th Day	/ Precedir	ng Prim	ary
A. Total Contributions from Small C (See instructions for definition of Small Contribu	MALE CONTRACTOR OF THE PROPERTY OF A STATE OF	this Period ONLY BTOTAL SECTION A	\$0.00			
			,			
	B. Itemized Cont	ributions from Indi	viduals			
Last Name		First				МІ
Fulchino		Nick				
Residential Street Address		City			State CT	Zip Code 06259
283 Orchard Hill Road		Pomfret			CI	06239
Principal Occupation		Name of Employer				
Regional Organizing Director		Gillibrand 2020				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  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					ant of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No	s contributor a principal of a st If yes, indicate which branch of government the contract is	or branches	state contractor	No		
Method of Contribution:  Cash Personal Check • Credit/Deb	it Card O Money Orde	Date Received 8/14/2019	Aggregate C \$15.00	ontributions		
Last Name		First	_			MI
Janensch		Gail				
Residential Street Address		City			State	Zip Code
3030 Park Ave		Bridgeport			CT	06604
Principal Occupation		Name of Employer				
Retired						
or dependent child of a lobbyist? No does co	ibution is in excess of \$400 to intributor or business he/she is at more than \$5,000?	associated with have a contra No	act with said mu	nicipality		unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	s contributor a principal of a st If yes, indicate which branch of government the contract is	or branches	state contractor  Legislative	No		
Method of Contribution: Cash • Personal Check Credit/Deb	it Card 🦲 Money Orde	Date Received 8/16/2019	Aggregate C \$595.00			
Last Name	·	First		<u> </u>		MI
Kish		Anna				
Residential Street Address		City	<u></u>		State	Zip Code
3030 Park Avenue Apt 8w7	1	bridgeport			CT	06604
Principal Occupation	L.	Name of Employer				
retired		retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contributor does co valued	ribution is in excess of \$400 to ontributor or business he/she is at more than \$5,000?	associated with have a contra S • No	ect with said mu	micipality		unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	s contributor a principal of a st If yes, indicate which branch of government the contract is	or branches	state contractor  Legislative	Mo		
Method of Contribution:  Cash Personal Check Credit/Deb	it Card O Money Orde	Date Received 8/16/2019	Aggregate C \$225.00			
	SUBT	OTAL Section B — TI	his Page	\$365.0	0	
	TOTAL	of additional Section 1	B Pages	\$23,93	5.00	
TOTAL OF ALL CO	ONTRIBUTIONS FROM	DESCRIPTION OF THE PERSON OF T		\$24,08		

## Section B ADDITIONAL PAGE 44 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with F	lling Repository)	476		TYPE OF	REPORT	Sec. 201	OKARE.	
Marilyn for Mayor				7th Day Preceding Primary				
A. Total Contributions from Small Contributions (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$0.00				
						1.00 Front 188		
В. І	temized Cont	_	utions from Indivi	duals				
Last Name Janensch			First Gail				1	MI
Residential Street Address		City				State	Zip Co	
3030 Park Avenue		Brid	dgeport			СТ	0660	J4 
Principal Occupation Retired			Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than	r business he/she is	asso	ndidate for a chief executive ciated with have a contract  No	e officer of with said m	a municipality, unicipality	Amc	contribution	
event reported in Section L1? If yes, in	tion L1? If yes, indicate which branch or branches							
Method of Contribution  Cash Personal Check • Credit/Debit Card	Money Orde	er	Date Received 8/17/2019	Aggregate 9	Contributions O			
Last Name Crowell	<del></del>	- 1	First Maria					MI
Residential Street Address 179 Union Ave		City Brid	dgeport			State CT	Zip Co 0660	
Principal Occupation Unemployed / Disabled		·	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more that	r business he/she is	asso	ndidate for a chief executive ciated with have a contract  No	e officer of with said m	a municipality unicipality		ount of C	Contribution
event reported in Section L1? If yes, in	or a principal of a s dicate which branc nment the contract	h or b		ate contracto	No	] `		
Method of Contribution:  Cash Personal Check Credit/Debit Card	○ Money Orde	er	Date Received 8/18/2019	Aggregate \$120.0	Contributions 0			
Last Name			First					MI
Plotke			David					
Residential Street Address		City				State	Zip Co	
155 Filbert Street		har	nden			СТ	065	17
Principal Occupation Professor			Name of Employer New School for S	ocial Re	search			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more that	r business he/she is	asso	ndidate for a chief executive ciated with have a contract  No	e officer of with said m	a municipality unicipality		ount of C	Contribution
event reported in Section L1? If yes, in	or a principal of a s dicate which branc nment the contract	h or b		ate contracto	NI.			
Method of Contribution  Cash Personal Check Credit/Debit Card	Money Orde	ег	Date Received 8/18/2019	Aggregate \$100.0	Contributions O			
	SUBT	ОТ	AL Section B — Thi	s Page	\$225.0	0		
	TOTAL	of a	dditional Section B	Pages	\$23,93	5.00		
TOTAL OF ALL CONTRIB	UTIONS FROM	INI	DIVIDUALS (Sections	A + B)	\$24,08	5.00		

### Section B ADDITIONAL PAGE 45 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPOR	Γ			
Marilyn for Mayor			7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$0.00				
	0.000				2017		
		utions from Individual	luais	HE COL	1	Тмі	
List Name Soares		Kenneth					
Residential Street Address 8 Stella St	City Tru	mbull			State CT	Zip Code 06611	
Principal Occupation Electrician		Name of Employer Local 488					
	is assoc	oiated with have a contract  No	with said municipali	oality, ty	Amount of Contribution		
Is this contribution associated with an event reported in Section L1?    Yes   Is contributor a principal of a state contractor or prospective state contractor?   Yes   If yes, list Event #   No   No   No   No   No   No   No							
Method of Contribution:  Cash • Personal Check Credit/Debit Card Money Ord	der	Date Received 8/18/2019	Aggregate Contribution \$100.00	ons			
Last Name Vining	- 1	Pirst Sandra				MI	
Residential Street Address 55 George E Pipkins Way #308	City Brid	4.9			State OT	Zip Code 06608	
Principal Occupation Program Coordinator		Name of Employer Career Resources	s Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No    No    No    If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is assoc Yes	ciated with have a contract	e officer of a municipali with said municipali	pality, ty		unt of Contribution 25.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080819a  Section L1?  No ls contributor a principal of a If yes, indicate which bran of government the contract	nch or b	ranches	1,50	′es ło	Ψ20.00		
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 8/18/2019	Aggregate Contribution \$75.00	ons			
Last Name	T	First				МІ	
Huber		Sonya				V-00 000	
Residential Street Address 75 Clinton Ave.	City	atford		- 1	State CT	Zip Code 06614	
Principal Occupation Professor		Name of Employer Fairfield Universit	у				
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?	is associ	ndidate for a chief executive clated with have a contract  No	e officer of a municipali with said municipali	pality, ty		unt of Contribution 50.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes    No   No   No   No   No   No   No	nch or b	oranches		res No			
Method of Centribution:  Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 8/19/2019	Aggregate Contributi \$50.00	ons			
SUB	тот	AL Section B — This	Page \$17	75.00			
TOTA	Lofa	dditional Section B	Pages \$23	3,935	.00		
TOTAL OF ALL CONTRIBUTIONS FRO	M IND	DIVIDUALS (Sections	A + B) \$24	,085	.00	<del></del>	

#### Section B ADDITIONAL PAGE 46 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	00.200		
Marilyn for Mayor			7th Day Preceding Primary			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed thi	s Period ONLY TAL SECTION A	\$0.00	_		
					ness ver	
B. Itemized Cor		tions from Indivi	duals	500		
Lasi Name Reid		irst Carol			MI	
Residential Street Address 320 Willow Street	City Brid	geport	Q .	State	2ip Code 06610	
Principal Occupation  Manager		Name of Employer BriCo Productions	s LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes No  If contribution is in excess of \$400 to does contributor or business he/she walued at more than \$5,000?	is assoc	didate for a chief executive inted with have a contract No	e officer of a municipality with said municipality		ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes   No   Is contributor a principal of a  If yes, indicate which bram  of government the contract	nch or br	anches	te contractor? Yes Legislative No			
Method of Contribution: Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 8/19/2019	Aggregate Contributions \$50.00			
Last Name Wilkinson	- 1	irst David			MI	
Residential Street Address 100 Trumbull St	19			State CT	Zip Code 06103	
Principal Occupation Manager		Name of Employer CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	to a cand is assoc Yes	iated with have a contract	e officer of a municipality with said municipality		ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes  No Is contributor a principal of a If yes, indicate which bran of government the contract	nch or br	anches	te contractor? Yes Legislative No			
Method of Contribution  Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 8/20/2019	Aggregate Contributions \$1000.00			
Last Name	1 1	irst			MI	
Errichetti	City	homas		State	Zip Code	
Residential Street Address 85 Acton Rd		geport		СТ	6606	
Principal Occupation Accountant		Name of Employer Kuchma Corporat	tion			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No	to a cand is assoc Yes	iated with have a contract	e officer of a municipality with said municipality		ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes  No Is contributor a principal of a If yes, indicate which bran of government the contract	nch or br	anches	te contractor? Yes Legislative No	]	,20.00	
Method of Contribution  Cash Personal Check • Credit/Debit Card Money Ord	der	Date Received 8/21/2019	Aggregate Contributions \$50.00			
SUB	ТОТА	L Section B — This	Page \$570.0	00		
TOTAL	L of ac	Iditional Section B	Pages \$23,93	35.00		
TOTAL OF ALL CONTRIBUTIONS FROM	M IND	IVIDUALS (Sections	A + B) \$24,08	35.00	*3	

### Section B ADDITIONAL PAGE 47 of 84

NAME OF COMMITTEE (Provide Complete Name as Register	ed with Filing Repository)		TYPE OF REPORT	297937		
Marilyn for Mayor			7th Day Preceding Primary			
A. Total Contributions from Small Con (See instructions for definition of Small Contributor)	2-7-3-50000-007-007-0000000000-0000-0000-	this Period ONLY STOTAL SECTION A	\$0.00			
	B. Itemized Contr	ibutions from Indivi	duals			
Lasi Name Evans		First Shirley			MI	
Residential Street Address 699 Connecticut Ave		<sub>ity</sub> Bridgeport		State CT	Zip Code 06607	
Principal Occupation Retired		Name of Employer				
or dependent child of a lobbyist? does contr	ution is in excess of \$400 to a ibutor or business he/she is a more than \$5,000? Yes	candidate for a chief executive ssociated with have a contract No	e officer of a municipality with said municipality		unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # • No						
Method of Contribution:  Cash • Personal Check Credit/Debit (	Card Money Order	Date Received 8/21/2019	Aggregate Contributions \$50.00			
Last Name Aranjo		First William			MI	
Residential Street Address City St 450 Main St #502 Bridgeport C					Zip Code 06604	
Principal Occupation Retired		Name of Employer				
or dependent child of a lobbyist? does contr		candidate for a chief executive ssociated with have a contract No			unt of Contribution 50.00	
event reported in Section L1?	ontributor a principal of a state of the state of the state of government the contract is		te contractor? Yes			
Method of Contribution:  Cash Personal Check Credit/Debit (	Card Money Order	Date Received 8/22/2019	Aggregate Contributions \$50.00			
Last Name	3	First			MI	
Hill Residential Street Address	1.0	Derwin		State	Zip Code	
60 Waldorf Ave		Bridgeport		СT	06605	
Principal Occupation Retired		Name of Employer				
or dependent child of a lobbyist? tes does contr		candidate for a chief executive sociated with have a contract No		'   '	unt of Contribution	
event reported in Section L1?	ontributor a principal of a state of yes, indicate which branch of government the contract is		te contractor? Yes Legislative No			
Method of Contribution:  Cash Personal Check Credit/Debit (	Card Money Order	Date Received 8/22/2019	Aggregate Contributions \$250.00			
	SUBTO	TAL Section B — This	Page \$350.0	00		
	TOTAL o	f additional Section B	Pages \$23,93	35.00		
TOTAL OF ALL CON	TRIBUTIONS FROM I	NDIVIDUALS (Sections	A+B) \$24,08	35.00		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	X250	THE PERSON NAMED	TYPE OF I	REPORT	20,55.36	none de abbonis espera
Marilyn for Mayor			7th Day Preceding Primary			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed th	is Period ONLY OTAL SECTION A	\$0.00			
				•		
B. Itemized Con	ntrib	utions from Individ	iuals			
Last Name	F	First				MI
Wright	ין	Paul				
Residential Street Address	City				State	Zip Code
765 Grassy Hill Rd	Ora	inge			CT	06477
Principal Occupation		Name of Employer	-			
	is assoc Yes	No	with said mu	nicipality	1	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative						
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 8/22/2019	Aggregate C	ontributions		
Last Name First Gordon Subira						MI
Residential Street Address	City				State	Zip Code
224 Oakville Avenue	Wa	terbury			CT	06708
Principal Occupation	<u>.                                      </u>	Name of Employer				
executive director		conncan				
Is this contribution associated with an event reported in Section 1.1?  Is contributor a principal of a lf yes, indicate which branches.	Yes	<ul> <li>No</li> <li>no</li> <li>no</li> <li>no</li> </ul>	with said mu	nicipality	1	unt of Contribution
If yes, list Event # No of government the contract	t is with	Executive 0	_egislative	140	╛	
Method of Contribution:  Cash Personal Check • Credit/Debit Card Money Ord	der	Date Received 8/23/2019	Aggregate C \$50.00	ontributions		
Last Name	F	irst		<del>.</del>		MI
Colbert		Charles				200
Residential Street Address	City				State	Zip Code
1706 Golf Course Dr	Mito	chellville			MD	20721
Principal Occupation		Name of Employer				•••
Retired					1.	unt of Contribution
	is assoc	eiated with have a contract  No	with said mu	nicipality		75.00
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No  Is contributor a principal of a state contractor or prospective state contractor? Yes of government the contract is with: Executive Legislative						
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 8/24/2019	Aggregate C \$75.00	ontributions		
SUBT	TOTA	L Section B — This	Page	\$175.0	0	
TOTAL	Lofa	dditional Section B I	Pages	\$23,93	5.00	
TOTAL OF ALL CONTRIBUTIONS FROM Enter total on Lin	M IND ne 13, C	IVIDUALS (Sections a Column A of Summary Page	A + B) Totals	\$24,08	5.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Marilyn for Mayor				7th Da	7th Day Preceding Primary				
A. Total Contributions from Small Cont (See instructions for definition of Small Contributor)			his Period ONLY OTAL SECTION A	\$0.00					
	B. Itemized Con	trib	outions from Indivi	duals					
Last Name		П	First				MI		
Montaque			Tabeth						
Residential Street Address		City	,			State	Zip Code		
325 Lafayette St		Bri	idgeport			СТ	06604		
Principal Occupation			Name of Employer						
Teacher			Board of Education	on					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  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							ount of Contribution		
event reported in Section L1?	ributor a principal of a ses, indicate which brane overnment the contract	h or		ite contracto Legislativ	No				
Method of Contribution			Date Received	Aggregate	Contributions				
Cash Personal Check Credit/Debit Ca	rd Money Orde	er	8/24/2019	\$50.00	1				
Last Name		П	First	•			MI		
Andrade		- 1	Donna						
Residential Street Address		City				State	Zip Code		
48 Harbor Ave		Bri	idgeport			СТ	06605		
Principal Occupation	l.		Name of Employer	···					
Dean			Fairfield Universit	v					
or dependent child of a lobbyist? • No does contribute valued at most list his contribution associated with an event reported in Section L1? • Yes Is contributed as the section L1?	tor or business he/she is e than \$5,000? Y	es asso es tate o		with said n	or? Yes		Amount of Contribution \$60.00		
If Jeas, hist Event # GGZG TO/1	bvernment the contract	15 WI		Legislativ		4			
Method of Contribution:  • Cash Personal Check Credit/Debit Ca	rd Money Orde	ег	Date Received 8/25/2019	\$60.00	Contributions				
Last Name		Т	First		<del>-</del>		МІ		
Baker			Andre						
Residential Street Address		City				State	Zip Code		
985 Stratford Avenue		-	dgeport			СТ	06607		
Principal Occupation			Name of Employer			L	1		
Funeral Director			Baker-Isaac Fune	ral servi	ce				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	tor or business he/she is	asso	ndidate for a chief executive sciated with have a contract  No	e officer of	a municipality,		unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082519A  Is contributor a principal of a state contractor or prospective state contractor? Yes of government the contract is with: Executive Legislative									
Method of Contribution  Cash Personal Check Credit/Debit Ca	rd Money Orde	er	Date Received 8/25/2019	Aggregate \$500.0	Contributions O				
	SUBT	ОТ	AL Section B — This	Page	\$610.0	0			
	TOTAL	ofs	additional Section B I	Pages	\$23,93	5.00			

# Section B ADDITIONAL PAGE 50 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	TYPE OF REPORT					
Marilyn for Mayor			7th Day Preceding Primary			
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$0.00			
B. Itemiz	zed Contri	ibutions from Indivi	duals			
Last Name		First			MI	
Bluestein	1.0	Lynda	<del></del>	Loui		
Residential Street Address 15 Sailors Lane	B	ridgeport		State	Zip Code 06605	
Principal Occupation		Name of Employer				
Retired						
	ess he/she is as	candidate for a chief executiv sociated with have a contract  No			unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082519A  Solution Associated with an event reported in Section L1?  No of government to	vhich branch o		Legislative Yes			
Method of Contribution  Cash Personal Check Credit/Debit Card Mc	oney Order	Date Received 8/25/2019	Aggregate Contributions \$400.00			
Last Name		First			MI	
Hayes		Rita				
Residential Street Address 272 Dogwood Dr	Ci B	ridgeport		State CT	Zip Code 06606	
Principal Occupation		Name of Employer			- 3	
Retired						
or dependent child of a lobbyist? No does contributor or busine valued at more than \$5,00	ess he/she is as 107 Yes	candidate for a chief executive sociated with have a contract  No contractor or prospective sta	with said municipality		unt of Contribution 5.00	
event reported in Section L1?  If yes, list Event # 082519A  Yes  Yes  If yes, indicate working the section L1?  If yes, indicate working the section L1?	vhich branch o	r branches	Legislative No			
Method of Contribution:		Date Received	Aggregate Contributions	7		
Cash Personal Check Credit/Debit Card Mo	ney Order	8/25/2019	\$5.00			
Last Name		First	l		MI	
O'Connor		Timothy				
Residential Street Address	Cir	•		State	Zip Code	
511 Lake Avenue	B	ridgeport		СТ	06605	
Principal Occupation		Name of Employer				
Consultant		Self: Retail Perfor	mance Solutions			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  • No  If contribution is in excess does contributor or busine valued at more than \$5,00	ss he/she is as:	candidate for a chief executive sociated with have a contract No	e officer of a municipality with said municipality	500	unt of Contribution 600.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082519A  • Yes Is contributor a print of the section of government the government the section of government	which branch or		te contractor? Yes Legislative No			
Method of Contribution:  Cash Personal Check Credit/Debit Card Mo	oney Order	Date Received 8/25/2019	Aggregate Contributions \$625.00		i	
	SUBTO	FAL Section B — This	Page \$705.0	0		
	TOTAL of	additional Section B I	Pages \$23,93	35.00		
TOTAL OF ALL CONTRIBUTION  Enter to		DIVIDUALS (Sections a Column A of Summary Page		5.00		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	echa		TYPE OF REPORT		enska te saek eta ko		
Marilyn for Mayor			7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$0.00				
				(0)			
B. Itemized Cor	ntrib	outions from Indivi	luals				
Last Name		First			MI		
O'Donnell		James		I ac :	Lat. Oct		
Residential Street Address	City			State	Zip Code 06604		
505 West McKinley Avenue	Bri	dgeport		ļ ( )	00004		
Principal Occupation		Name of Employer	ald 6 Ossesses 11	_			
Lawyer			nald & Cregeen, LL				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No					Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082519A  Section L1?  No Is contributor a principal of a If yes, indicate which bran of government the contract	ich or l	branches	te contractor? Yes Legislative No				
Method of Contribution		Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit Card Money Ord	der	8/25/2019	\$620.00				
Last Name		First			М		
Burns		Thomas					
Residential Street Address	City	dgeport		State	Zip Code		
60 Crane St	СТ	06610					
Principal Occupation	•	Name of Employer		-			
Retired		Retired					
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a lf yes, indicate which bran	is asso Yes state o	ociated with have a contract No contractor or prospective sta	te contractor? Yes		Amount of Contribution \$50.00		
If yes, list Event # No of government the contract			_egislative No				
Method of Contribution		Date Received	Aggregate Contributions	7			
Cash Personal Check Credit/Debit Card Money Ord	der	8/26/2019	\$100.00				
Last Name		First			MI		
Goodwin	- 1	Marquis					
Residential Street Address	City			State	Zip Code		
8 Beechwood Dr	No	rth Haven		СТ	06473		
Principal Occupation		Name of Employer			_		
Photographer		Self					
	is asso Yes	ociated with have a contract  No	with said municipality		unt of Contribution 50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No Section L1?							
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 8/26/2019	Aggregate Contributions \$50.00				
SUB	тот	AL Section B — This	Page \$600.0	00			
TOTAL	TOTAL of additional Section B Pages \$23,935						
TOTAL OF ALL CONTRIBUTIONS FROM Enter total on Lin							

## Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_\_84

NAME OF COMMITTEE (Provide Complete Name as Reg.	istered with Filing Repository)		TYPE OF REPORT				
Marilyn for Mayor			7th Day Preceding Primary \$0.00				
A. Total Contributions from Small ( (See instructions for definition of Small Contrib	Contributors-Received	this Period ONLY BTOTAL SECTION A					
	_						
	B. Itemized Contr	ributions from Indiv	iduals				
Lasi Name		First Maxine		МІ			
Greenberg		City		State Zip Code			
Residential Street Address 265 Balmforth St	I .	Bridgeport		CT 06605			
Principal Occupation Self		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No  If condoes or valued.	a difficulty times and	associated with have a contract S • No	t with said municipality	Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a sta  If yes, indicate which branch of government the contract is	or branches	Legislative No				
Method of Contribution:  Cash Personal Check Credit/De	ebit Card Money Order	Date Received 8/26/2019	Aggregate Contributions \$175.00				
Last Name	· · · · · ·	First		MI			
Macon		<u> </u>		State Zip Code			
Residential Street Address	L.	<sup>City</sup> Rochester	NY 14609				
96 Coleridge Rd Principal Occupation		Name of Employer					
or dependent child of a lobbyist? No does value  Is this contribution associated with an event reported in Section L1?	ntribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000? Ye  Is contributor a principal of a st  If yes, indicate which branch of government the contract is	associated with have a contra No ate contractor or prospective s n or branches	ct with said municipality	, Amount of Contribution \$100.00			
If yes, list Event # Nethod of Contribution:  Cash • Personal Check Credit/Deck		Date Received	Aggregate Contributions \$100.00				
Last Name		First		MI			
Parks		Arlene					
Residential Street Address 614 Soundview Ave		City Bridgeport		State Zip Code CT 06606			
Principal Occupation Payroll	intribution is in excess of \$400 to	Name of Employer  Jewish Senior S					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	y, Amount of Contribution \$50.00						
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  No	Is contributor a principal of a st  If yes, indicate which brance of government the contract	h or branches	Legislative No				
Method of Contribution:  Cash Personal Check Credit/D	ebit Card Money Orde	Date Received 8/26/2019	Aggregate Contributions \$110.00				
	SUBT	OTAL Section B — T	his Page \$250.	00			
	TOTAL	of additional Section	B Pages \$23,9	35.00			
TOTAL OF ALL	CONTRIBUTIONS FROM Enter total on Line	I INDIVIDUALS (Section 13, Column A of Summary P.	ns A + B) age Totals \$24,00	85.00			

### Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_\_84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Marilyn for Mayor			7th Day Preceding Primary			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed thi	is Period ONLY OTAL SECTION A	\$0.00			
					e de la companya de	
B. Itemized Con		utions from Individual	duals			MI
Last Name Woods		Ranita				
Residential Street Address 146 Taft Ave #2	City Bric	lgeport	_		State	Zip Code 06606
Principal Occupation Dental Assistant		Name of Employer Goldberg & Marcu				
	s assoc es	No	with said 1	municipality		ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No  Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative No						
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	ler	Date Received 8/26/2019	Aggregate \$50.0	e Contributions		
Last Name Bernucca	- 1	irst Andrew				MI
Residential Street Address					State CT	Zip Code 06037
Principal Occupation Strategist		Name of Employer Campaign				
	is assoc	No No	with said	municipality		ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082719A  Section L1?  No ls contributor a principal of a lf yes, indicate which bram of government the contract	ch or b	ranches	te contrac Legislati	No		
Method of Contribution:  Cash Personal Check • Credit/Debit Card Money Ord	ler	Date Received 8/27/2019	Aggregat \$100.	e Contributions 00		
Last Name Flowers	I	Ada				MI
Residential Street Address 25 Deforest Ave #1	City Bric	dgeport	·		State CT	2ip Code 06607
Principal Occupation Staff Support		Name of Employer WP Ventures				
	is asso Yes	iated with have a contract  No	with said	municipality		ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082719A  Section L1?  No  Section L1?  No  Section L1?  No  No	ch or b	ranches	Legislat	ive No		
Method of Contribution.  Cash • Personal Check Credit/Debit Card Money Orc	der	Date Received 8/27/2019	Aggregat \$150.	e Contributions		
SUB	ГОТА	AL Section B — This	s Page	\$250.0	0	
TOTAL	Lofa	dditional Section B	Pages	\$23,93	35.00	
TOTAL OF ALL CONTRIBUTIONS FROM  Enter total on Lin	M INI ne 13, C	DIVIDUALS (Sections Column A of Summary Pag	A + B) e Totals	\$24,08	35.00	

#### Section B ADDITIONAL PAGE 54 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	ABOVE.		TYPE OF RE	PORT	SUL 7	080	ERECT CLE	
Marilyn for Mayor			7th Day Preceding Primary					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$0.00				· .	
				200	10 SSW	2001		
B. Itemized Con	ntrib	utions from Indivi	duals					
Last Name	- 1	First					MI	
Raleigh		Michael						
Residential Street Address	City				State		Code	
52 Arthur St	Bri	dgeport			СТ	06	3605	
Principal Occupation		Name of Employer						
Finance Manager		Meredith Corpora	tion					
	is asso Yes	ciated with have a contract  No	with said muni				of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082719A  Section L1?  No ls contributor a principal of a lf yes, indicate which bran of government the contract	nch or b	oranches	te contractor? Legislative	Yes No				
Method of Contribution		Date Received	Aggregate Con	ributions				
Cash Personal Check Credit/Debit Card Money Ord	der	8/27/2019	\$200.00					
Last Name		First					MI	
Smith		Terri						
Residential Street Address	City				State	Zij	Code	
55 Yacht St	Bri	dgeport			CT	06	6605	
Principal Occupation		Name of Employer						
Office Admin		Baker Funeral Se	rvices					
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a If yes, indicate which bram	is asso Yes state c ich or b	ciated with have a contract  No ontractor or prospective statements	with said muni	Yes		Amount of Contribution		
If yes, list Event # 082719A No of government the contract	t is wit	th: Executive I	Legislative	O No				
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 8/27/2019	Aggregate Cont \$165.00	ributions				
Last Name		 First				-	MI	
Turner		Diane					l	
Residential Street Address	City				State	Zip	Code	
55 Chatterton Woods	1 '	mden			СТ		518	
Principal Occupation		Name of Employer						
Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  No  If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	is asso						f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082719A  Section L1?  No Section L1?  No Section L1?  No Section L1?  No Section L1?	ich or b	oranches	e contractor?	Yes No				
Method of Contribution: Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 8/27/2019	Aggregate Cont \$400.00	ributions				
SUBT	ГОТА	AL Section B This	Page	\$650.0	0			
TOTAL	Lofa	dditional Section B F	ages	\$23,93	5.00			
TOTAL OF ALL CONTRIBUTIONS FROM Enter total on Lin		DIVIDUALS (Sections A		24,08	5.00			

### Section B ADDITIONAL PAGE 55 of 84

NAME OF COMMITTEE (Provide Complete Name as R	Registered with Filing Repository)	ENGLISH THE LIBERTY	TYPE OF REPORT	artis sur			
Marilyn for Mayor			7th Day Preceding Primary				
A. Total Contributions from Smal (See instructions for definition of Small Cont		this Period ONLY BTOTAL SECTION A	\$0.00				
				A 500 (100)	THE STATE OF THE S		
	B. Itemized Cont	ributions from Indi	viduals		Мі		
Last Name Askew		First Michael					
Residential Street Address 58 Ohio Avenue	i i	City Bridgeport		State CT	Zip Code 06610		
Principal Occupation Advocate		Name of Employer CCAR					
or dependent child of a lobbyist?	ontribution is in excess of \$400 to is contributor or business he/she is ued at more than \$5,000?	associated with have a contra S • No	nct with said municipality	'   · · · ·	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082819A No	Is contributor a principal of a st  If yes, indicate which branch of government the contract i	or branches	Legislative No				
Method of Contribution  Cash Personal Check • Credit/E	Debit Card Money Orde	Date Received 8/28/2019	Aggregate Contributions \$25.00				
Last Name Chapman	Claria						
Residential Street Address 200 West Shepard Ave		City Hamden			Zip Code 06514		
Principal Occupation Retired	60100	Name of Employer	du effere of a multiplife	14-	ount of Contribution		
or dependent child of a lobbyist?		associated with have a contra es • No	act with said municipality		3100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082819A	Is contributor a principal of a st  If yes, indicate which branch of government the contract i	n or branches	state contractor? Yes Legislative No				
Method of Contribution: Cash Personal Check Credit/E	Debit Card Money Orde	Date Received 8/28/2019	Aggregate Contributions \$100.00				
Last Name		First		<u> </u>	MI		
Desir		Deborah		T Comme	Zin Code		
Residential Street Address 11 Zak Hill Dr		City Woodbridge		State CT	2 ip Code 06525		
Principal Occupation Physician		Name of Employer Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Value		ount of Contribution					
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082819A	Is contributor a principal of a s  If yes, indicate which branch of government the contract	h or branches	state contractor? Yes Legislative No				
Method of Contribution: Cash • Personal Check Credit/D	Debit Card Money Orde	Date Received 8/28/2019	Aggregate Contributions \$250.00				
	SUBT	OTAL Section B — T	his Page \$375.0	00			
	TOTAL	of additional Section	B Pages \$23,93	35.00			
TOTAL OF ALL	CONTRIBUTIONS FROM	INDIVIDUALS (Section	ns A + B) \$24,08	35.00			

#### Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_\_84

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repository)	300		TYPE OF	REPORT	ar de en	11:08	
Marilyn for Mayor				7th Day Preceding Primary				
A. Total Contributions from Small Contributions (See instructions for definition of Small Contributor)	itors-Receive St	d th	is Period ONLY OTAL SECTION A	\$0.00				
							CONTRACT OF THE PARTY OF THE PA	
В. 1	temized Con	_	utions from Indivi	duals				150
Last Name Hariston		- 1	First Keenesha					MI
Residential Street Address 55 Calvert PI		City	dgeport			State		Code 606
Principal Occupation Retired			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	r business he/she is	asso	ndidate for a chief executive ciated with have a contract No	e officer of a with said m	a municipality unicipality	1	unt o	Contribution
event reported in Section L1? If yes, in	or a principal of a sidicate which branci nment the contract	h or b	ontractor or prospective sta branches h: Executive	te contracto Legislativ	No			
Method of Contribution:  Cash Personal Check Credit/Debit Card	○ Money Orde	er	Date Received 8/28/2019	Aggregate ( \$150.0	Contributions 0	:		
Last Name Luckett			First Valita					МІ
Residential Street Address 29 Old Pasture Lane		City Ha	mden			State CT		Code 518
Principal Occupation  Consultant			Name of Employer Luckett & Luckett	Assoc	<u> </u>			<u>.</u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No life contribution is does contributor of valued at more than	or business he/she is	s asso	ndidate for a chief executive ciated with have a contract  No	e officer of with said m	a municipality unicipality		ount o	f Contribution
event reported in Section L1? If yes, in	or a principal of a s adicate which branc nment the contract	h or b		te contracto	No	] `	,,,,	
Method of Contribution: Cash • Personal Check Credit/Debit Card	Money Orde	er	Date Received 8/28/2019	Aggregate \$200.0	Contributions O			
Last Name			First Michelle					М
MOOFE Residential Street Address		City	Wichelle			State	Zip	Code
622 Soundview Ave			dgeport			СТ		606
Principal Occupation Health System Navigator	<u></u>		Name of Employer Bridgeport Hospil	tal		_		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contributor of valued at more the	or business he/she is	s asso	ndidate for a chief executive ciated with have a contract No	e officer of with said m	a municipality unicipality		ount o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082819A  No  No  No  No  No  No  No  No  No  N								
Method of Contribution  Cash • Personal Check Credit/Debit Card	Money Orde	er	Date Received 8/28/2019	Aggregate \$165.0	Contributions O			
	SUBT	от	AL Section B — Thi	s Page	\$250.0	0		
	TOTAL	of a	additional Section B	Pages	\$23,93	35.00		
TOTAL OF ALL CONTRIB	UTIONS FROM	1 INI	DIVIDUALS (Sections Column A of Sunmary Pag	A + B) e Totals	\$24,08	5.00		

## Section B ADDITIONAL PAGE 57 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Marilyn for Mayor				7th Day Preceding Primary					
A. Total Contributions from Sn (See instructions for definition of Small C		ed this UBTO	S Period ONLY TAL SECTION A	\$0.00					
The second secon			The second secon	Treatment of the	15 to 2 to 1975	Spars			
	B. Itemized Con	itribu Fa	tions from Indivi	duais		NAME OF TAXABLE	Тмі		
Last Name Myers		J	alil						
Residential Street Address 21 Granite Ter		City Anso				State	06401		
Principal Occupation  Cashier			Name of Employer Big Y	. <u></u> .					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		is associ Yes •	ated with have a contract No	with said m	unicipality	1	ount of Contribution \$50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082819A	If yes, indicate which branch	ch or bra	anches	Legislativ	No				
Method of Contribution:  • Cash Personal Check Cred	dit/Debit Card	der	Date Received 8/28/2019	Aggregate \$50.00	Contributions				
Last Name Olin		1	errell				МІ		
Residential Street Address 21 Granite Ter		City Anso				State	Zip Code 06401		
Principal Occupation Direct Sales Supervisor			Name of Employer Comcast						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No		is associ Yes	ated with have a contract No	t with said n	iunicipality	1	ount of Contribution \$50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082819A	If yes, indicate which brane	ich or br	anches	ate contracto	A Ma				
Method of Contribution  Cash Personal Check Cree	dit/Debit Card Money Ord	der	Date Received 8/28/2019	Aggregate \$50.00	Contributions				
Last Name Wilson			rst Agnes			<u>'</u>	М		
Residential Street Address 120 Melville Dr		City Fair	field			State CT	Zip Code 06825		
Principal Occupation Retired			Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	is associ Yes	No	t with said n	nunicipality		ount of Contribution \$150.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082819A	11 yes, indicate which bran	ich or br	anches	Legislativ	Al-				
Method of Contribution Cash • Personal Check Cre	dit/Debit Card	der	Date Received 8/28/2019	Aggregate \$150.0	Contributions 10				
	SUB	TOTA	L Section B — Thi	is Page	\$250.0	0			
	TOTAL	Lofac	lditional Section B	Pages	\$23,93	35.00			
TOTAL OF A	ALL CONTRIBUTIONS FROM Enter total on Lin	M IND	IVIDUALS (Sections olumn A of Summary Pag	A + B) ge Totals	\$24,08	5.00			

## Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_\_84

)	8		

NAME OF COMMITTEE (Provide Complete Name as Registered with F		TYPE OF REPORT						
Marilyn for Mayor			7th Day Preceding Primary					
A. Total Contributions from Small Contributions (See instructions for definition of Small Contributor)	itors-Received SUB	this Period ONLY TOTAL SECTION A	\$0.00					
		<u></u>						
В. І	temized Contr	ibutions from Indivi	duals					
Last Name First MI Bleiweis Maxine								
Residential Street Address								
247 Grovers Ave	В	Name of Employer			00003			
Principal Occupation  Library Consultant								
or dependent child of a lobbyist? No does contributor o valued at more that	Is contributor a lobbyist, spouse.  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipal dependent child of a lobbyist?  Yes				\$500.00			
event reported in Section L1? If yes, in	or a principal of a state dicate which branch on ment the contract is to	with: Executive	Legislative N	0				
Method of Contribution: Cash Personal Check Credit/Debit Card	0.0000000							
Last Name First Reine					MI			
Residential Street Address	1	ity		State	Zip Code			
1415 Chopsey Hill Rd	Bridgeport		СТ	06606				
Principal Occupation Name of Employer  Attorney Self								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor of does contributor of valued at more that event reported in Section L1?  Is contributed is in does contributor of valued at more that event reported in Section L1?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  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  Is this contribution associated with an event reported in Section L1?  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes • No  \$50.00							
If yes, list Event # OO2313d Sigsten	nment the contract is	Date Received	Legislative Aggregate Contribution					
Method of Contribution:  Cash Personal Check Credit/Debit Card	Money Order	8/29/2019	\$50.00					
Last Name		First	<u>'</u>	MI				
Cunningham		John						
Residential Street Address		ity		State	Zip Code 06482			
26 Honey Lane		Sandy Hook		СТ	00402			
Principal Occupation		Name of Employer						
or dependent child of a lobbyist? No does contributor of valued at more that	or business he/she is as an \$5,000? Yes		with said municipality	ality, An	nount of Contribution			
event reported in Section L1?  If yes, in	or a principal of a state dicate which branch on ment the contract is		Legislative	es o				
Method of Contribution  Cash • Personal Check Credit/Debit Card	Money Order	Date Received 8/29/2019	Aggregate Contribution \$50.00	ns				
	SUBTO	TAL Section B — Thi	s Page \$60	0.00				
	TOTAL of additional Section B Pages \$23,935.00							
TOTAL OF ALL CONTRIB	UTIONS FROM I	NDIVIDUALS (Sections 3. Column A of Summary Pag	A + B) \$24	085.00	)			

### Section B ADDITIONAL PAGE 59 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	geranden betrette best	TYPE OF REPORT				
Marilyn for Mayor	7th Day Preceding Primary					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A						
B. Itemized Co	ntrib	utions from Individ	duals	ality and		
Last Name	- 1	First				MI
Davis		Gemeem			State	Zip Code
Residential Street Address	City	dgeport			CT	06604
1115 Main Street, Apt 305	Bilk	Name of Employer				
Principal Occupation Director		Bridgeport Genera	ation No	w		
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 does contributor or business he/she	to a car is assoc Yes	ndidate for a chief executive	e officer of	a municipality,		ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082919a  Section L1?  No  Is contributor a principal of a If yes, indicate which brain of government the contract	nch or b	ranches	Legislativ	e No		
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Or	der	Date Received Aggregate Contributions \$200.00				
Last Name First						MI
Fuentes		Miguel				
Residential Street Address  54 Currier Pl  City  Cheshire					State	Zip Code 06410
Principal Occupation		Name of Employer				
Representative		New England Cou				
	e is asso Yes	No	with said n	nunicipality	1	550.00
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082919a  No  No  Section L1?  No  No  No  No  No  No  No  No  No  N	ınch or t	oranches	Legislativ	ve No		
Method of Contribution: Cash Personal Check Credit/Debit Card Money Or	rder	8/29/2019	Aggregate \$50.00	Contributions		
Last Name		First	МІ			
Lachance		Marie				
Residential Street Address 3030 Park Ave	City Brid	dgeport			State	Zip Code 06604
Principal Occupation N/A		Name of Employer N/A				
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?	e is asso	ndidate for a chief executive ciated with have a contract No	e officer of with said r	a municipality, nunicipality		ount of Contribution
Is this contribution associated with an event reported in Section L!?  If yes, list Event # 082919a  Section L!?  No  No  No  Section L!?  No  No  No  No  No  No  No  No  No  N	anch or b	oranches	te contract Legislati	No		,
Method of Contribution: Cash • Personal Check Credit/Debit Card Money Or	rder	Date Received 8/29/2019	Aggregate \$100.0	Contributions		
SUB	0					
TOTAL of additional Section B Pages \$23,935.00						
TOTAL OF ALL CONTRIBUTIONS FRO	M INI	DIVIDUALS (Sections Column A of Summary Page	A + B) e Totals	\$24,08	5.00	

### Section B ADDITIONAL PAGE 60 of 84

NAME OF COMMITTEE (Provide Complete Name	TYPE OF REPORT						
Marilyn for Mayor		7th Day Preceding Primary					
A. Total Contributions from Sn (See instructions for definition of Small (		ed this Period ONLY SUBTOTAL SECTION A	\$0.00				
	B. Itemized Cor	ntributions from Indi	ividuals				
Last Name	<u> </u>	First		МІ			
Moore		Henrietta		State Zip Code			
Residential Street Address 96B Yaremich Dr		City Bridgeport	,				
Principal Occupation		Name of Employer					
Secretary		Bridgeport Hos	·				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? • No		is associated with have a contr Yes • No	act with said municipality	Amount of Contribution \$25.00			
event reported in Section L12	event reported in Section L1? If yes, indicate which branch or branches						
Method of Contribution:  Cash Personal Check Cred	dit/Debit Card	Date Received der 8/29/2019	Aggregate Contributions \$25.00				
Last Name Robinson		First Michael		MI			
Residential Street Address 15 Winchester Ct		City East Lyme	State Zip Code CT 06333				
Principal Occupation Rep		Name of Employer NERCC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No		is associated with have a contr Yes • No	act with said municipality	Amount of Contribution \$50.00			
event reported in Section L1?	17 If yes, indicate which branch or branches						
Method of Contribution Cash • Personal Check Cree	dit/Debit Card Money Ord	Date Received der 8/29/2019	Aggregate Contributions \$50.00				
Last Name Walsh		First Robert		MI			
Residential Street Address 803 Plymouth Colony		City Branford		State Zip Code CT 06405			
Principal Occupation Retired		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No		is associated with have a contr Yes • No	ract with said municipality	y, Amount of Contribution \$250.00			
event reported in Section L1?	ent reported in Section L1?  If yes, indicate which branch or branches						
Method of Contribution:  Cash • Personal Check Cree	dit/Debit Card Money Ord	Date Received der 8/29/2019	Aggregate Contributions \$625.00				
	SUB	TOTAL Section B — T	his Page \$325.0	00			
	TOTAL	L of additional Section	B Pages \$23,93	35.00			
TOTAL OF A	ALL CONTRIBUTIONS FROM Enter total on Lin	M INDIVIDUALS (Section 13, Column A of Summary F	ns A + B) \$24,08	35.00			

### Section B ADDITIONAL PAGE 61 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Marilyn for Mayor		7th Day Preceding Primary							
A. Total Contributions from Sma (See instructions for definition of Small Con		ed this P UBTOTA	eriod ONLY L SECTION A	\$0.00					
Name and the second				New york	ALCO TO MARKET	4000000	(100)		
	B. Itemized Con		ns from Indivi	iduals		1.		МІ	
Last Name Williams		First Cha	unte						
Kendeniai Street vodiczz						State CT		Code 610	
Principal Occupation			ne of Employer MHAS						
or dependent child of a lobbyist?		s associated es N	with have a contract	t with said r	nunicipality		Amount of Contribution \$50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082919a  No	Is contributor a principal of a suffyes, indicate which brank of government the contract	ch or branch		Legislativ	ve No				
Method of Contribution  Cash Personal Check Credit	6200.00								
st Name First Sauda					915	МІ			
Vesidelitid paret vooress				State CT		Code 606			
Principal Occupation Retired			ne of Employer etired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  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  No  No  No  S150.00									
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	Is contributor a principal of a If yes, indicate which brane of government the contract	ch or branch		ate contract Legislativ	25 Ma				
Method of Contribution:  Cash Personal Check • Credit/	Debit Card		e Received 30/2019	Aggregate \$700.0	Contributions				
Last Name Bhasin		First Inde	r	,				МІ	
Residential Street Address 155 Grovers Ave		City Bridger	ort			State CT		Code 605	
Principal Occupation President			ne of Employer  B Trading						
or dependent child of a lobbyist?	contribution is in excess of \$400 to es contributor or business he/she i lued at more than \$5,000?	o a candidat is associated es • N	with have a contrac	ve officer of t with said r	a municipality nunicipality	-	ount of 6100	Contribution	
ls this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  No	Is contributor a principal of a If yes, indicate which branc of government the contract	ch or branch	tor or prospective st es Executive	ate contract Legislati	No		<del>-</del>		
Method of Contribution:  Cash • Personal Check Credit	Debit Card		e Received 30/2019	Aggregate \$160.0	Contributions				
	SUB1	TOTAL S	ection B — Thi	is Page	\$300.0	0			
	TOTAL	of addit	ional Section B	Pages	\$23,93	35.00			
TOTAL OF AL	L CONTRIBUTIONS FROM Enter total on Line	M INDIVII	OUALS (Sections on A of Summary Page	A + B) ge Totals	\$24,08	5.00		, in the second	

### Section B ADDITIONAL PAGE 62 of 84

NAME OF COMMITTEE (Provide Complete Name of		TYPE OF REPORT							
Marilyn for Mayor				7th Day Preceding Primary					
A. Total Contributions from Sm (See instructions for definition of Small Co	all Contributors-Receive ontributor) SU	d thi	is Period ONLY OTAL SECTION A	\$0.00					
	B. Itemized Con		utions from Indivi	duals			Тмі		
Billups Beverlyn									
Residential Street Address	<del> </del>	City	sonia	-	-	State CT	Zip Code 06401		
445 Beaver Street Principal Occupation		Alla	Name of Employer				100.00		
Retired			Retired						
or dependent child of a lobbyist?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contributor or business he/she is associated with have a contract with said municipality					Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  Section L1?  No  Security to security the security of government the contract is with:  Security to security the security of government the contract is with:  Security to security the security that t				te contractor Legislative	No				
thod of Contribution:  Cash Personal Check Credit/Debit Card Money Order  Date Received 8/30/2019  Aggregate Contributions \$155.00						ļ			
ast Name First Booker Myrtle						MI			
Residential Street Address City						State	Zip Code		
100 Peace Acre Lane Stratford						CT	06614		
Principal Occupation Manager			Name of Employer Social Security A	dministra	tion				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  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?  Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?  Yes							unt of Contribution		
event reported in Section L1?  If yes, hist Event # 083019a	If yes, indicate which branc	ch or b	ranches	Legislativ	e No				
Method of Contribution:  Cash • Personal Check Credi	it/Debit Card Money Ord	ег	Date Received 8/30/2019	Aggregate (	Contributions O				
Last Name			First	<u>-</u>	. <del></del> .		MI		
Bubriski			Wanda			State	Zip Code		
Residential Street Address 6 Rockland Park		City Bra	inford			CT	06405		
Principal Occupation			Name of Employer						
Property Management			Self Employed						
or dependent 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?	s assoc	ndidate for a chief executive ciated with have a contract  No	e officer of a with said m	a municipality, unicipality		unt of Contribution 400.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	If yes, indicate which branch	ch or b	ranches	ite contracto Legislativ	No				
Method of Contribution  Cash Personal Check • Credi	it/Debit Card Money Ord	er	Date Received 8/30/2019	Aggregate (\$1000.	Contributions 00				
	SUBT	TOTA	AL Section B — This	s Page	\$550.0	0			
	TOTAL of additional Section B Pages \$23,935								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$24									

## Section B ADDITIONAL PAGE 63 of 84

NAME OF COMMITTEE (Provide Complete Name as		TYPE OF REPORT							
Marilyn for Mayor		7th Day Preceding Primary							
A. Total Contributions from Sma (See instructions for definition of Small Col	all Contributors-Receive	d th	is Period ONLY OTAL SECTION A	\$0.00					
		-							
	B. Itemized Con		utions from Indivi	duals				MI	
Last Name			<sup>z</sup> irst John					МІ	
Campbell	<del></del>	City			<del>-</del>	State	Zip Ci	ode	
Residential Street Address 116B Turtle Run Dr		•	atford			СТ	066		
			Name of Employer	-					
Principal Occupation Sales			Winsupply Middle	etown					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	1390	s assoc es	No	with said m	unicipality	, Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	Is contributor a principal of a s  If yes, indicate which branc of government the contract	h or b	ranches h: Executive	Legislativ	e No				
Method of Contribution:  Cash Personal Check • Credit	9/20/2010 \$75.00								
Last Name Carpenter	A manimation					· -	lan a	MI	
Residential Street Address 783 Norman St Bridgeport						State CT	Zip C 066		
Principal Occupation			Name of Employer	<u> </u>					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  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  Is contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branch or branches  No  Amount of Contributor \$100.00  \$100.00									
If yes, list Event # 083019a No	of government the contract	12 WIL	h Executive	Legislativ	Contributions	-			
Method of Contribution  Cash Personal Check Credit	/Debit Card Money Ord	er	8/30/2019	\$25.00					
Last Name Clayton		- 1	First Elvin	MI				МІ	
Residential Street Address		City				State	Zip C		
445 Broad St		Brie	dgeport			СТ	066	)U4 	
Principal Occupation Pastor			Name of Employer AME Zion						
or dependent child of a lobbyist?		s asso es	elated with have a contract  No	t with said n	nunicipality		ount of 9 \$100.	Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a state contractor?  Yes  If yes, indicate which branch or branches								
Method of Contribution  Cash Personal Check Credit	/Debit Card	er	Date Received 8/30/2019	Aggregate \$100.0	Contributions 0				
SUBTOTAL Section B — This Page \$160.00									
	тотаі	ofa	dditional Section B	Pages	\$23,93	35.00			
TOTAL OF AL	L CONTRIBUTIONS FROM Enter total on Line	4 INI e 13, (	DIVIDUALS (Sections Column A of Sunmary Pag	A + B) e Totals	\$24,08	35.00			

## Section B ADDITIONAL PAGE 64 of 84

NAME OF COMMITTEE (Provide Complete Name of	as Registered with Filing Reposttory)		TYPE OF REPOR	TYPE OF REPORT				
Marilyn for Mayor	7th Day Pred	7th Day Preceding Primary						
A. Total Contributions from Sm (See instructions for definition of Small Co		d this Period ONL JBTOTAL SECTION			<u></u>			
	B. Itemized Con	tributions from In	dividuals		Тмі			
Last Name Cousins		First Dominick			Zip Code			
Residential Street Address 36 Harvard St		City Montclair						
Principal Occupation Retired		Name of Employer						
or dependent child of a lobbyist?	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							
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	If yes, indicate which branc	h or branches	10.794	res No	\$20.00			
Method of Contribution:  Cash Personal Check Credi	it/Debit Card Money Orde	Date Received 8/30/2019						
Last Name Cousins		First Dominick			MI			
Residential Street Address 36 Howard St	City St. Montclair N				Zip Code 07042			
Principal Occupation Retired		Name of Employer			A Co. A lb wis			
or dependent 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?	a candidate for a chief ex s associated with have a co es • No	ecutive officer of a munici ntract with said municipal	ity	mount of Contributio			
Is this contribution associated with an event reported in Section L17  If yes, list Event # 083019a	If ves, indicate which branc	h or branches		Yes No				
Method of Contribution Cash Personal Check Credi	it/Debit Card	Date Received 8/30/2019	Aggregate Contribute	ons				
Last Name		First		<b>_</b>	MI			
Crook		Michelle		State	Zip Code			
Residential Street Address 156 Chamberlain Avenue		Bridgeport		СТ	06606			
Principal Occupation Cosmetics Sales		Name of Employer Clarins Grou	p					
or dependent 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?	o a candidate for a chief ex s associated with have a co es • No	ecutive officer of a munici ntract with said municipal	pality An	mount of Contributio			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	If yes, indicate which branc	h or branches	- X	Yes No	<b>4</b> 00.00			
Method of Contribution  Cash Personal Check • Credi	it/Debit Card Money Ord	Date Received er 8/30/2019	Aggregate Contribut	ions				
	SUBT	OTAL Section B —	This Page \$1	70.00				
	TOTAL	of additional Section	n B Pages \$23	3,935.00	)			
TOTAL OF A	LL CONTRIBUTIONS FROM	I INDIVIDUALS (Sec	tions A + B) \$24	1,085.00	)			

NAME OF COMMITTEE (Provide Complete Name a		TYPE OF REPORT							
Marilyn for Mayor				7th Day Preceding Primary					
A. Total Contributions from Small Contribution of Small Contributions of S	CONTRACTOR OF THE PROPERTY OF		Period ONLY FAL SECTION A	\$0.00					
					-				
	B. Itemized Con	itribut	ions from Indivi	iuals					
Last Name		Fire	st			МІ			
Dacey Beverlee									
Residential Street Address		City			State	Zīp Code			
257 Redding Rd		East	on		СТ	06612			
Principal Occupation Name of Employer									
Manufacturer			Amador Products						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  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 municipality valued at more than \$5,000?  Yes  No					-	unt of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  • Yes  No  Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches of government the contract is with Executive				Legislative Ves					
Method of Contribution  Cash • Personal Check Credit/Debit Card Money Order  Date Received 8/30/2019  \$100.00									
Last Name First						МІ			
Davis Gemeem									
Residential Street Address		City			State	Zip Code			
1115 Main Street, Apt 305		Bridg	eport		СТ	06604			
Principal Occupation Name of Employer									
Co-Director Bridgeport Generation Now									
or dependent child of a lobbyist?	1347	s associa 'es •	ted with have a contract No	with said municipality		unt of Contribution 50.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a No	Is contributor a principal of a s  If yes, indicate which branc of government the contract	ch or brai	nches	e contractor? Yes _egislative No		W			
Method of Contribution: Cash Personal Check Credit	/Debit Card	- 1	Date Received 8/30/2019	Aggregate Contributions \$250.00					
Last Name		Firs	st			MI			
Dukes		M	yron			i			
Residential Street Address		City			State	Zip Code			
184 Harriet St		Bridg	eport		СТ	06605			
Principal Occupation	······································		Name of Employer		<u> </u>				
or dependent child of a lobbyist?	Contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?		ted with have a contract		130	unt of Contribution			
ls this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	Is contributor a principal of a s  If yes, indicate which brane of government the contract	ch or brai	nches	e contractor? Yes egislative No					
Method of Contribution:  Cash Personal Check Credit	/Debit Card O Money Orde	- 1	Date Received 8/30/2019	Aggregate Contributions \$125.00					
SUBTOTAL Section B — This Page \$200.0									
	TOTAL	ofado	litional Section B F	ages \$23,9	35.00				
TOTAL OF AL	L CONTRIBUTIONS FROM	1 INDIV	IDUALS (Sections	(+B) \$24,0	85.00				

### Section B ADDITIONAL PAGE 66 of 84

NAME OF COMMITTEE (Provide Complete Name of		TYPE OF REPORT						
Marilyn for Mayor		7th Day Preceding Primary						
A. Total Contributions from Sm (See instructions for definition of Small Co	all Contributors-Receive ontributor) S	ed th UBT(	is Period ONLY OTAL SECTION A	\$0.00				
ve a elementario della processioni di sella	P. Itamized Con	trib	utions from Indivi	duals			21	
	D. Heinized Con		erst	20015			1000	MI
Last Name Glasgow			Judy					<u></u>
Residential Street Address 789 Concourse Village West	dential Street Address				State NY	Zīp (		
Principal Occupation			Name of Employer		-			
Retired								
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes • No					-	Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	If yes, indicate which brane	ch or b	ranches h: Executive	Legislative	No			
Method of Contribution:  • Cash Personal Check Cred	it/Debit Card	ler	8/30/2019	Aggregate ( \$70.00	Contributions			
Last Name Glasgow		I	First Judy			т	Las	MI
Residential Street Address 190 Concourse Village West #8C Bronx					State NY		Code 451	
Principal Occupation		-	Name of Employer					
Retired								
or dependent child of a lobbyist?		is asso <b>'es</b>	ciated with have a contract  No	with said m	unicipality	- 1	ount of \$50.0	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	If yes, indicate which bran	ch or t	oranches	Legislativ	FO Ale			
Method of Contribution: Cash Personal Check Cred	it/Debit Card Money Ord	der	Date Received 8/30/2019	Aggregate ( \$120.0	Contributions O			
Last Name		- 1	First Rodney	MI				МІ
Glasgow Residential Street Address		City	,	<del>.</del>		State	Zip	Code
1802 Madison Ave			w York			NY	10	035
Principal Occupation		1	Name of Employer					•
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ndidate for a chief executive ciated with have a contract  No	e officer of with said m	a municipality unicipality	- 1	Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with Executive Legislative								
Method of Contribution  Cash Personal Check Cred	lit/Debit Card Money Ord	der	Date Received 8/30/2019	Aggregate \$50.00	Contributions			
SUBTOTAL Section B — This Page \$120.00								
	TOTAL	Lofa	additional Section B	Pages	\$23,9	35.00	1	
TOTAL OF A	LL CONTRIBUTIONS FROM Enter total on Lin	M INI	DIVIDUALS (Sections Column A of Sunmary Pag	A + B) se Totals	\$24,08	35.00		

# Section B ADDITIONAL PAGE 67 of 84

NAME OF COMMITTEE (Provide Complete Name	(200 a State of State	TYPE OF REPORT							
Marilyn for Mayor				7th Day Preceding Primary					
A. Total Contributions from Sm (See instructions for definition of Small Contribution)	nall Contributors-Receive Contributor) St	d th	is Period ONLY OTAL SECTION A	\$0.00					
	B. Itemized Con	trib	utions from Indivi	duals					
Last Name		- 1	First					MI	
Glasgow			Rodney			State	7 in	Code	
Residential Street Address		City Ne	w York			NY	1975		
1802 Madison Ave			Name of Employer						
Principal Occupation Retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	s contributor a lobbyist, spouse, yes a contributor or business he/she is associated with have a contract with said municipality.						Amount of Contribution \$20.00		
event reported in Section L1?	event reported in Section L1? If yes, indicate which branch or branches								
Method of Contribution  Cash Personal Check Cred	dit/Debit Card	ler	Date Received 8/30/2019	Aggregate \$70.00	Contributions				
Last Name	· · · · · · · · · · · · · · · · · · ·		First					MI	
Gurevich			Anatoliy			State	7in	Code	
Residential Street Address	sidential Street Address				CT	- 20	607		
800 Seaview Avenue		511	Name of Employer						
Principal Occupation Fraser Lane Associates, LLC			Self employed						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  • 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  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches  On Source 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  Is contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches  On Source of \$400 to a candidate for a chief executive officer of a municipality.						1	Amount of Contribution \$1000.00		
If yes, list Event # 000010a	of government the contract	1 13 171	th: Executive	Legislativ	Contributions	┥			
Method of Contribution  Cash Personal Check • Cred	dit/Debit Card	der	8/30/2019	\$1000					
Last Name		ĺ	First					MI	
Hennessey			William				7:-	Code	
Residential Street Address		City	onroe			State		Code : 5468	
45 Bagburn Rd		IVIC	Name of Employer				1	<u> </u>	
Principal Occupation Attorney			Self						
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?  • No		is asso Yes	ociated with have a contrac No	t with said n	nunicipality	20	ount o	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	If yes, indicate which oran	ich or	branches	ate contracto	No				
Method of Contribution:  Cash Personal Check Cree	dit/Debit Card	der	Date Received 8/30/2019	\$20.00	Contributions				
	SUB	тот	AL Section B — Thi	is Page	\$1040	.00			
	TOTAL	L of	additional Section B	Pages	\$23,93	35.00			
TOTAL OF A	ALL CONTRIBUTIONS FROM	M IN	DIVIDUALS (Sections Column A of Summary Page	A + B) ge Totals	\$24,08	5.00			

## Section B ADDITIONAL PAGE 68 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered v		TYPE OF REPORT					
Marilyn for Mayor			7th Day Preceding Primary				
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	ributors-Received SUB	this Period ONLY	\$0.00				
	B. Itemized Contr	ibutions from Indivi	duals	MI			
Last Name		First William		MI			
Hennessey	State Zip Code						
Residential Street Address	10	ity Monroe		CT 06468			
45 Bagburn Ru							
Principal Occupation		Self					
Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer does contributor or business he/she is associated with have a contract with said valued at more than \$5,000?  Yes  No				Amount of Contribution \$150.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  Section L1?  No  Security to security the contract is with:  Executive							
Method of Contribution  Cash • Personal Check Credit/Debit Ca	Adamon Order   9/30/2019   \$170.00						
Last Name Hiller	State Zip Code						
Residential Street Address 50 Beacon St		State Zip Code CT 06605					
Principal Occupation	<u> </u>	Name of Employer					
Retired				v. Amount of Contribution			
or dependent child of a lobbyist? No does contribute valued at mo	utor or business he/she is a ore than \$5,000? Yes	candidate for a chief executive ssociated with have a contract No	t with said municipality	\$10.00			
event reported in Section L1?	tributor a principal of a staves, indicate which branch government the contract is	te contractor or prospective st or branches with: Executive	Legislative No				
Method of Contribution  Cash Personal Check Credit/Debit Ca	ard Money Order	Date Received 8/30/2019	Aggregate Contributions \$210.00				
Last Name Hiller		First Margaret		MI			
Residential Street Address 50 Beacon St		City Bridgeport		State Zip Code CT 06605			
Principal Occupation Retired	· · · · · · · · · · · · · · · · · · ·	Name of Employer					
or dependent child of a lobbyist? No does contrib	utor or business he/she is a ore than \$5,000? Yes		et with said municipality	y, Amount of Contribution \$100.00			
event reported in Section L1?	tributor a principal of a sta yes, indicate which branch government the contract is		Legislative No				
Method of Contribution: Cash • Personal Check Credit/Debit Ca	ard Money Order	Date Received 8/30/2019	Aggregate Contributions \$310.00				
	SUBTO	TAL Section B — Th	is Page \$260.	00			
TOTAL of additional Section B Pages \$23,935.00							
TOTAL OF ALL CONT	CRIBUTIONS FROM Enter total on Line	INDIVIDUALS (Section: 13, Column A of Summary Pa	\$ A + B) ge Totals \$24,0	85.00			

## Section B ADDITIONAL PAGE 69 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Marilyn for Mayor			7th Day Preceding Primary			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$0.00			
			-			
B. Itemized Co	ontrib	outions from Individ	iuais			
Last Name		First			MI	
Hughes		Scott		1.5	12:2:	
Residential Street Address	City			State	Zip Code 06604	
218 Alsace St	N		C1 00004			
Principal Occupation	Name of Employer State of NY					
Librarian  If contribution is in excess of \$400	0 to 1		officer of a municipality	/, Ama	unt of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No					\$50.00	
event reported in Section L1?  If yes, indicate which broaders	If yes, indicate which branch or branches					
Method of Contribution:  Cash Personal Check Credit/Debit Card Money O	)rder	Date Received 8/30/2019	Aggregate Contributions \$50.00			
Last Name		First			MI	
Hughes	Scott					
Residential Street Address	atial Street Address City			State	Zip Code	
218 Alsace St					06604	
Principal Occupation Librarian		Name of Employer State of NY				
	he is asso Yes f a state o	ociated with have a contract  No  contractor or prospective sta	with said municipality	\$	ount of Contribution	
event reported in Section L1?  If yes, indicate which br	of government the contract is with: Executive					
Method of Contribution:  Cash Personal Check Credit/Debit Card Money C	Check Credit/Debit Card Money Order Date Received 8/30/2019					
Last Name		First			MI	
Jones		Alien			In a	
Residential Street Address 85 Pinepoint Dr		<sup>City</sup> Bridgeport		State CT	Zip Code 06606	
Principal Occupation Retired		Name of Employer				
Is 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					Amount of Contribution	
event reported in Section L1? If yes, indicate which by	No of government the contract is with: Executive Legislative					
Method of Contribution: Cash • Personal Check Credit/Debit Card Money C	Order	Date Received Aggregate Contributions \$275.00				
SUBTOTAL Section B — This Page \$210.00						
TOTAL of additional Section B Pages \$23,935					· · · · ·	
TOTAL OF ALL CONTRIBUTIONS FRE	OM IN Line 13,	DIVIDUALS (Sections Column A of Summary Page	A + B) \$24,0	85.00		

### Section B ADDITIONAL PAGE 70 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Solds		TYPE O	FREPORT			
Marilyn for Mayor			7th D	ay Precedin	eding Primary  MI  State Zip Code		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed th	nis Period ONLY OTAL SECTION A	\$0.00				
B. Itemized Cor		utions from Indivi	duals				
Last Name Kenyhercz	- 1	First John					
Residential Street Address 50 Ridgevale Pl	City Brid	dgeport			State	2ip Code 06610	
Principal Occupation Retired		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  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					unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  Is contributor a principal of a state contractor or prospective state contractor or prosp				ve No			
Method of Contribution  Cash Personal Check Credit/Debit Card Money Ord	Date Received 8/30/2019 Aggregate Contributions \$20.00						
t Name First Tammy					MI		
Residential Street Address 140 Anton St #5C	et Address			State CT	Zip Code 06606		
Principal Occupation  Counselor		Name of Employer Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes No  If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is asso	indidate for a chief executive contact with have a contract No	e officer of with said	f a municipality, nunicipality		unt of Contribution 50.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  Section L1?  No  No  Is contributor a principal of a If yes, indicate which bran of government the contract	nch or l	branches	ite contraci Legislati	Ma			
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Orc	der	Date Received 8/30/2019	Aggregate \$50.00	Contributions			
Last Name Kinston		Pirst Beryl				Mİ	
Residential Street Address 120A Yaremich Dr	City Bri	idgeport			State CT	Zip Code 06606	
Principal Occupation		Name of Employer State of CT / DCF	=	·			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  • No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	andidate for a chief executive potated with have a contract  No	e officer o with said	f a municipality municipality		unt of Contribution 50.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  No  Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative							
Method of Contribution  Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 8/30/2019	Aggregate \$175.	Contributions			
SUBTOTAL Section B — This Page \$120.00							
TOTAL	Lofa	additional Section B	Pages	\$23,93	5.00		
TOTAL OF ALL CONTRIBUTIONS FROM  Enter total on Lin	M INI ne 13,	DIVIDUALS (Sections Column A of Summary Page	A + B) e Totals	\$24,08	5.00		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF R	EPORT		
Marilyn for Mayor			7th Day	Precedin	g Prim	ary
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$0.00			
B. Itemized Con	ntribu	itions from Individ	luals			
Last Name Lee		rist Richard				MI
Residential Street Address 420 Dexter Dr	City Brid	geport		-	State CT	Zip Code 06606
Principal Occupation	•	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  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						ant of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  Is contributor a principal of a state contractor or prospective state flyes, indicate which branch or branches of government the contract is with Executive L				O Yes		
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 8/30/2019	Aggregate Co	ntributions		
Last Name Lee	- 1	First Richard				МІ
Residential Street Address 496 Dexter Dr	City Brid	0.0,			State CT	Zip Code 06606
Principal Occupation Manager		Name of Employer  Lockheed Martin				<u></u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?		iated with have a contract				ant of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  Section L1?  No  No  Is contributor a principal of a fyes, indicate which brand of government the contract	nch or bi	ranches	te contractor? Legislative	O Yes		
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 8/30/2019	Aggregate Co \$60.00	ntributions		
Last Name	- 1	irst				МІ
Lewis		Dorothy			State	Zip Code
Residential Street Address 290 Greenwood St.	City BRI	DGEPORT			CT	06606
Principal Occupation Administrator		Name of Employer Baker-Isaac Fune	ral Service	es		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a can is assoc Yes	iated with have a contract	officer of a r with said mun	nunicipality, icipality		unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  Section L1?  If yes, list Event # 083019a						
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Order  Date Received 8/30/2019  Aggregate Contributions \$135.00						
SUB	тота	L Section B — This	Page	\$110.0	0	
TOTAL	Lofa	dditional Section B I	Pages	\$23,93	5.00	<del></del>
TOTAL OF ALL CONTRIBUTIONS FROM	M IND	IVIDUALS (Sections a	A + B)	\$24,08	5.00	

## Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_\_84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF		ng Primary			
Marilyn for Mayor				7th Da	y Precedin	g Prim	nary ——————	
A. Total Contributions from Sma (See instructions for definition of Small Col	ll Contributors-Receive	ed th UBT	is Period ONLY OTAL SECTION A	\$0.00				
	B. Itemized Con	_	utions from Indivi	duals			MI	
Last Name		- 1	First Anna				lw1	
Lockhart	Sto					State	Zip Code	
Residential Street Address	I Street Address					CT	06418	
120 Atwater Ave			Name of Employer					
Principal Occupation Maintenance Mechanic			Park City Commu		<u> </u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  No  Yes  No				with said n	nunicipality		ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  • Yes Is contributor a principal of a state contractor or prospective st If yes, indicate which branch or branches of government the contract is with Executive			Legislativ	ve No				
Method of Contribution  Cash Personal Check Credit	/Debit Card Money Ord	ler	Date Received   Aggregate Contributions   \$50.00					
Last Name		- 1	First Anna		-		М	
Lockhart		City				State	Zip Code	
Residential Street Address			erby			СТ	06418	
120 Atwater Ave			Name of Employer					
or dependent child of a lobbyist?	I to a series of a	is asso Yes	ociated with have a contract	e officer of with said t	nunicipality		ount of Contribution	
s this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	If yes, indicate which bran of government the contrac	ch or	branches ith: Executive	Legislati	ve No			
Method of Contribution.  Cash Personal Check Credit	/Debit Card O Money Ord	der	8/30/2019	\$60.00	Contributions			
Last Name		П	First				MI	
Lockhart			Teri					
Residential Street Address 7 Acadia Lane		City	nelton			State CT	Zip Code 06484	
Principal Occupation			Name of Employer Century 21					
or dependent child of a lobbyist?	f contribution is in excess of \$400 loes contributor or business he/she alued at more than \$5,000?	to a ca is asse Yes	andidate for a chief executive	e officer of with said	f a municipality municipality		ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	ation associated with an in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches							
Method of Contribution  Cash Personal Check Credi	VDebit Card   Money Ord	der	Date Received 8/30/2019	Aggregate \$50.0	Contributions			
	SUB	тот	AL Section B — Thi	s Page	\$110.0	0		
	TOTA	L of	additional Section B	Pages	\$23,93	35.00		
TOTAL OF AI	L CONTRIBUTIONS FROM	M 1N	DIVIDUALS (Sections Column A of Summary Pag	A + B) e Totals	\$24,08	35.00	•	

## Section B ADDITIONAL PAGE 73 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF R		receding Primary			
Marilyn for Mayor			7th Day	Precedin	g Prim	ary		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this SUBTO	Period ONLY FAL SECTION A	\$0.00	::-		<del></del>		
u.								
B. Itemized Cor		tions from Individ	duals					
Last Name	Fin	st lenn				МІ		
Marshall	City					Zip Code		
Residential Street Address 18 Frans Way		Shelton				06484		
Principal Occupation	1	Name of Employer				<del></del>		
гинеры оссирания						<u> </u>		
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes • No					unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  • 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 Legislative			O No					
Method of Contribution:  Cash • Personal Check Credit/Debit Card Money Ord	der	Date Received Aggregate Contributions 8/30/2019 \$600.00						
Last Name Matthews	Fir N	icole				MI		
sidential Street Address				State CT	Zip Code 06604			
53 Hanover St.						00004		
Principal Occupation Retired		Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	Yes • a state connection or brain	ated with have a contract No itractor or prospective sta inches	with said mu	? Yes	1	50.00		
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	rder	Date Received 8/30/2019	Aggregate C	ontributions				
Last Name	Fit	rst	<u>.                                    </u>			MI		
Matthews	N	licole				27 27		
Residential Street Address 63 Hanover St	City Bride	geport			State CT	Zip Code 06604		
Principal Occupation Retired		Name of Employer						
	Yes •	ated with have a contract No	with said mu	inicipality		ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  Section L1?  No  Section L1?  No  No  Section L1?  Security to section L1?  Security to section L1?  Security to section L1?  Security to section L1?  Security to security to state contractor?  Security to security to security to security the security to security the security to security the security to security the security to security the security that security thas secure the security that security the security that security t								
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	hod of Contribution.  Date Received Aggregate Contributions  2/20/2019  \$80.00							
SUB	SUBTOTAL Section B — This Page \$160.00							
TOTA	L of ad	ditional Section B	Pages	\$23,93	35.00			
TOTAL OF ALL CONTRIBUTIONS FRO	M INDI	VIDUALS (Sections olumn A of Summary Page	A + B) e Totals	\$24,08	5.00			

## Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		Primary			
Marilyn for Mayor		7th Day Preced	MI State Zip Code			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  S	ed this Period ON UBTOTAL SECTION	LY \$0.00				
P. Mariad Com	tributions from I	adividuals		and the second		
Mark to be a second of the sec	First	Idividuals		Тмі		
Last Name Maya	Alma					
Residential Street Address 220 Funston Ave	Bridgeport CT O6606					
Principal Occupation Retired	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  No  No  No  No  No  No  No  No  N				unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  Section L1?  If yes, list Event # 083019a  Section L1?  If yes, list Event # 083019a  Section L1?  If yes, list Event # 083019a						
Method of Contribution:  Cash • Personal Check Credit/Debit Card Money Ord	er 8/30/2019					
Last Name McAllister	First Karen			MI		
Residential Street Address 38 Hanover Rd	City Newtown	•				
Principal Occupation Fundraiser	Name of Employer ALSAC / St	Jude				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes No  If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	7	Amount of Contribution \$100.00				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  Section L1?  No Is contributor a principal of a If yes, indicate which brane of government the contract	ch or branches	No	s i	<b>\$</b> 100.00		
Method of Contribution  Cash Personal Check Credit/Debit Card Money Ord	Date Received 8/30/2019	Aggregate Contributions \$100.00				
Last Name	First			МІ		
Moore	Lillie					
Residential Street Address 35 Lansing Ave	City Trumbull		State CT	Zip Code 06611		
Principal Occupation	Name of Employer					
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  No  If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  Section L1?  No  Is contributor a principal of a state contractor or prospective state contractor? Yes of government the contract is with: Executive Legislative						
Method of Contribution: Cash Personal Check Credit/Debit Card Money Order  Date Received 8/30/2019  Aggregate Contributions \$115.00						
SUBT	TOTAL Section B -	- This Page \$300	.00			
TOTAL	of additional Secti	on B Pages \$23,9	935.00			
TOTAL OF ALL CONTRIBUTIONS FROM	85.00					

## Section B ADDITIONAL PAGE \_\_\_\_\_\_\_\_ of \_\_\_\_\_84

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)			TYPE OF			
Marilyn for Mayor				7th Da	y Precedin	g Prim	nary 
A. Total Contributions from Sn (See instructions for definition of Small C		ed th UBT	is Period ONLY OTAL SECTION A	\$0.00			
			Distriction of the Designation			PER (2)	**************************************
	B. Itemized Con		utions from Indivi	duals			МІ
Last Name Moore		- 1	First Ramonda				
Residential Street Address 55 Calvert Pl		City					Zip Code 06606
Principal Occupation Residential Counselor			Name of Employer Star Lighting the		_	_	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	or dependent child of a lobbyist? does contributor or business he she is associated with have a contract with said municipal				unicipality		ount of Contribut
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  • Yes  No  Is contributor a principal of a state contractor or prospective state of government the contract is with Executive			Legislativ	e No			
Method of Contribution  Cash Personal Check Crec	dit/Debit Card	ier	8/30/2019	Aggregate \$50.00	Contributions		·
Liist Name Moore		- 13	First Yolanda				ΜĪ
Residential Street Address 55 Calvert PI		City Bric	Bridgeport			State CT	Zsp Code 06606
Principal Occupation Legal Asst.			Name of Employer Cummings and L			- 1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	is asso <b>'es</b>	oiated with have a contract  No	with said m	unicipality		ount of Contribu 875.00
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	If yes, indicate which bran	ch or b	oranches	Legislativ	No		
Method of Contribution  Cash • Personal Check Cred	dit/Debit Card	ier	Date Received 8/30/2019	Aggregate \$75.00	Contributions		
Last Name Noel		- 1	First Natasha				МІ
Residential Street Address 462 Glendale Ave #20		City Brid	dgeport			State CT	Zip Code 06606
Principal Occupation Finance Olrector		<u> </u>	Name of Employer Achievement Firs	st			- <del>/</del>
Is contributor a lobbyist, spouse, 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?	to a car is asso Yes	ndidate for a chief executive ciated with have a contract  No	ve officer of t with said n	a municipality nunicipality	- 1	ount of Contribu
event reported in Section L.1?	Yes     Is contributor a principal of a state contractor or prospective state contractor?     Yes     If yes, indicate which branch or branches     of government the contract is with: Executive Legislative						
Method of Contribution  Cash Personal Check Cree	Date Received Aggregate Contributions						
	SUB	тот	AL Section B — Thi	s Page	\$225.0	00	
	TOTAL	Lofe	additional Section B	Pages	\$23,93	35.00	
TOTAL OF A	ALL CONTRIBUTIONS FROM Enter total on Lin	M INI	DIVIDUALS (Sections Column A of Summary Pag	A + B)	\$24,08	5.00	

# Section B ADDITIONAL PAGE \_\_\_\_\_\_\_ of \_\_\_\_\_84

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF R						
Marilyn for Mayor				7th Day	Precedin	g Prim	ary		
A. Total Contributions from Small (See instructions for definition of Small Contributions)	ll Contributors-Receive tributar) St	d this	Period ONLY FAL SECTION A	\$0.00					
				F362 1428 AS (8)	37754477777787		15 C 10 C 10 C 10 C 10 C 10 C 10 C 10 C	483460	
	B. Itemized Con		tions from Indivi	duals				ΔI	
ast Name		Fin	st errell						
Olin Residential Street Address		City				State	Zip Co		
21 Granite Ter	Ansonia					0640	J1		
Principal Occupation			Name of Employer Comcast						
Direct Sales				e officer of a	municipality.	Amo	unt of C	ontribution	
Is 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 of does contributor or business he/she is associated with have a contract with valued at more than \$5,000?  Yes  No			With said mu	inicipanty	- 1	310.00	)		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  Section L1?  No Is contributor a principal of a state contractor or prospective section L1?  One of government the contract is with:  Executive			anches	Legislative	No				
Method of Contribution:  Cash Personal Check Credit/	Debit Card Money Ord	ler	Date Received Aggregate Contributions \$60.00						
Last Name	<del>-</del>	1 1	rsl					MI	
Parker			/iola			State	Zip Co	ode	
Residential Street Address 8 Sixth St	I Amagaia I Le				СТ	064	01		
Principal Occupation		_	Name of Employer						
or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Yes	Is contributor a principal of a	rs associ Yes state conch or br	<ul> <li>No</li> <li>no prospective stractor</li> </ul>	t with said in	r? Yes	- 1	\$50.0	0	
If yes, list Event # 0030198	or government the contrac	. 113 WILLI	Date Received		Contributions	┨			
Method of Contribution:  Cash Personal Check Credit	/Debit Card	der	8/30/2019	\$135.0					
Last Name Perkus			irst Aaron					мі	
Residential Street Address 38 Hanover Road		City Nev	vtown			CT	064		
Principal Occupation Administrator		-	Name of Employer University of Brid	dgeport			_		
Is contributor a lobbyist, spouse,	Clove at the control of	is assoc Yes	No No	ct with said m	iunicipality	"	100nt of (	Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	If yes, indicate which brai	nch or b	ranches	Legislativ	re No				
Method of Contribution:  Cash Personal Check Credi	t/Debit Card	der	Date Received 8/30/2019	Aggregate \$100.0	Contributions 10				
	SUB	TOTA	AL Section B — Th	nis Page	\$160.	00			
TOTAL of additional Section B Pages \$23,9					\$23,9	35.00	)		
TOTAL OF A	LL CONTRIBUTIONS FRO	M INI	DIVIDUALS (Section Column A of Summary Po	as A + B) age Totals	\$24,0	85.00	)		

## Section B ADDITIONAL PAGE 77 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Marilyn for Mayor			7th Day Prec	eding P	rima	ary	
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$0.00	State Zip Code CT 06608  Hity, Amount of Contribution \$50.00			
B. Itemized Co	ontril	butions from Indivi	duals				
Last Name		First				MI	
Pressley		Genesis			_		
Residential Street Address 141 Shelton St	City	v idgeport			- 1	•	
Principal Occupation		Name of Employer					
Cleaning / Clerical		Advance Cleaning	<b>a</b>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  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							
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  • Yes  No  Is contributor a principal of If yes, indicate which be of government the contribution of government the contribution associated with an event reported in Section 1.1?	anch or	branches	te contractor? Your N	es o	•		
Method of Contribution  Cash Personal Check Credit/Debit Card Money O	rder	Date Received 8/30/2019	Aggregate Contribution \$50.00	ns			
Last Name Pressley		First Genesis				MI	
Residential Street Address 141 Shelton St	City	igeport				Zip Code 06608	
Principal Occupation		Name of Employer Advance Cleaning	9				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?						nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  No  Section L1?  No  Section L1?  No  Section L1?  If yes, indicate which brist of government the contract of government the government the government the government the government the government the government of government the govern	anch or	branches	te contractor? You	es o	ΨΟ	0.00	
Method of Contribution:		Date Received	Aggregate Contribution	ns			
Cash Personal Check Credit/Debit Card Money O	rder	8/30/2019	\$100.00				
Last Name	<del></del>	First				МІ	
Pryce		Natalie					
Residential Street Address	City	,		State	Т	Zip Code	
810 Atlantic St	Bri	idgeport		СТ		06604	
Principal Occupation		Name of Employer					
Owner		Pryceless Consult	ting				
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?						t of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  Section L1?  If yes, list Event # 083019a  Section L1?  If yes, list Event # 083019a  Section L1?  If yes, list Executive   Legislative   No					,,,		
Method of Contribution: Cash Personal Check Credit/Debit Card Money Order Date Received 8/30/2019 \$50.00							
SUE	зтот.	AL Section B This	Page \$150	0.00	_	<del></del>	
TOTA	L of a	additional Section B I	ages \$23,	,935.00	)		
TOTAL OF ALL CONTRIBUTIONS FRO  Enter total on Li		DIVIDUALS (Sections A Column A of Summary Page		085.00	)		

## Section B ADDITIONAL PAGE 78 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			YPE OF REPORT					
Marilyn for Mayor			7th Day Prece	ding Prin	MI			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this PosuBTOTAL	eriod ONLY SECTION A	\$0.00					
B. Itemized Co		s from Individ	luals		T.Va			
Last Name Renea	First Thor	mas						
Residential Street Address	City		_	State	1 '			
115 Yale St #B9	Bridgep			101	00005			
Principal Occupation Home Care		ie of Employer ied Community	Resources					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  • 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					ount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  • Yes  No  Is contributor a principal of a state contractor or prospective state for the security of government the contract is with:  Executive			egislative No	)				
Method of Contribution  Cash Personal Check Credit/Debit Card Money Or		Received 30/2019	is .					
Lasi Name	First				Mi			
Slayton	Rob	ert						
Residential Street Address 146 Ohio Ave	nai Street Address			State CT	Zip Code 06610			
Principal Occupation	Nan M	ne of Employer 「A			_			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	'	Amount of Contribution \$10.00						
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  • Yes Is contributor a principal of a lifyes, indicate which bra of government the contra	nch or branch	es	e contractor? Ye	es				
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Or		e Received 30/2019	Aggregate Contribution \$10.00	ns				
Last Name	First	<del></del>	_		MI			
Smith	Terr	i						
Residential Street Address	City			State	Zip Code			
55 Yacht St	Bridger	ort		СТ	06605			
Principal Occupation		ne of Employer						
Office Admin		ker Funeral Se						
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 candidat e is associated Yes • N	with have a contract	officer of a municipality	'	ount of Contribution \$50.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  No  Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative								
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Or	Method of Contribution:  Date Received Aggregate Contributions  Out 0.00							
SUE	STOTAL S	ection B — This	Page \$80	.00				
TOTA	L of addit	ional Section B l	ages \$23	935.00				
TOTAL OF ALL CONTRIBUTIONS FRO	085.00							

## Section B ADDITIONAL PAGE \_\_\_\_\_\_\_ of \_\_\_\_84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPO				
Marilyn for Mayor				7th Day Pr	ecedir	ng Prim	nary
A. Total Contributions from Sm (See instructions for definition of Small Co		ed thi UBTO	s Period ONLY TAL SECTION A	\$0.00			
					14.000 (1)		
	B. Itemized Con		tions from Indivi	duals			MI
Last Name Spain	Mata						
Residential Street Address 280 Grovers Ave	88						Zip Code 06605
Principal Occupation			Name of Employer Kate Spain LLC				
or dependent child of a lobbyist?	does contributor or business he/she is associated with have a contract with said municipality					ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  • Yes  No  Is contributor a principal of a state contractor or prospective state of fives, indicate which branch or branches of government the contract is with: Executive Leg				Legislative	Yes No		
Method of Contribution:  Cash Personal Check Credi	it/Debit Card	er	Date Received Aggregate Contributions \$130/2019 \$110.00				
Last Name Spain			irst Ruby				MI
Residential Street Address 458 Elm Street	Street Address			State	Zip Code 06511		
Principal Occupation retired			Name of Employer retired				
or dependent child of a lobbyist?	·	s assoc	iated with have a contract  No	with said municip	icipality pality	-	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	If yes, indicate which branch	ch or b	ranches	te contractor?	Yes No		
Method of Contribution:  Cash Personal Check • Credi	it/Debit Card Money Ord	ler	Date Received 8/30/2019	Aggregate Contril	butions		
Last Name Spell		- 1	irst Terry	<u>'</u>			MI
Residential Street Address 33 Cedar Crest Pl		City Nor	walk			State CT	Zip Code 06854
Principal Occupation Customer Service			Name of Employer Teddy's Transpor	rtation			
or dependent 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?	is assoc	didate for a chief executive intensity of the contract No.	e officer of a mur with said munici	nicipality pality		ount of Contribution
event renorted in Section L1?	Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches						
Method of Contribution  Cash Personal Check Cred	Method of Contribution  Date Received Aggregate Contributions  2/20/2010 \$50.00						
SUBTOTAL Section B — This Page \$110.00							
	тотаі	Lofa	dditional Section B	Pages \$	23,93	35.00	
TOTAL OF A	LL CONTRIBUTIONS FROM Enter total on Line	M IND	IVIDUALS (Sections olumn A of Summary Pag	A + B) \$	24,08	35.00	

## Section B ADDITIONAL PAGE 80 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Marilyn for Mayor		7th Day Precedin	State Zup Code CT 06607			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY UBTOTAL SECTION A	\$0.00				
B. Itemized Con	tributions from Indivi	duals	To a			
Last Name Stewart-Alicea	First Eric					
912 Connecticut Ave Bridgeport CT 0						
Principal Occupation Owner / Driver	Name of Employer SAFE Group LLC					
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 is valued at more than \$5,000?	with said municipality	Amount of Contribution \$100.00				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  • Yes Is contributor a principal of a If yes, indicate which brane of government the contract	Legislative No					
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	Date Received 8/30/2019	Aggregate Contributions \$100.00	ĹМІ			
Last Name Sutton	l Ohanan					
Residential Street Address 84 Stone Ridge Road	City Bridgeport	•				
Principal Occupation Sr Ops Specialist	Name of Employer Citizens Bank					
	s associated with have a contract (es No	with said municipality	Amount of Contribution \$100.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  Section L1?  No ls contributor a principal of a If yes, indicate which brane of government the contract		Legislative No				
Method of Contribution  Cash Personal Check Credit/Debit Card Money Ord	Date Received 8/30/2019	Aggregate Contributions \$100.00				
Last Name Valente	First Michele		МІ			
Residential Street Address 4180 Park Ave #23	City Bridgeport		State Zip Code CT 06604			
Principal Occupation Clinical Social Worker	Name of Employer GBCMHC					
	is associated with have a contract res No	with said municipality	Amount of Contribution \$20.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  Is contributor a principal of a state contractor or prospective state contractor? Yes of government the contract is with: Executive Legislative						
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Orc	0/20/2010					
SUB	FOTAL Section B — Thi	s Page \$220.0	0			
TOTAL	L of additional Section B	Pages \$23,93	35.00			
TOTAL OF ALL CONTRIBUTIONS FROM Enter total on Lin	M INDIVIDUALS (Sections to 13, Column A of Summary Pag	A + B) \$24,08	5.00			

### Section B ADDITIONAL PAGE 81 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Marilyn for Mayor			7th Day Precedir	y Preceding Primary			
A. Total Contributions from Sma (See instructions for definition of Small Con	ll Contributors-Received atributor) SU	this Period ONLY BTOTAL SECTION A	\$0.00				
	B. Itemized Cont	ributions from Indivi	duals	MI			
Last Name		First Diane		WI			
Vulcano	Vulcano						
Residential Street Address 65 Beachview Ave	Bridgeport CT						
Principal Occupation		Name of Employer					
Retired		11. 6. 11.6	or c isinalina	Amount of Contribution			
or dependent child of a lobbyist?	endent child of a lobbyist? does contributor or business he/she is associated with have a contract v						
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  • Yes  No  Is contributor a principal of a state contractor or prospective s  If yes, indicate which branch or branches of government the contract is with: Executive			Legislative No				
Method of Contribution:  • Cash Personal Check Credit	of Contribution:  Date Received Aggregate Contributions  9/20/2019  \$320.00						
Last Name		First		MI			
Vulcano		Diane					
esidential Street Address  65 Beachview Ave  City  Bridgeport				State Zip Code CT 06605			
Principal Occupation		Name of Employer					
Retired							
or dependent child of a lobby ist?	contribution is in excess of \$400 to bes contributor or business he/she is alued at more than \$5,000?	associated with have a contract	with said municipality	Amount of Contribution \$100.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or branches	Legislative Yes				
Method of Contribution:  Cash • Personal Check Credit	/Debit Card	Date Received 8/30/2019	Aggregate Contributions \$420.00				
Last Name Williams		First Deborah		М			
Residential Street Address 25 Deforest Ave		City Bridgeport		State Zip Code CT 06607			
Principal Occupation Staff Support		Name of Employer WP Ventures					
or dependent child of a lobbyist?		associated with have a contracted No	t with said municipality	Amount of Contribution \$10.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a No	Yes Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches						
Method of Contribution:  Cash Personal Check Credit	Date Received Aggregate Contributions \$60,00						
	SUBTO	OTAL Section B — Thi	is Page \$130.0	00			
	TOTAL	of additional Section B	Pages \$23,93	35.00			
TOTAL OF AL	(A + B) ge Totals \$24,08	35.00					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	pository)	OT MAKE SUBJECT OF	TYPE OF REPORT	discourse in		
Marilyn for Mayor				eding Pri	mary	
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$0.00			
					A 100 (100 (100 (100 (100 (100 (100 (100	
	zed Contrit	butions from Indivi	duals		MI	
Last Name Wilson		Susie				
Residential Street Address 351 Remington St	City Bri	idgeport		State CT	Zip Code 06610	
Principal Occupation Retired		Name of Employer				
	ess he/she is asso	andidate for a chief executive ociated with have a contract  No		y *	sount of Contribution	
event reported in Section L1?  If yes, list Event # 083019a  No  If yes, indicate w of government the	vhich branch or	ith: Executive	Legislative No	es o	• • • • • • • • • • • • • • • • • • • •	
Method of Contribution  Cash Personal Check Credit/Debit Card Mo	oney Order	Date Received 8/30/2019	Aggregate Contribution \$55.00	ns es		
Last Name Wilson		First Susie			МІ	
Residential Street Address 351 Remington Street	City Bri	idgeport		State	Zip Code 06610	
Principal Occupation retired		Name of Employer retired				
	ss he/she is asso	indidate for a chief executive ciated with have a contract  No		/	Sunt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  • Yes  Is contributor a prin  If yes, indicate w of government the	which branch or l		tte contractor? Ye Legislative No	es	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Method of Contribution Cash Personal Check • Credit/Debit Card Mo	oney Order	Date Received 8/30/2019	Aggregate Contribution \$155.00	15		
Last Name Wilson		First Willie			MI	
Residential Street Address 351 Remington St	City Bri	dgeport		State CT	Zip Code 06610	
Principal Occupation Retired		Name of Employer				
	ss he/she is asso	ndidate for a chief executive ciated with have a contract  No		, "	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  • Yes  Is contributor a print of the print of t	hich branch or b		te contractor? Ye Legislative No	es	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Method of Contribution Cash Personal Check Credit/Debit Card Mo	ney Order	Date Received 8/30/2019	Aggregate Contribution \$80.00	is		
	SUBTOTA	AL Section B — This	Page \$170	).00		
	TOTAL of a	ndditional Section B I	Pages \$23,	935.00		
TOTAL OF ALL CONTRIBUTION  Enter to		DIVIDUALS (Sections A Column A of Summary Page		085.00	·	

### Section B ADDITIONAL PAGE 83 of 84

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	STATE OF		TYPE OF REPORT	Selevan.		
Marilyn for Mayor			7th Day Preceding Primary			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this SUBTO	S Period ONLY TAL SECTION A	\$0.00	-		
B. Itemized Con		tions from Individ	luals			
Last Name Wright	Fit	aul aul			MI	
Residential Street Address	City			State	Zip Code 06477	
765 Grassy Hill Rd	Orar			101	00477	
Principal Occupation		Name of Employer			_	
	is associ Yes •	ated with have a contract No	with said municipality		unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 083019a  • Yes  Is contributor a principal of a lf yes, indicate which brane of government the contract	ich or bra	anches	Legislative No		8	
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 8/30/2019	\$70.00			
Last Name		rst			МІ	
Ayala	<del>, L</del>	(elvin		State	Zip Code	
Residential Street Address 333 State St	City Bride	geport		CT	06604	
Principal Occupation		Name of Employer Self / Moe's Burge	er Joint			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	is associ	lidate for a chief executive ated with have a contract No	e officer of a municipality with said municipality		unt of Contribution 60.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No Section L1?	nch or br	anches	te contractor? Yes Legislative No			
Method of Contribution  Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 8/31/2019	Aggregate Contributions \$60.00			
Last Name		rst			MI	
Debrizzi	9	Bary				
Residential Street Address 155 Brewster Street	City Brid	geport		State	Zip Code 06605	
Principal Occupation		Name of Employer		1	<u> </u>	
Retired		Retired				
	is associ Yes	ated with have a contract No	with said municipality		unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No Section L1?  No Section L1?  No Section L1?  No Section L1?	nch or br	anches	Legislative No			
Method of Contribution:  Cash Personal Check Credit/Debit Card Money Ord	der	Date Received 8/31/2019	Aggregate Contributions \$100.00			
SUBT	тота	L Section B — This	Page \$180.	00		
TOTAL	Lofad	Iditional Section B I	Pages \$23,9	35.00		
TOTAL OF ALL CONTRIBUTIONS FROM	M IND		A + B) \$24 O			

## Section B ADDITIONAL PAGE 84 of 84

NAME OF COMMITTEE (Provide Complete Name of	as Registered with Filing Repository)			TYPE OF R		F (0)	
Marilyn for Mayor				7th Day Preceding Primary			
A. Total Contributions from Sm (See instructions for definition of Small Co	all Contributors-Receive ontributor) S	ed this UBTO	S Period ONLY TAL SECTION A	\$0.00			
		OTIV THE SALE					
	B. Itemized Con		tions from Indivi	duais			MI
Green		Ţ	ammy			0	
Residential Street Address 90B Stoneridge Rd		City Brid	geport			State	Zip Code 06610
Principal Occupation Nurse			Name of Employer St Joseph				
or dependent child of a lobbyist?		is associ es •	ated with have a contract No	with said mun	icipality	-	ount of Contributi 5100.00
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	I II yes, indicate which orang	ch or br	anches	Legislative	No		
Method of Contribution:  Cash Personal Check Credi	t/Debit Card Money Ord	ler	Date Received 8/31/2019	Aggregate Co \$100.00	ntributions		
Last Name Kenyhercz			ohn				MI
Residential Street Address 50 Ridgevale Pl		City Brid	geport			State CT	Zip Code 06610
or dependent child of a lobbyist?	f contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	is associ	Name of Employer  Indiate for a chief executive action with have a contract No	ve officer of a r	nunicipality nicipality		ount of Contribut
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	If yes, indicate which brane	ch or br	anches	ate contractor? Legislative	Yes No	] `	
Method of Contribution Cash Personal Check Credi	t/Debit Card	ier	Date Received 8/31/2019	Aggregate Co \$70.00	ntributions		
Lass Name Brooks			irst Emma				МІ
Residential Street Address 233 Roosevelt Avenue		City Stra	tford			State CT	2ip Code 06615
Principal Occupation Social Worker		<u> </u>	Name of Employer State of Connect	icut			
or dependent 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?	is assoc	didate for a chief executive intensity in the contraction of No.	ve officer of a t	municipality nicipality		ount of Contribut
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	If yes, indicate which bran	ich or br	ranches	ate contractor? Legislative	Yes No		,,,,,,,,
Method of Contribution  Cash Personal Check • Cred	it/Debit Card Money Ord	der	Date Received 9/1/2019	Aggregate Co \$140.00			
	SUB1	ТОТА	L Section B — Thi	s Page	\$250.0	0	
	тота	Lofac	iditional Section B	Pages	\$23,93	35.00	
TOTAL OF A	LL CONTRIBUTIONS FROM	M IND	IVIDUALS (Sections	A + B)	\$24,08	5.00	

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

NAME OF COM	MITTEE <i>(Provide Comple</i>	ete Name as Registered	with Filing Reposit	tory)		7th Day Precedin	g Primary		
		C1. (	Contributio	ns from Ot	ther Committ	ees			
Name of Committee Unite for Prog	ress			***************************************	Name of Treasurer Javier Smith				
Address 19 Trout Brool	«Terrace			Is this contrib	bution associated wed in Section L1?  If yes, list E	vith an Oyes ONo	\$500.00	unt of Contribution	
City West Hartford		State	Zip Code 06119	Date Recei 8/27/19		aggregate Contributions			
Name of Committee  Carpenters Lo	cal Union #326 PAC				Name of Treasurer Jason Lebell				
Address 500 Main St	8			event reporte	ed in Section L1? If yes, list E	vith an Yes No	\$500.00	f Contribution	
<sup>City</sup> Yalesville		State CT	Zip Code 06492	Date Recei	1	Aggregate Contributions \$500.00			
Name of Committee CT State Emp	loyees Association	PAC		. '	Name of Treasurer David Glidde				
Address 760 Capitol A	lress 60 Capitol Avenue		Is this contribution associated with an event reported in Section L1?  If yes, list Event #		\$500		nount of Contribution		
City Hartford		State	Zip Code 06106	Date Rece 8/22/1	I .	Aggregate Contributions \$500.00			
Name of Committee	C2.	Reimbursemer	its or Surp	lus Distribi	Name of Treasurer	ther Committees	State	Zip Code	
144.03									
Date Received	Expenditure # (if applicable)	Payment Type  OReimburser	ment for shared	expense OS	Surplus Distribution		Amour	t of Receipt	
Description									
Name of Committee					Name of Treasure			_	
Address				City			State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type  Reimbur	sement for share	ed expense	Surplus Distributi	оп	Amour	t of Receipt	
Description									
			anterior harrist total	distribution from the	on C — This P	\$2,000,00			
			A PROCESSION AND A PROPERTY OF THE	Aprilian Aznevijali	al Section C Pa				
Particular of the Section of the Sec	TOTALO	F ALL COMMI	TTEE CONT	PIRITION	S AND RECEI	PTS \$4,500.00			

## Section C1. ADDITIONAL PAGE 1 of 1

Is this contribution associated with an	NAME OF COMN	MITTEE (Provide Comple	te Name as Registered	with Filing Reposit	tory)	THE MAINTE	TYPE OF REPORT	MATERIAL MATERIAL CONTROL OF THE PARTY OF TH		
State   Countribution   State   State   Countribution   State   Stat	Marilyn for Ma	yor					7th Day Precedin	g Primary		
Roland Bishop  State Council PAC			C1. (	Contributio	ns from Ot					
Is this contribution associated with an Ores One   Formulate   Is this contribution   Is this contrib	Name of Committee									
Is this contribution associated with an Ores No. (CT Dotto) Suzanne of Committee  Is this contribution associated with an Ores ON. (CT Dotto) Suzanne of Committee  Is this contribution associated with an Ores ON. (CT Dotto) Suzanne of Committee Suzanne of Commi	SEIU CT State (	Council PAC				Roland E	Bishop			
State   Zip Code   State   Zip Code   State   Zip Code   State   Zip Code   State   Zip Code   State   Zip Code   State   Zip Code   State   Zip Code   State   Zip Code   State   Zip Code   State   Zip Code   State   Zip Code   Z	Address		<del></del>		Is this contri	bution associ	ated with an Oyes ONo	Amount of	Contribution	
Amount of Contribution   State   Sta	760 Capitol Av	re			event reporte	ed in Section  If yes	L1? , list Event #	\$1,500.0	0	
State   Zap Code   Date Received   Esperations   State   Zap Code   Date Received   Sugregate Contribution   State   Zap Code   Date Received   Sugregate Contribution   State   Zap Code   Date Received   Sugregate Contribution   St. 500.00	City		ı							
Suzanne Clark    Suzanne Clark   Suzanne Clark	Hartford		CT	06106	8/22/1	9	\$1,500.00			
Suzanne Clark   Suzanne Clar	Name of Committee					Name of Tro	easurer		·	
State   Zip Code   State   Zip Code   Date Received   Aggregate Committees		District 1199 PAC				Suzanne	Clark			
State   Stat	Address	<del>_</del> _	<del></del>		Is this contri	bution associ	ated with an Yes No	Amount o	f Contribution	
Amount of Contribution    State   Zip Code   Date Received   State   Zip Code		\ve				rted in Section L1?  If yes, list Event # \$1,50			0	
State   Zip Code   Date Received   Payment Type   OReimbursement for shared expense   Surplus Distribution	City		State	Zip Code	Date Rece	ived				
Is this contribution associated with an	Hartford		СТ	06106	8/9/19		\$1,500.00			
Is this contribution associated with an	Name of Consultation					Name of Tr	easurer			
ity    State   Zip Code   Date Received   Aggregate Committees   State   Zip Code   Date Received   Aggregate Committees	Name of Committee									
ity   State   Zip Code   Date Received   Aggregate Contributions    C2. Reimbursements or Surplus Distributions from other Committees    State   Zip Code   Date Received   Aggregate Contributions								Amounto	f Contribution	
C2. Reimbursements or Surplus Distributions from other Committees    State   Zip Code   Date Received   Name of Treasurer	Address				Is this contri event report	ed in Section	LI?	Amount	Committee	
C2. Reimbursements or Surplus Distributions from other Committees    State   Zip Code	City		State	Zip Code	Date Rece			_		
Name of Treasurer    City   State   Zip Code	y			'						
Name of Treasurer    City   State   Zip Code	(a) It is the market	Con	Poim buygom or	ete or Surn	lue Dietribi	itions fro	m other Committees	and the second		
Amount of Receipt    City   State   Zip Code	Name of Committee	C2.	Keinrour seiner	ns or Surp	ius District					
Date Received Expenditure # (f applicable) Payment Type OReimbursement for shared expense Surplus Distribution  Description  Name of Treasurer  City State Zip Code  Amount of Receipt  Amount of Receipt  Amount of Receipt  Amount of Receipt  State Zip Code  Amount of Receipt  City State Zip Code  Amount of Receipt  Payment Type OREimbursement for shared expense Surplus Distribution	tvame of Committee									
Date Received Expenditure # (f applicable) Payment Type OReimbursement for shared expense Surplus Distribution  Description  Name of Treasurer  City State Zip Code  Amount of Receipt  Amount of Receipt  Amount of Receipt  Amount of Receipt  State Zip Code  Amount of Receipt  City State Zip Code  Amount of Receipt  Payment Type OREimbursement for shared expense Surplus Distribution					Loss		<u> </u>	State	Zip Code	
OReimbursement for shared expense Surplus Distribution  Name of Treasurer  City State Zip Code  Date Received Expenditure # (if applicable) Reimbursement for shared expense Surplus Distribution  Description  Expenditure # (if applicable) Reimbursement for shared expense Surplus Distribution	Address				Cuy				`	
OReimbursement for shared expense Surplus Distribution  Name of Treasurer  City State Zip Code  Date Received Expenditure # (if applicable) Reimbursement for shared expense Surplus Distribution  Description  Expenditure # (if applicable) Reimbursement for shared expense Surplus Distribution							_ <del></del>			
Date Received  Expenditure # (if applicable)  Payment Type  Reimbursement for shared expense  State    City   State   Zip Code	Date Received				_	_ NO 100 NO		Amount of Receipt		
Name of Committee  Name of Treasurer  City  State Zip Code  Date Received Expenditure # (if applicable)  Payment Type O Reimbursement for shared expense Surplus Distribution  State Zip Code  Amount of Receipt			OReimburser	ment for shared	expense OS	urplus Distri	bution			
Date Received Expenditure # (if applicable)  Payment Type O Reimbursement for shared expense  Surplus Distribution  Faceipt  State Zip Code  Amount of Receipt	Description									
Date Received Expenditure # (if applicable)  Payment Type O Reimbursement for shared expense  Surplus Distribution  Faceipt  State Zip Code  Amount of Receipt										
Date Received Expenditure # (if applicable)  Payment Type O Reimbursement for shared expense  Surplus Distribution  Amount of Receipt  Sample	Name of Committee					Name of Tr	reasurer			
Date Received Expenditure # (if applicable)  Payment Type O Reimbursement for shared expense  Surplus Distribution  Amount of Receipt  Sample										
Date Received Expenditure # (if applicable) Payment Type O Reimbursement for shared expense Surplus Distribution  Amount of Receipt  Samount of Receipt	Address	·			City			State	Zip Code	
(if applicable)  Reimbursement for shared expense Surplus Distribution  Description										
(if applicable)  Reimbursement for shared expense  Surplus Distribution  Esta 000.00	Data Passuad	Expenditure #	Payment Type			<del></del>		Amoun	t of Receipt	
Description \$\frac{1}{2} \text{ \$\frac{1}{2} \	Date Received	(if applicable)			ed expense	Surplus Dis	stribution		•	
\$3,000.00						· · · · · · · · · · · · · · · · · · ·		$\dashv$		
SUBTOTAL Section C — This Page \$3,000.00	Description									
				SUBTO	OTAL Section	on C — T	his Page \$3,000.00			
					SECURITY PROPERTY.					

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

NAME OF COMMITTEE (Provide Complete Nam Marilyn for Mayor	ne as Registered with Filing Repositor	(צר		7	th Day	REPORT Preceding Pri	mary
	D. Loans l	Receiv	ed this Period	and the			
Name of Lender			Source of Loan: OBank Cand	idate 🔘 I	ndividua	Other Committee	Date of Receipt
Street Address	City			S	tate	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	<u></u>			State	Zip Code	
Name of Lender			Source of Loan Bank Cand	idate O I	ndividua	1 Other Committee	Date of Receipt
Street Address	City			S	State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)					-		Amount Received
Street Address	City				State	Zip Code	]
Name of Lender	I	_	Source of Loan: OBank O Cand	lidate 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)		_				<u>.                                  </u>	Amount Received
Street Address	City				State	Zip Code	
			TOTAL SECTI	ION D			
E. Receipts from En	tities other than Indivi	iduals	or Other Com	nittees	(Refere	ndum Committe	es ONLY)
Name of Entity							
Street Address				Date Re	eceived		Amount Received
City		State	Zip Code	Aggreg	ate Contri	butions	
Name of Entity							<u> </u>
Street Address				Date Re	eceived	· · · ·	Amount Received
City		State	Zip Code	Aggreg	gate Contri	butions	
Name of Entity							
Street Address		_		Date R	eccived		Amount Received
City		State	Zip Code	Aggre	gate Contr	butions	
			TOTAL SECT	ION E		-	

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

NAME OF COMMITTE Marilyn for Mayor	EE (Provide Complete Name as Registered	l with Filing Repository)		YPE OF REPORT 7th Day Preceding Primary
F	. Amount Transferred fr	om Affiliated Business	Treasury (Business	Entity Committees ONLY)
ate of Receipt	Is this transaction associate event reported in Section L	d with an OYes If yes,	list Event #	Amount
ate of Receipt	Is this transaction associate event reported in Section L		list Event #	Amount
ate of Receipt	Is this transaction associate event reported in Section L	d with an Pyes If yes,	list Event #	Amount
ate of Receipt	Is this transaction associate event reported in Section L	d with an Yes If yes, 1?	list Event #	Amount
			TOTAL SECTION F	
G. Amount T	ransferred from Affiliate	d Labor Union or Oth	er Organization Tro	easury (Organization Committees ONLY)
Date of Receipt	D	ate of Receipt	Da	te of Receipt
	Amount Amount		Amount	
		тс	OTAL SECTION G	
	H. Personal Funds of th	ne Candidate Received	this Period (Candida	ate Committees ONLY)
rate of Receipt	Method of payment			Amount
	<b>O</b> Cash	Personal Check	Credit/Debit Card	
ate of Receipt	Method of payment:	Personal Check	Credit/Debit Card	Amount
	O Cash	- Personal Check	— Credib Debit Cara	Amount
Date of Receipt	Method of payment:  OCash	Personal Check	Credit/Debit Card	
Date of Receipt	Method of payment	Personal Check	Credit/Debit Card	Amount
Esch Whester	Casn	Personal Check	TOTAL SECTION	
		I. Anonymous Cor	tributions	
	Per Public Act 11-48, A	Anonymous Contribut	ions mav no longer	r be deposited in any
a	mount. If a committee re immediately remit the	eceives an anonymous	contribution, the c	campaign treasurer shall
	illiniodiatory ronnic alo	for deposit in the C	General Fund.	

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

NAME OF COMMITTEE (Provide Complete Marilyn for Mayor	e Name as Registered with Filing Repository)		7th Day Preceding Primary				
	J. Interest from Deposits in Author	rized Account	s				
Name of Institution			Date Rec	eived	Amount		
Street Address	City	Su	ıte	Zip Code			
Name of Institution			Date Rec	erved	Amount		
Street Address	City	Sta	ite	Zip Code			
	TO	TAL SECTION	J				
K. N	Aiscellaneous Monetary Receipts not Co	onsidered Con	tribu	tions			
Name			Da	te of Transaction	Amount Received		
Street Address	City		State	Zip Code			
Description			<u> </u>		$\dashv$		
Name		<del>-</del>	Da	ite of Transaction	Amount Received		
Street Address	City		State	Zip Code	$\dashv$		
Description			<u> </u>				
		· :.	Ιn	ite of Transaction			
Name				ile of Transaction	Amount Received		
Street Address	City		State	Zip Code			
Description					<del></del>		
Name			Da	ate of Transaction	Amount Received		
Street Address	City		State	Zip Code			
Description			<u> </u>				
	TOTAL	SECTION K					
SUMM	ARY OF OTHER MONETARY RECE	IPTS (Section	s D tl	rough K)			
Total Loans Received this Period (S							
	an Individuals or Other Committees (Section E)	)	+				
	iliated Business Treasury (Section F)		+				
	iliated Labor Union or Other Organization Trea	sury (Section G)	+				
Total Amount of Personal Funds of	the Candidate Received this Period (Section H)		+				
Total Amount of Interest from Depo	sits in Authorized Accounts (Section J)		+				
Total Miscellaneous Monetary Recei	ipts not Considered Contributions (Section K)		+				
(Ad	Total of Oth d Sections D through K) (Enter total on Line 15, Col	ner Monetary					

#### II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COM		(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT 7th Day Precedi	ng Pri	mary	
		L1. Even	t Information			1200	
Event # Date of Event 070619	Letter	Description McLeod / Giles Event			1	this a fur	ndraising event
Location: Street 2675 Park Av			City Bridgeport		•	State CT	Zip Code
Subpart 1: (A Was this even		tees) a personal residence?	OYes (If yes, go to Section L Associated with a Hor purchases made by hos No	use Party and comple	te requ	ired infor	Contributions mation for any
		le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		not Co	nsidered (	Contributions
Was this fundation with purchases	aiser a tag from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Reco	reipts here.)	<b>S</b>		
Subpart 2: (P Were there pu sign associated	rchases of	nittees, Municipal Candidates and Political Combadvertising space in a program book or on a fundraiser?	OYes (If yes, go to Section L or on a Sign and com	.3 Purchases of Adver		pace in a	Program Book
Did your com	mittee sell	mittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Red ONo	ceipts here.)	\$		
Event # Date of Event 070619	Letter B	Description  Janensch Event	au line d'un verbal au tellante et le		Was	this a fur	ndraising event
Location: Street			City Bridgeport			State CT	Zip Code
Subpart 1: (A Was this even		tees) a personal residence?	Yes (If yes, go to Section L Associated with a Ho purchases made by hos	use Party and comple	te requ	ired infor	
Did this fundr of up to \$200	aiser inclue or items de	de goods or services donated by a business entity onated by an individual of up to \$100?	• Yes (If yes, go to Section I and complete required No		not Co	nsidered	Contributions
Was this fund with purchase	raiser a tag s from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Rec	ceipts here.)	\$		
Subpart 2: (P Were there pu sign associate	rchases of	nittees, Municipal Candidates and Political Comba advertising space in a program book or on a fundraiser?	mittees other than Exploratory  Yes (If yes, go to Section L  or on a Sign and com  No	.3 Purchases of Adver			Program Book
Did your com	mittee sell	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	ceipts here )	\$		
SUBTO	AL Section	On L1—Subpart 1 (All Committees) Total Receipts for	rom Sale of Donated Items —	This Page 0			
			tion L1—Subpart 3 <i>(Town Commi</i> sipts from Food Purchases —				
			TOTAL of additional Section	n Lı Pages			
			CIPTS FROM SMALL PU				

# Section L1. ADDITIONAL PAGE 1 of 5

NAME OF COMMITTEE Marilyn for Mayor	(Provide Complete Name as Registered with Filing Repository)	Environmental de la Maria	7th Day Preced		
	L1. Even	t Information			
Event # Date of Event Letter 071819# A	Description Bubriski / Cohen Event		***	Was this a fi	indraising event?
Location: Street Address 6 Rockland Park Road		City Branford		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a		O Yes (If yes, go to Section L Associated with a Hor purchases made by hos	use Party and comple	ete required info	ormation for any
Did this fundraiser includ of up to \$200 or items do	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		s not Considered	l Contributions
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items adividual of up to \$100?	Yes (If yes, enter Total Rec	reipts here.)	<b>\$</b>	
Were there purchases of a sign associated with this		mittees other than Exploratory O Yes (If yes, go to Section L or on a Sign and com O No	.3 Purchases of Adve	rtising Space in nation.)	a Program Book
Subpart 3: (Town Comm Did your committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	O Yes (If yes, enter Total Rec	ceipts here.)	\$	
Event # Date of Event Letter 072019a A	Description Thirty Plus Social Club			Was this a fi	undraising event?
Location: Street Address 1985 Stratford Ave		City Bridgeport	·	State CT	Zip Code
Subpart 1: (All Committee Was this event hosted at a		Yes (If yes, go to Section L Associated with a Ho purchases made by hos	use Party and compl-	ete required info	ormation for any
Did this fundraiser included of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section I and complete required  No		s not Considere	d Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Re  No	ceipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Com advertising space in a program book or on a fundraiser?	mittees other than Exploratory O Yes (If yes, go to Section I or on a Sign and com No	.3 Purchases of Adve		a Program Book
Subpart 3: (Town Comm Did your committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	ceipts here )	\$	
SUBTOTAL Section	on L1-Subpart 1 (All Committees) Total Receipts f	rom Sale of Donated Items —	This Page 0		
	SUBTOTAL Sec Total Rec	tion L1—Subpart 3 <i>(Town Comm</i> eipts from Food Purchases —	ittees ONLY) 0		
		TOTAL of additional Section	n L1 Pages		
	TOTAL OF ALL RECI	EIPTS FROM SMALL PU In Line 16a, Column A of Summar	RCHASES y Page Totals)		

SEEC FORM 20 Restort James y 2015

# Section L1. ADDITIONAL PAGE 2 of 5

			7th Day Preceding	REPORT Preceding Primary			
	L1. Even	t Information					
Event # Date of Event Letter 072219/ A	Description Birdman Event			Was this a fun Yes	draising event?		
Location: Street Address 2931 Fairfield Ave		City Bridgeport		State	Zip Code		
Subpart 1: (All Committee Was this event hosted at a		Yes (If yes, go to Section L Associated with a Hot purchases made by hos	5 In-Kind Donations no use Party and complete st(s) for food, beverage an	required infor	mation for any		
Did this fundraiser includ of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No	A In-Kind Donations no information.)	ot Considered (	Contributions		
with purchases from an in		Yes (If yes, enter Total Rec	<b>-</b> →	\$			
Subpart 2: (Party Comm Were there purchases of a sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	Yes (11 yes, go to Section L	Committees) 3 Purchases of Advertise plete required information	sing Space in a	Program Book		
Subpart 3: (Town Comm Did your committee sell gathering held within the	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	O Yes (If yes, enter Total Red O No	ceipts here.)	\$			
Event # Date of Event Letter 080219A A	Description Walker / Baraka Event			<b>⊙</b> Yes	ndraising event		
Location: Street Address 2 Morningview Ct		City Hamden		State	Zip Code 06518		
Subpart 1: (All Committee Was this event hosted at		Yes (If yes, go to Section L Associated with a Ho purchases made by ho	.5 In-Kind Donations no use Party and complete st(s) for food, beverage a	required infor	mation for any		
Did this fundraiser include of up to \$200 or items do	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section and complete required     No		ot Considered	Contributions		
with purchases from an i	sale, auction, or other sale of donated items individual of up to \$100?	Yes (If yes, enter Total Re No		\$			
Subpart 2: (Party Comn Were there purchases of sign associated with this	mittees, Municipal Candidates and Political Com advertising space in a program book or on a fundraiser?	Yes (11 yes, go to Section 1	y Committees) L3 Purchases of Adverti pplete required informa	ising Space in a	Program Book		
Subpart 3: (Town Comp Did your committee sell gathering held within the	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Re	ceipts here.)	\$			
SUBTOTAL Section	on L1-Subpart 1 (All Committees) Total Receipts f	rom Sale of Donated Items —	This Page 0				
	SUBTOTAL Sec	tion L1—Subpart 3 (Town Comm eipts from Food Purchases —	ittees ONLY) 0				
		TOTAL of additional Section	n L1 Pages				
	TOTAL OF ALL RECI	EIPTS FROM SMALL PU on Line 16a, Column A of Summa	RCHASES ry Page Totals)				

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# Section L1. ADDITIONAL PAGE 3 of 5

	(Provide Complete Name as Registered with Filing Repository)	·····································	TYPE OF REPORT 7th Day Preceding	g Primary				
Marilyn for Mayor	I 1 Fvent	t Information						
Frant #	AND RELATED AND PROPERTY OF THE PROPERTY OF TH	· AMALIMANAM		Was this a for	ndraising event?			
Event # Date of Event Letter 080819 A	M. White Event			Was this a fur • Yes				
Location: Street Address		City		State	Zip Code			
2288 Fairfield Ave		Bridgeport		СТ	06605			
Subpart 1: (All Committee Was this event hosted at a		Yes (If yes, go to Section L Associated with a Ho purchases made by hos	5 In-Kind Donations nuse Party and complet st(s) for food, beverage	e required infor	Contributions mation for any			
Did this fundraiser includ of up to \$200 or items do	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  No						
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Rec	ceipts here.)	\$				
Subpart 2: (Party Comm. Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Command Political Comm	nittees other than Exploratory  O Yes (If yes, go to Section L	Committees) 3 Purchases of Advert plete required informa	ising Space in a ation.)	Program Book			
Subpart 3: (Town Comm. Did your committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	O Yes (If yes, enter Total Re	ceipts here.)	\$				
Children and Service Comments of the Comments	an acceptation and transform three is a contact to say		ancida escribilista ma	tyristing - city	eren januarin kara			
Event # Date of Event Letter 082519 A	Trattoria 'A Vucchella Event			Was this a fur	ndraising event?			
Location: Street Address		City		State	Zip Code			
272 Fairfield Ave		Bridgeport		СТ	06604			
Subpart 1: (All Committee Was this event hosted at		Yes (If yes, go to Section I.  Associated with a Ho purchases made by ho	.5 In-Kind Donations is use Party and completest(s) for food, beverage	te required infor	rmation for any			
Did this fundraiser include of up to \$200 or items do	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section and complete required No	L4 In-Kind Donations I information.)	not Considered	Contributions			
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Re  No	ceipts here.)	\$				
Subpart 2: (Party Comn Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	Yes (1) yes, go to section i	y Committees) L3 Purchases of Adver aplete required inform	tising Space in a ation.)	a Program Book			
Subpart 3: (Town Comm Did your committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Re	ceipts here.)	\$				
SUBTOTAL Section	on L1-Subpart ! (All Committees) Total Receipts for	rom Sale of Donated Items —	- This Page 0					
	SUBTOTAL Sect Total Rece	tion L1—Subpart 3 <i>(Town Comm</i> eipts from Food Purchases —	ittees ONLY) 0 - This Page					
		TOTAL of additional Section	on L1 Pages					
	TOTAL OF ALL RECE	CIPTS FROM SMALL PU n Line 16a, Column A of Summa	RCHASES ry Page Totals)					

SEEC FORM 20

## Section L1. ADDITIONAL PAGE 4 of 5

Revised January 2015	Section Et. Madein		mme on arrange	dans lies to line	Supply the supply the		
	Provide Complete Name as Registered with Filing Repository)		7th Day Precedin	g Primary			
Marilyn for Mayor				a contraction and the second			
	L1. Event	Information					
Event # Date of Event Letter 082719 A	Description Coyote Flaco Event			Was this a fu	indraising event?		
Location: Street Address		City		State	Zip Code		
845 E Main Street		Bridgeport		СТ	06608		
Subpart 1: (All Committee Was this event hosted at a		purchases made by hos  No	use Party and complete st(s) for food, beverage a	e required info and invitations	ormation for any )		
Did this fundraiser includ of up to \$200 or items do	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  No					
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items idividual of up to \$100?	OYes (If yes, enter Total Reco	ceipts here.)	\$			
Subpart 2: (Party Comm Were there purchases of a sign associated with this	nittees, Municipal Candidates and Political Comn advertising space in a program book or on a fundraiser?	Yes (11 yes, go to Section L	o Committees) .3 Purchases of Adverti plete required informa	ising Space in ation.)	a Program Book		
Subpart 3: (Town Comm Did your committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	ceipts here.)	\$			
	and the control of th	and the mineral of the first of the mineral to	CHILL PARTIE CONTROL PRIVA	CONTRACTOR			
Event # Date of Event Letter 082819 A	Luckett / Desir / Turner Event			Was this a f	undraising event?  No		
Location: Street Address 11 Zak Hill Drive		City Woodbridge		State CT	Zip Code		
Subpart 1: (All Committee Was this event hosted at a		Yes (If yes, go to Section L Associated with a Ho purchases made by ho	.5 In-Kind Donations notes Party and completest(s) for food, beverage	e required inf	ormation for any		
Did this fundraiser include of up to \$200 or items do	de goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section and complete required No		not Considere	d Contributions		
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Re  No	eceipts here.)	\$			
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Compadvertising space in a program book or on a fundraiser?	Yes (If yes, go to Section I	y Committees) L3 Purchases of Advert aplete required informa	tising Space in ation.)	a Program Book		
Subpart 3: (Town Comp Did your committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Re		\$			
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts for	rom Sale of Donated Items —	- This Page 0				
	SUBTOTAL Sect	tion L1—Subpart 3 <i>(Town Comm</i> cipts from Food Purchases —	ittees ONLY) ()				
		TOTAL of additional Section	on L1 Pages				
	TOTAL OF ALL RECE	CIPTS FROM SMALL PU in Line 16a, Column A of Summa	RCHASES ry Page Totals)				

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## Section L1. ADDITIONAL PAGE 5 of 5

NAME OF COMMITTEE Marilyn for Mayor	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT  7th Day Precedin	ng Primary	STREET, STATE			
	L1. Even	t Information						
Event # Date of Event Letter 083019 A	Port 5 Event			Was this a fur	ndraising event?			
Location: Street Address 69 Brewster St		City Bridgeport		State CT	Zip Code 06605			
Subpart 1: (All Commit Was this event hosted at		OYes (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						
Did this fundraiser included of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?	<ul> <li>Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</li> <li>No</li> </ul>						
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Rec  No	eipts here )	\$				
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	Mittees other than Exploratory  O Yes (If yes, go to Section L  or on a Sign and comp  No	3 Purchases of Adverti		Program Book			
Subpart 3: (Town Come Did your committee sell gathering held within the	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Rec	reipts here.)	\$				
Event # Date of Event Letter	Description	ANCHES IN THE THE WOLLD'EN LIVE STATE		Was this a fur	ndraising event?			
Location: Street Address		City		State	Zip Code			
Subpart 1: (All Commit Was this event hosted at		O Yes (If yes, go to Section L.  Associated with a Hot purchases made by hos  No	use Party and complete	e required infor	mation for any			
Did this fundraiser inclu of up to \$200 or items do	de goods or services donated by a business entity onated by an individual of up to \$100?	O Yes (If yes, go to Section L and complete required No		not Considered	Contributions			
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	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 Commadvertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L	Committees) 3 Purchases of Advert plete required informa		Program Book			
Subpart 3: (Town Come Did your committee sell gathering held within the	mittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$				
SUBTOTAL Section	on L1-Subpart 1 (All Committees) Total Receipts fr	rom Sale of Donated Items —	This Page 0					
	SUBTOTAL Sect Total Rece	tion L1—Subpart 3 <i>(Town Commi</i> sipts from Food Purchases —	ttees ONLY) This Page					
		TOTAL of additional Section	n Li Pages					
	TOTAL OF ALL RECE	CIPTS FROM SMALL PU In Line 16a, Column A of Summar	RCHASES y Page Totals)					

### II. EVENT ACTIVITY (Sections L1—L5)

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

NAME OF COMMIT	TEE (Provide Complete Name	as Registered with Filing Reposi	itory)		OF REPOR		Drim are	CHICAGO COM
Marilyn for Mayor					Day Preced	uing l	rimary	
	L3. Pu	rchases of Advertis	ing in a Progr	am Book or on a S			2/2/	
Name of Purchaser					I		e Made By:	Ood
						_	siness Entity Iividual/Sole P	Other
Se			City			_ ind	State	Zip Code
Street Address			City					
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program	Ad Purchas	ie .	Amount of Si	gn Purchase
Name of Purchaser			<del></del>		Ti	Purchas	e Made By	
INSING OF LEMCHASEL					I	_	siness Entity	Other
					(	Olnd	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program	Ad Purchas	ie	Amount of Si	gn Purchase
Name of Purchaser						Purchas	se Made By	
ranie of t mollaser					,	OBu	siness Entity	Other
						Olna	dividual/Sole F	<del>,</del>
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchas	es for All Events	Amount of Program	Ad Purchas	ie .	Amount of Si	ign Purchase
Name of Purchaser							se Made By	O Oile
						_	isiness Entity dividual/Sole I	
Street Address			City				State	Zîp Code
Date Received	Event #	Aggregate Purchas	ses for All Events	Amount of Program	Ad Purchas	se	Amount of Si	ign Purchase
Name of Purchaser						Purchas	se Made By:	
					[,	<b>O</b> Bu	isiness Entity	Other
						Oinc	dividual/Sole I	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchas	ses for All Events	Amount of Program	Ad Purchas	se	Amount of S	ign Purchase
	SUBTOTAL Sec	tion L3 Total Purchases	of Advertising in	Program Book — Thi	is Page 0			
	SUBTO	FAL Section L3 Total Pu	rchases of Adver	tising on a Sign — Thi	is Page 0			· · ·
			TOTAL o	f additional Section L3	Pages			
Т	OTAL OF ALL PURC	HASES OF ADVERTISI (Enter total o	ING IN A PROG n Line 16c, Colun	RAM BOOK or ON A nn A of Summary Page	SIGN 0 Totals)			

#### II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE Marilyn for Mayor	E (Provide Complete Name a	is Registered with Filing Repository,	)		YPE OF REPORT  h Day Preceding Primary				
ivianiyii idi iviaydi			perty model and			es de cere	4-11-11-11	enviraniani	
	L <sub>4</sub>	. In-Kind Donations l	Not Consider	ed Contributi	ons	100			
Name of Donor Chris Caruso									
Street Address			City				State	Zip Code	
208 Beechmont Ave	2		Bridgeport				СТ		
Donation Given By:  Business Entity	Description of Donation 2 Bottles of Wine, \$	30 gift card				Fair M \$45		air Market Value of Donation	
O Individual O Sole Proprietorship	Date Received 8/30/19	Event # 083019A		Aggregate Value for t	his Event				
Name of Donor Millicent Moore									
Street Address			City				State	Zip Code	
929 Central Ave			Bridgeport				СТ		
Donation Given By:  OBusiness Entity	Description of Donation Wine and Cheese				(3	Fair N	air Market Value of Donation		
Olndividual OSole Proprietorship	Date Received 8/30/19	Event # 083019A	1 * *		his Event				
Name of Donor Marsha Williams	<del></del>								
Street Address	<del></del>	·	City	<u> </u>			State	Zip Code	
147 Sixth Street			Bridgeport		=		СТ	06607	
Donation Given By:  Business Entity	Description of Donation Wine Cooler Baske	t			\$40		r Market Value of Donation  O		
Olndividual OSole Proprietorship	Date Received 8/30/19	Event # 083019A		Aggregate Value for \$40	this Event				
Name of Donor Vazzy's								-	
Street Address 513 Broadbridge Ro	i		City Bridgeport	<u> </u>		-	State	Zip Code	
Donation Given By:  Business Entity	Description of Donation Gift Card					Fair I	Market Val	ue of Donation	
O Individual O Sole Proprietorship	Date Received 8/30/19	Event # 083019A		Aggregate value for t	his Event				
		SUBT	OTAL Section	L4— This Page	\$165.00				
		тота	L of additional	Section L4 Pages	\$99.74				
TO	TAL OF ALL IN-KIN	D DONATIONS NOT CO (Enter total on Line 21, Co	NSIDERED CO	NTRIBUTIONS nary Page Totals	\$264.74				

## Section L4. ADDITIONAL PAGE 1 of 1

NAME OF COMMITTE	E (Provide Complete Name a	s Registered with Filing Repositor	v)	PENTAL SOUR	TYPE OF REPOR	T	Warden of	Drawn and
Marilyn for Mayor	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·		7th Day Preceding Primary			
ACCUSED NO.	T4	. In-Kind Donations	Not Consider	red Contribu	ıtions			
Name of Donor								
Eric Stewart-Alicea								
Street Address			City				State	Zip Code
912 Connecticut Av	e		Bridgeport	Bridgeport			СТ	06607
Donation Given By:	Description of Donation							ue of Donation
OBusiness Entity	Party Platter					\$37.	.97	
<b>⊙</b> Individual	Date Received	Event #		Aggregate Value f	for this Event			
Sole Proprietorship	8/30/19	083019A		\$37.97				
Name of Donor Dasha Spell								
Street Address			City				State	Zip Code
284 Beechwood Av	e		Bridgeport				СТ	
Donation Given By:	Description of Donation	<del></del>			-	Fair I	Market Val	ue of Donation
OBusiness Entity	Decorations					\$61	.77	
<b>⊙</b> Individual	Date Received	Event #		Aggregate Value for this Event		1		
OSole Proprietorship	8/30/19	083019A		\$61.77				
Name of Donor	· · · · · · · · · · · · · · · · · · ·		-	•		-		—
Street Address			City				State	Zip Code
<b>5.000</b>								
Donation Given By:	Description of Donation					Fair !	Market Val	ue of Donation
Business Entity								
OIndividual	Date Received	Event#	<u></u>	Aggregate Value f	or this Event	-		
O Sole Proprietorship	Date Received			Tagging with the second				
Name of Donor						<u> </u>	•	
Street Address			City				State	Zip Code
							<u> </u>	
Donation Given By  Business Entity	Description of Donation					Fair N	Market Vali	ue of Donation
Olndividual	Date Received	Event #		Aggregate value for	or this Event	1		
O Sole Proprietorship								
		SUBT	TOTAL Section	L4— This Pag	se \$99.74			
					100			

### II. EVENT ACTIVITY (Sections L1—L5)

	rovide Complete Name as Registered with Filing Re	pository)		Marin January	TYPE OF RE	PORT	
Marilyn for Mayor					7th Day Pr	eceding	Primary
	<b>In-Kind Donations Not Consid</b>	ered (	Contributions Associa	ted with a	House Par	ty	
Name of Host					t supporting more than one candidate or		
Barbara Walker					Yes No No complete Itemization in Addendum L5		
Street Address			City			State	Zip Code
2 Morningwood Court			Hamden			СТ	06518
Description of Donation Refreshments					Fair Mai 123.25	ket Value	of Donation
Eveni # 080219a	Aggregate Value of this Event—all hosts 123.25		gregate Value of all Events—this he 23.25	ost/candidate			
Name of Host				Is this event	supporting me	ore than or	ne candidate or
Gail Janensch				I	OYes ON omplete Itemiza		tendum L5
Street Address			City	1		State	Zip Code
3030 Park Ave			Bridgeport			ст	
Description of Donation Refreshments		A			Fair Mar	ket Value	of Donation
					60.00		
Event # 070619B	Aggregate Value of this Event—all hosis 60	Ag 60	gregate Value of all Events—this ha	ss candidate			
Name of Host			· <del></del>	Is this event	supporting mo	re than or	e candidate or
				committee?	OYes ONe complete Itemiza	)	
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Agi	regate Value of all Events—this ho	st/candidate	1		
Name of Host							e candidate or
					OYes ONo Omplete Itemiza		endum I.5
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	cet Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this ho	st candidate			43
		SUB'	ГОТАL Section L5 — Т	his Page	\$183.25		
		ГОТА	L of additional Section	L5 Pages	N/A		
TOTAL O	F ALL IN-KIND DONATIONS NO A HOUSE PARTY (Enter total on		NSIDERED CONTRIE 2, Column A of Summary P	CONTRACTOR AND ADDRESS OF TAXABLE	\$183.25		

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

NAME OF COMMITTEE (Provide Complete Marilyn for Mayor	: Name as Re	gistered with	Filing Repository)			TYPE OF F	REPORT Preceding P	rimary		
			M. In-Kind Co	ntr	ibutions					
Name										
Street Address				Cit	tv			State	Zip Code	
li .					•				,	
Type of contributor: OCommittee	Date Recei	ived	Aggregate Contributions		Description of In-Kind C	ontribution				
O Individual / Sole Proprietorship Other	16	Lution is in	excess of \$400 to a cand	4tdate	for a shief evenutive of	Your of a m	····iainality			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor		business he/she is associ				cipality	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,	utor a principal of a state , indicate which branch c ernment the contract is w	or bra		_	QNo			
Name			<u> </u>							
Street Address				Cit	у			State	Zip Code	
					,					
Type of contributor Committee	Date Recei	ved	Aggregate Contributions		Description of In-Kind Co	ontribution				
Olndividual / Sole Proprietorship Oother	100	با ما مجانبات	n excess of \$400 to a can	4. dat	- C abi-Corrective o	Star of a w	i-l-alin.		4 -31 1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in ontributor or at more than	r business he/she is assoc	iated	with have a contract wit	the said muni	icipality		Market Value s Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	If yes, i	ator a principal of a state of indicate which branch o crimment the contract is wi	or bra		_	ŎNo I			
Name										
Street Address				City	<u>.</u> y			State	Zip Code	
Type of contributor: Committee OIndividual / Sole Proprietorship Other	Date Receiv	red	Aggregate Contributions		Description of In-Kind Co	ntribution				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	entributor or	n excess of \$400 to a cand business he/she is associ n \$5,000?	iated	with have a contract wit				Market Value Contribution	
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	_	Is contribut  If yes, i	itor a principal of a state of indicate which branch or roment the contract is with	contra er bra	actor or prospective state		N <sub>0</sub>			
			SUBTOTAL	Sec	ction M — This Page					
			TOTAL of ad	ditio	nal Section M Pages	駿				
TOTAL OF ALL IN-KIND CON	TRIBUT	TIONS (E	year and an experience	11000		18(6)				
	N.	Refund	dable Deposit to T	Гele	phone Company					
Last Name of Individual			First				МІ	Date Deposit	i Made	
Residential Street Address			City		St	tate Zi	p Code	1	Amount of Deposit	
Name of Telephone Company								$\dashv$		
Street Address			City		St	tate Zi	p Code	-		
			will live to	****						
TOTAL SE	CTION	N (Enter t	total on Line 24, Column	1 A 0	f Summary Page Totals)					

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#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT Marilyn for Mayo	TEE (Provide Complete Name as Registered with Filing Repositor	(מ	TYPE OF REPORT 7th Day Preceding	g Primary	
LATERONAL PROPERTY	P. Expense	es Paid by Committee			
Name of Payee RevUp Software			Date of Payment 7/1/2019	Method of Payment: O Check # O Debit Card OEFT	
Street Address 3 Twin Dolphin D	Prive Suite 100	Redwood City		State Zip Code CA 94065	
Purpose of Expenditure (by code) MISC	Description Fundraising Software		Event #	Amount \$500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind co	iture) 🚺 Indeper	ndent cation OA OBOCOD		
Name of Payee Google			Date of Payment 7/2/2019	Method of Payment Check # Debit Card DEFT	
Street Address 1600 Amphithea	tre Parkway	City Mountain View		State Zip Code CA 94043	
Purpose of Expenditure (by code) WEB	Description		Event #	Amount \$12.93	
Expenditure # (if applicable)		iture) Indeper			
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution Name of Payee Printabilitees			Date of Payment 7/7/19	Method of Payment: O Check # O Debit Card OEFT	
Street Address 180 Turn of Rive	Road suite 13D	City Stamford		State Zip Code CT 06905	
Purpose of Expenditure (by code) A-OTH	Description T-Shirts		Event #	Amount \$701.91	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below Coordinated with reimbursement sought (joint expend) Coordinated without reimbursement sought (in-kind of	diture)   Indepe			
Name of Payee Fed Ex			Date of Payment 7/6/2019	Method of Payment: O Check # O Debit Card OEFT	
Street Address 1427 Post Rd		Fairfield		State Zip Code CT 06824	
Purpose of Expenditure (by code) PRNT	Description Copies of finance filings		Event#	Amount \$7.19	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expend	iture) Indepe			
		SUBTOTAL Section P -	— This Page \$1,222.03		
		FOTAL of additional Sect	ion P Pages \$84,792.97		
		PENSES PAID BY COl ine 19, Column A of Summar			

## Section P. ADDITIONAL PAGE 1 of 32

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT				PE OF REPORT				
Marilyn for Mayo				7t	th Day Preceding	Primary	,	
	P. Expenses	Paid by	Committee					
Name of Payee Common Good				Dat	te of Payment /4/2019		f Payment: ck # 101/ t Card OEFT	
Street Address		City				State	Zip Code	
3 Buena Vista Dr	íve	Fairfield				СТ	06825	
Purpose of Expenditure (by code) CNSLT	Description Communications			Event #		Amount \$2,182.50		
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 control	ommittee) ire)	O Independ	dent	Ов Ос Ор			
Name of Payee Common Good C	Creative			Date	of Payment 4/2019	Check	Method of Payment: O Check # 1018 O Debit Card O EFT	
Street Address 3 Buena Vista Dri	ive	City Fairfield				State CT	Zip Code 06825	
Purpose of Expenditure (by code) MISC	Description Event #				\$10.1	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	mmittee) re)	O Independe	lent	ЭвОс Ор			
Name of Payee Staples		7/11/2019			Method of Check	c#		
Street Address 1201 Kings High	way	City Fairfield			State CT	Zip Code 06825		
Purpose of Expenditure (by code) OFFICE	Description Office Supplies			Event#		Amount \$9.67		
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 contr	ommittee) are)	O Independ	dent	Ов Ос Ор			
Name of Payee VASE Mangaeme	nt			Date	of Payment 5/2019	Method of Payment O Check # 1019 O Debit Card OEFT		
Street Address 531 Ferry St. Unit	:A	City Stratford		-		State CT	Zip Code	
Purpose of Expenditure (by code) OVHD	Description Rent			Event #		\$2,300	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit  None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	mmittee)	O Independe	lent	Ов Ос Ор			
	S	UBTOTAL	Section P —	This Page	\$4,502.31			

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#### Section P. ADDITIONAL PAGE 2 of 32

2	32
	of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			Later Francisco	TYPE OF REPORT	0.00126			
Marilyn for May				7th Day Preceding Primary				
	P. Expenses	Paid by Com	mittee					
Name of Payee VASE Mangaem			Date of Payment 7/10/2019		Method of Payment:  Check # 1022  Debit Card  DEF			
Street Address 531 Ferry St. Uni	it A	City Stratford			State CT	Card OEF		
Purpose of Expenditure (by code) OVHD	Description Furniture and Equipment Rental	<u> </u>	Event	#	\$670.0	Amount		
Expenditure # (sf applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or or Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) nre) C	Independent	) А ОВ ОС О				
Name of Payee McLo Designs				Date of Payment 7/12/2019	Method of I	Method of Payment:  O Check # 1023  O Debit Card  O EFT		
Street Address 1138 Hancock A	ve	City Bridgeport			State CT	Zip Code		
Purpose of Expenditure (by code) A-SIGN					\$106.	Amount \$106.35		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the control	ommittee)	Independent	<i>а</i> ) в Ос О				
Name of Payee Joe Perkus			Date of Payment 7/4/19			Payment: # 1025 Card OEF		
Street Address 414 Kings Highv	way	City Fairfield			State CT	Zip Code 06825		
Purpose of Expenditure (by code) RCW	Description Poster Printing		Event	#	\$32.6	Amount \$32.63		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to  None of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	committee) ure)	Independent	ed) Da Ob Oc C	D D			
Name of Payee Joe Perkus				Date of Payment 7/17/2019	Method of Check	1026		
Street Address 414 Kings Highv	way	City Fairfield			State CT	Zip Code 06825		
	Description	· · · · · · · · · · · · · · · · · · ·				Amount		
Purpose of Expenditure (by code) CNSLT	Fees for weeks ending 7/9, 7/6, 7/23				\$750.0	10		
Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable)	,	ommittee)	Independent _	ed) DA OB OC O				

#### SEEC FORM 20 Bayled January 2015

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

3	32
	of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE	TYPE OF REPORT				
Marilyn for Mayor				7th [	7th Day Preceding Primary				
	P. Expenses	Paid by C	ommittee						
Name of Payee Bluehost Date of Payment 7/17/2019				•	Method of Payment: O Check # O Debit Card OEFT				
Street Address 10 Corporate Driv	ve	City Burlington					Zip Code 01803		
Purpose of Expenditure (by code) WEB	Description Web Hosting				Amount \$59.99				
Expenditure # (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								
Name of Payee CT Democratic Pa	arty	1			Payment /2019	Method of Payment Check # 635 Debit Card EFT			
Street Address 30 Arbor St		City Hartford	-			State CT	2ip Code 06106		
Purpose of Expenditure (by code) MISC	Description Voter File Software			Event#		Amount \$635.00			
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 contra	mmittee) e)	Independer	nt	в <b>О</b> с <b>О</b> о				
Name of Payee		<del></del>		- 1	Payment	Method of I	Payment:		
LP Management				7/20	/19	O Check # 102/ O Debit Card OEFT			
Street Address PO Box 98		City Cedarhurst					Zip Code 11516		
Purpose of Expenditure (by code) OVHD	Description Rent			Event #			Amount \$3,250.00		
Expenditure   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OA OB OC OD									
Name of Payee William Durham			Date of Payment 7/20/19		-	Method of Payment: O Check # 1029 O Debit Card OEFT			
Street Address 224 City View Ave		Bridgeport				State CT	Zīp Code		
Purpose of Expenditure (by code) CNSLT	Description 3 Weeks Consulting Services			Event #		Amount \$1,875.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A B OC OD								
		SUBTOTAL	Section P —	This Page	\$5819.99				

# SEEC FORM 20 Section P. ADDITIONAL PAGE 4 of 32 of 32

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Marilyn for Mayor				7th Day Preceding Primary				
	P. Expenses	Paid by C	ommittee					
Name of Payer Best Buy			Date of Payment 7/23/19		Method of Payment: O Check #_ O Debit Card OEFT			
Street Address 330 Connecticut	Ave	City Norwalk		<del></del>	State	Zip Code 06854		
Purpose of Expenditure (by code) A-PH-BNK	Description Event #  Phones					Amount \$256.38		
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 control	)p						
Name of Payee Wayne Winston  Date 7/2					Check	Method of Payment: Check # 1030 Debit Card OEFT		
Street Address 1613 Stratfield Ro	ad	City Fairfield			State CT	Zip Code 06825		
Purpose of Expenditure (by code) CNSLT	Description Computer Repair Services	Event #			\$150.	Amount \$150.00		
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 control	mmittee) e)	Organization	а <b>О</b> в <b>О</b> с <b>О</b>				
Name of Payee Staples	83			7/25/2019	OCheck	Method of Payment: O Check # O Debit Card OEFT		
Street Address 1201 Kings Highway		City Fairfield			State CT	Zip Code 06824		
Purpose of Expenditure (by code) OFFICE	Description Printer Supplies	Ev			\$315	Amount \$315.29		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  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							
Name of Payee Staples			Date of Payment 7/26/2019			Method of Payment: O Check # O Debit Card OEFT		
Street Address 1201 Kings Highway		Fairfield		. <u>.</u>	State CT	Zip Code 06824		
Purpose of Expenditure (by code) OFFICE	Office Supplies			Event #		Amount \$31.88		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or or Coordinated with reimbursement sought (joint expenditude)  Coordinated without reimbursement sought (in-kind continue)	mbursement sought (joint expenditure) Independent						

# SEEC FORM 20 Robert James 2185 Section P. ADDITIONAL PAGE 5 of 32

Reched January 2015	TEE (Provide Complete Name as Registered with Filing Repository)	distribution (VincelVine		TYPE OF REPORT	5 restrict.	
Marilyn for Mayo				7th Day Preceding	Primary	
	D Fynansas	Paid by Committ	ee			
Name of Payee Momentum Com		Tale by Comme		Date of Payment 7/24/2019	ODebit	k # 1033 Card <b>O</b> EFT
Street Address Hopewell Woods	Road	City Redding			State	Zip Code 06896
Purpose of Expenditure (by code) A-WEB	Description Advertising	Event #			\$2,00	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ommittee)	pendent	A OB OC OD		
Name of Payee BJ's Wholesale				7/26/2019	Method of Chec Debit	k#OEFT
Street Address 40 Black Rock Tur	npike	City Fairfield			State CT	Zip Code 06825
Purpose of Expenditure (by code) OFFICE	Description Office supplies		Event	#	\$176	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 contr	mmittee)	pendent	d) A		
Name of Payee Joe Perkus				Date of Payment 7/25/2019	Method of Ohec	k#1034
Street Address 955 Main Street	Apt 710	City Bridgeport			State CT	Zip Code 06604
Purpose of Expenditure (by code) CNSLT	Description Consulting services through 7/26		Event	#	\$250	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below (does not involve another candidate or concomment considered with reimbursement sought (joint expendituse) Coordinated without reimbursement sought (in-kind concomment)	ommittee)	ependent	OA OB OC OD		
Name of Payee Joe Perkus				Date of Payment 7/25/2019	O Chec	
Street Address 955 Main Street	Apt 710	City Bridgeport			State CT	Zip Code 06604
Purpose of Expenditure (by code) RCW	Description Best Buy purchase		Event	#	\$21.8	Amount 4
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee)	ependent	DA OB OC OD		
		SUBTOTAL Section	P — This	Page \$2,448.07		

	TEE (Provide Complete Name as Registered with Filing Repository,	si estopologica estologic	asity:the	TYPE OF REPORT	201 ACC	
Marilyn for Mayo				7th Day Precedin	g Primary	
Secretary Control of the	P. Expenses	Paid by Committe	ee			
Name of Payee Joe Perkus	CANCEL DE LA COMPONICIONA ACCUMINA DE LA COMPONICIONA DE LA COMPONICIONA DE LA COMPONICIONA DE LA COMPONICIONA			7/25/2019		f Payment: ck #_1036 it CardOEF1
Street Address 955 Main Street	Apt 710 City Bridgeport			State	Zip Code 06604	
Purpose of Expenditure (by code) RCW	Description Event # Target purchase			\$90.4	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	ommittee)	endent	ed)		
Name of Payee  Joe Perkus				Date of Payment 7/25/2019	Method o Chec	
Street Address 955 Main Street /	Apt 710	City Bridgeport			State CT	2ip Code 06604
Purpose of Expenditure (by code) RCW	Tre Description Event #  Crossroads purchase			Amount \$39.34		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) re)	endent	ed) A O B O C O D		
Name of Payee Joe Perkus		<u> </u>		7/25/2019	Method o Chec	f Payment: ck #_1038 it Card
						ittara karen
Street Address 955 Main Street	Apt 710	City Bridgeport			State CT	Zip Code 06604
Street Address  955 Main Street  Purpose of Expenditure (by code) RCW	Apt 710  Description Price Right purchase	I .	Event	H	State	Zip Code 06604 Amount
955 Main Street Purpose of Expenditure (by code) RCW Expenditure #	Description	Bridgeport  unless "None of the below committee) ure)   Inde	" <i>is checi</i> pendent	<u></u>	State CT \$14.	Zip Code 06604 Amount
955 Main Street	Description Price Right purchase  Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)	Bridgeport  unless "None of the below committee) ure)   Inde	" <i>is checi</i> pendent	ked)	\$14.	Zip Code 06604 Amount 36
955 Main Street Purpose of Expenditure (by code) RCW  Expenditure # (if applicable)	Description Price Right purchase  Type of Expenditure (Itemization in Addendum P Required of Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with coordinated without reimbursement sought (in-kind coordinated with coordinat	Bridgeport  unless "None of the below committee) ure)   Inde	" <i>is checi</i> pendent	OA OB OC OI	State CT \$14.	Zip Code 06604 Amount 36
955 Main Street Purpose of Expenditure by code) RCW  Expenditure # (If applicable)  Name of Payce William Durham  Street Address	Description Price Right purchase  Type of Expenditure (Itemization in Addendum P Required of Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with coordinated without reimbursement sought (in-kind coordinated with coordinat	Bridgeport  unless "None of the below committee) ure)   Independent of the below committee) ure)   Organ	" <i>is checi</i> pendent	DA OB OC OI Date of Payment 7/25/2019	State CT \$14.  Method o O Chec Deb State	Zip Code 06604  Amount  36  of Payment: ck # 1039 it Card OEF1 Zip Code

SEEC FORM 20 Revised January 2015

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

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		缩职语:	TYPE OF REPORT		
Marilyn for Mayo	r			7th Day Preceding	Primary	
	P. Expenses	Paid by Committee	e			
Name of Payee Jonquil Harding-	McCallup		1	7/30/19	Method of Check	1045
Street Address 1665 Old Town R	oad B	City Bridgeport			State	Zip Code 06606
Purpose of Expenditure (by code) CNSLT	Description Canvassing	Event #			\$150.0	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 control	re) Indeper	ndent zation <b>O</b> A	ОВ ОС ОВ		
Name of Payee Cynthia Singleton	1		- 1	7/30/2019	Method of Check	# 1046
Street Address 1090 Stratford Av	ve 3rd floor	City Bridgeport			State CT	Zip Code 06607
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event #		\$225.	Amount
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 expenditur Coordinated without reimbursement sought (in-kind contr	mmittee)	ndent	ОвОсОр		
Name of Payee Captain's Pizza				Date of Payment	Method of Check	#
Street Address 255 Boston Ave		City Bridgeport			State	Zip Code
Purpose of Expenditure (by code) FOOD	Description		Event #		\$75.2	Amount 7
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	ommittee)	endent	и 4 Ов Ос Ор		
Name of Payer Elliott Abbotts				7/30/19	Method of Check	#1041 Card <b>O</b> EFT
Street Address 266 3rd Ave		City Milford			State CT	Zip Code 06460
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event #		\$112.5	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required units None of the below (does not involve another candidate or conformated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contont)	ommittee) re)	ndent	Ов Ос Ор		
		SUBTOTAL Section P -	202 104-815	A560 33		

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayo			7th Day Preceding	g Primary
	P. Expenses	Paid by Committe	e ki ji ka ka ka ka ka ka ka ka ka ka ka ka ka	
Name of Payee James Shannon			7/30/2019	Method of Payment: Check # 1044 Debit Card DEFT
Street Address 74 St. Michael's A	lve	City Stratford		State Zip Code CT 06614
Purpose of Expenditure (by code) CNSLT	Description Canvassing	<u> </u>	Event #	Amount \$75.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required une None of the below (does not involve another candidate or concomment of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the contro	mmittee)		
Name of Payee Rhonda Taylor			7/30/2019	Method of Payment  Check # 1048  Debit Card  EFT
Street Address 106 Granfield Avo	e	City Bridgeport	•	State Zip Code CT 06610
Purpose of Expenditure (by code) CNSLT	Description Canvassing	<u> </u>	Event #	Amount \$375.00
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 contra	nimittee)		
Name of Payer Josue Saint-Fleu	r		7/30/2019	Method of Payment Check # 1042 Debit Card EFT
Street Address 29 Davis Road		City Fairfield		State Zip Code CT 06825
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event #	Amount \$300.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or concomment of the below (does not involv	ommittee) ure)		
Name of Payee Josephine Edmo	onds		7/30/2019	Method of Payment: O Check # 104/ O Debit Card OEFT
Street Address 20 Coleman St		City Bridgeport		State Zip Code CT 06604
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event #	Amount \$225.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und  None of the below (does not involve another candidate or concluded to the Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the co	ommittee) re)		
		SUBTOTAL Section P	— This Page \$975.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
			7th Day Preceding Primary			
P. Expenses	Paid by (	Committee				
			Date of Payment 7/30/2019	Method of Ohecl	k#_1049	
	City Bridgepo	ort			Zip Code	
	Event #			\$450.0	Amount	
Addendum P Required un nvolve another candidate or conent sought (joint expenditur sement sought (in-kind control	ommittee) re)	ndependent	A OB OC O	D		
			Date of Payment 8/2/2019	Method of Check	Card OEFT	
	City Redwood	ł City		State CA	Zīp Code 94065	
		Event	#	\$500.	Amount \$500.00	
Addendum P Required un nvolve another candidate or co- nent sought (joint expenditur sement sought (in-kind contra	mmittee) re)	Independent	<i>d)</i> A О В О С О 1	D		
			Date of Payment	Method of	Payment k # 1040	
			7/30/2019	O Debit	X	
	City Bridgep	ort		State CT	Zip Code 06608	
		Event	#	\$600	Amount	
n Addendum P Required usinvolve another candidate or coment sought (joint expending ursement sought (in-kind come	committee) ure)	Independent	DA OB OC C	) <sub>D</sub>		
			7/30/2019	Method of Check	k # 1043 t Card	
	City Bridgep	ort		State CT	2ip Code 06606	
		Event	#	\$150.0	Amount	
involve another candidate or coment sought (joint expenditu	ommittee) ure)	Independent		)D		
	SUBTOTA	L Section P — This	Page \$1,700.00			
	involve another candidate or c ment sought (joint expenditu rsement sought (in-kind con	involve another candidate or committee) ment sought (joint expenditure) rsement sought (in-kind contribution)	involve another candidate or committee) ment sought (joint expenditure) rement sought (in-kind contribution)  Independent Organization	ment sought (joint expenditure)  rsement sought (in-kind contribution)  Organization OA OB OC C	involve another candidate or committee) ment sought (joint expenditure) rement sought (in-kind contribution)  Independent Organization OA OB OC OD	

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	THE PER	al albita 2 Vi	TYPE OF REPORT	APPLY SEE		
Marilyn for Mayo				7th Day Preced	ing Primary		
	P. Expenses	Paid by C	Committee	\$15 (A) White			
Name of Payee Lois Younger				Date of Payment 8/1/2019	Method of Ohec	k#_1050	
Street Address 170 Regency Ter	race	City Stratford	<u> </u>	<u></u>	State CT	Zip Code 06615	
Purpose of Expenditure (by code) CNSLT	Description Canvassing	Event #			\$525.	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und  None of the below (does not involve another candidate or expenditure)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind controlled)	ommittee) re)	Independent	t nOAOBOCO	D.		
Name of Payee Josephine Edmo	nds			Date of Payment 8/1/2019	Method of	k#1051 Card OEFT	
Street Address 20 Coleman St A	pt C4	Bridgepo	ort		State	Zip Code 06604	
Purpose of Expenditure (by code) CNSLT	Description Canvassing		E	ent#	\$30.0	Amount \$30.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or concluded with reimbursement sought (joint expenditure)	mmittee)	f the below" is che				
	Coordinated with reimbursement sought (in-kind control	re) ribution)			D		
Name of Payee  Darius Miller	Coordinated without reimbursement sought (in-kind conti	ribution)			Method of	k#1052	
•	Coordinated without reimbursement sought (in-kind control	City Bridgep	Organization	OA OB OC O	Method of Chec	k#1052	
Darius Miller Street Address 1649 Reservoir A	Coordinated without reimbursement sought (in-kind control	City	Organization	OA OB OC O	Method of Chec Debit	Card CEFT Zip Code 06606  Amount	
Darius Miller Street Address 1649 Reservoir A Purpose of Expenditure (by code) CNSLT	Coordinated without reimbursement sought (in-kind control  Ave	City Bridgep	Organization  Ort  Ort  Of the below" is cl	Date of Payment 8/1/2019	Method of Check Debit State CT	Card CEFT Zip Code 06606  Amount	
Darius Miller Street Address 1649 Reservoir A Purpose of Expenditure (by code) CNSLT Expenditure #	Coordinated without reimbursement sought (in-kind control  Description Canvassing  Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or coordinated with reimbursement sought (joint expenditure penditure)	City Bridgep	Organization  Ort  Ort  Of the below" is cl	Date of Payment 8/1/2019	Method of Check Debit State CT \$75.0	Card CEFT Zip Code 06606  Amount DO  Payment: k # 1053 t Card CEFT	
Darius Miller Street Address 1649 Reservoir A Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)	Description Canvassing  Type of Expenditure (Itemization in Addendum P Required at Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind continuous)	City Bridgep	Organization  Ort  Of the below" is classical organization	Date of Payment #	Method of Check Debit State CT \$75.0	Card OEFT   Zip Code   06606   Amount   00	
Darius Miller Street Address 1649 Reservoir A Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Name of Payee Rhonda Taylor  Street Address	Description Canvassing  Type of Expenditure (Itemization in Addendum P Required at Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind continuous)	City Bridgep  unless "None committee) ure) uribution)	Organization  Ort  Of the below" is classical ort  Organization	Date of Payment #	Method of	Card EFT Zip Code 06606  Amount  OO  Payment: k # 1053 t Card EFT Zip Code  Amount	
Darius Miller Street Address 1649 Reservoir A Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Name of Payee Rhonda Taylor  Street Address 106 Greenfield A Purpose of Expenditure	Coordinated without reimbursement sought (in-kind control  Ave  Description Canvassing  Type of Expenditure (Itemization in Addendum P Required to Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control  Ave  Description	City Bridgep  unless "None committee) ure) Bridgep  City Bridgep	Organization  Ort  Of the below" is checked of the below" is checked of the below" is checked of the below" is checked of the below" is checked of the below" is checked of the below" is checked of the below" is checked of the below" is checked of the below of the b	Date of Payment 8/1/2019  Vent #  Date of Payment 8/1/2019  Date of Payment 8/1/2019	Method of Check Debit State CT  \$75.0  Method of Check Debit State CT  \$75.0	Card EFT Zip Code 06606  Amount  Payment: k # 1053 t Card EFT Zip Code  Amount	

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Marilyn for Mayo				7th Day Preceding	g Primary	
	P. Expenses	Paid by C	Committee			
Name of Payee Joseph Perkus				Date of Payment 8/5/2019	Method of Check	. <sub>#</sub> _1055
Street Address 955 Main Street	Apt 710	City Bridgepo	rt		State	Zip Code 06604
Purpose of Expenditure (by code) CNSLT	Description Consulting through 8/3	Event #			\$250.0	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or concordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind controller)	mmittee)	Independent	A OB OC OD		
Name of Payer Joseph Perkus				Date of Payment 8/5/2019	Method of OCheck	# 1056 Card OEFT
Street Address 955 Main Street A	Apt 710	City Bridgepo	rt		State CT	2ip Code 06604
Purpose of Expenditure (by code) RCW	Description Reimbursing food/water purchases		Event	#	\$115.	Amount 97
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	mmittee) e)	Independent	d) A ОВОС ОД		
Name of Payee Marilyn Moore				Date of Payment 8/5/19	Method of Check	· #_1054
Street Address 666 Cleveland Av	ve	City Bridgepo	ort		State CT	Zip Code
Purpose of Expenditure (by code) RCW	Description Staples reimbursement	•	Event	#	\$66.7	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) ire)	Independent	oed) Oa Ob Oc Or		
Name of Payee Lois Younger				Date of Payment 8/6/2019	Method of O Check	Card OEFT
Street Address 170 Regency Ter	race	Stratford			State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event	#	\$525.0	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or ex  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind controlled)	ommittee) re)	O Independent	ed) Da OB OC OD		·
		SUBTOTAL	Section P — This	Page \$957.72		
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		filklitt.	TYPE OF REPORT				
Marilyn for Mayo				7th Day Preceding Primary			
	P. Expenses	Paid by Committee			N. Carrie		
Name of Payee Josephine Edmoi	nds			Date of Payment 8/6/19	<b>⊙</b> Check	Method of Payment;  Check # 1058  Debit Card  DEFT	
Street Address 20 Coleman St #0	54	City Bridgeport			State	Zip Code	
Purpose of Expenditure (by code) CNSLT	Description Event # Canvassing		\$525.0	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  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 A B C D						
Name of Payer Elliott Abbots				8/7/2019	Method of F Check Debit	#_1059	
Street Address 266 3rd Ave		City Milford			State CT	Zip Code	
Purpose of Expenditure (by code) CNSLT	Description Event # Canvassing		\$502.5	Amount 50			
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 contr	mmittee)	dent	d) <u>а ОвОс Ор</u>			
Name of Payee Timothy Diggs				Date of Payment 8/7/2019	Method of I Check Debit	# 1060 Card OEFT	
Street Address Information Req	uested	Information Reques	ted		State	Zip Code	
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event	<b>.</b>	\$150.	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind control of the contr	ommittee)	ndent	ed) DA OB OC OD			
Name of Payee Elijah Jones				\$350.00	Method of Check	Card <b>O</b> EFT	
Street Address 85 Pine Point Dr		Bridgeport			State CT	Zip Code	
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event	# 	\$350.0	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or concomment of the Coordinated with reimbursement sought (joint expenditus)  Coordinated without reimbursement sought (in-kind conto	ommittee)  (re)  Indepen	ndent	DA OB OC OD			
		SUBTOTAL Section P -	— This	Page \$1527.50			
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		of	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		SHOW S	TYPE OF REPORT			
Marilyn for Mayo				7th Day Preceding Primary		
	P. Expenses P	aid by Comm	ittee			
Name of Payee Keyesha Lockhar	Control Control			Date of Payment \$112.50	Method of Chec	k#1062
Street Address 154 Justice St		City Stratford				Zip Code
Purpose of Expenditure (by code) CNSLT				\$112	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unla None of the below (does not involve another candidate or come Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	mittee)	ndependent	. Ов Ос О <u>г</u>		
Name of Payee Calvin McNeill				Date of Payment 8/7/2019	Method of Ohecl	Card OEFT
Street Address 446 Woodend Ro	rreet Address 146 Woodend Road City Stratford		State CT	Zīp Code		
Purpose of Expenditure (by code) CNSLT	Description Event #			\$800	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unlessed None of the below (does not involve another candidate or come Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contrib	mittee)	dependent	O B O C O D		
Name of Payee Trevina McNeill				Date of Payment 8/7/2019	Method of	k#_1064
Street Address 89 Beecher St		City Bridgeport			State CT	Zip Code 06608
Purpose of Expenditure (by code) CNSLT	Description Event # Volunteer Coordination		\$600	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)	Independent	а) A <b>О</b> в <b>О</b> с <b>О</b>	D	
Name of Payee Corey Murdock				Date of Payment 8/7/2019	O Chec	
Street Address 376 Burnsford A	ve	City Bridgeport			State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	re Description Event # Canvassing		\$200.	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit  None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	nmittee)	ndependent	а) а <b>О</b> в Ос Оі	D	
	S	UBTOTAL Section	on P — This	Page \$1,712.15		
	S	UBTOTAL Section	on P — This	Page 31,/12.13		

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	of	

Name of Payee Josue St Fleur Street Address 29 Davis Road	(Provide Complete Name as Registered with Filing Repository)  P. Expenses 1	Paid by Committee	7th Day Preceding	g Primary		
Josue St Fleur Street Address	P. Expenses l	Paid by Committee	And the printing of the second			
Josue St Fleur Street Address	Color of Mathematical Indiana Color of the C					
	Name of Payee		Date of Payment	<b>⊙</b> Check	Method of Payment: Check # 1066 Debit Card DEFT	
		City Fairfield		State CT	Zip Code 06824	
4	iture Description Event # Canvassing			\$425.0	Amount	
(if applicable)	of Expenditure (Itemization in Addendum P Required unit 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) ) Indepen	dent			
Name of Payee James Shannon			Date of Payment 8/7/2019	Method of I O Check O Debit	# 106/ Card <b>O</b> EFT	
Street Address 74 St Michael's Ave				State CT	Zip Code	
[ ] T   T   T   T   T   T   T   T   T   T	Description Event #			\$255.0	Amount	
(if applicable)	of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contrib	imittee)				
Name of Payee Cynthia Singleton			8/7/2019	Method of Check	1069	
Street Address 1090 Stratford Ave		City Bridgeport		State CT	Zip Code	
	escription Canvassing		Event #	\$382.	Amount	
(if applicable)	be 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 control	mmittee)				
Name of Payee Jayden Wilborn			Date of Payment 8/7/19	Method of Oheck	Card OEFT	
Street Address 89 Taft Ave		Bridgeport		State CT	Zip Code	
4 1	escription Canvassing		Event #	\$563.7	Amount	
(if applicable)	e 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)				
	s	UBTOTAL Section P –	- This Page \$1,626.25			

SEEC FORM 20
Bested Amount 1015

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF I	REPORT	Z-EALT		
Marilyn for Mayo		-	7th Day	7th Day Preceding Primary			
	P. Expenses	Paid by Committee					
Name of Payee Nathaniel Allen			Date of Payri 8/7/2019	1	Method of Payment:  Check # 10/0  Debit Card  DEFT		
Street Address 40 Gregory Ct		City Stratford			State CT	Zip Code	
Purpose of Expenditure (by code) CNSLT				\$351.2	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 control	ommittee) re)	ndent				
Name of Payee Darius Miller			8/7/2019		Method of F Check Debit 0	# 10/1 Card <b>O</b> EFT	
Street Address 1649 Reservoir A	ve	Bridgeport			State CT	Zip Code	
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event #	<u></u>	\$150.0	Amount 00	
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 expenditure) Coordinated without reimbursement sought (in-kind contra	mmittee) re) Indeper		Эс Ов			
Name of Payee Betty Chappell			Date of Payr 8/7/201	9	Method of I Check Debit	# 10/2	
Street Address 1845 Central Ave	2	City Bridgeport			State CT	Zip Code 06610	
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event #		Amount \$525.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or candinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continued)	committee) ure)	endent ization OA OB		2011		
Name of Payee Rhonda Taylor			8/7/201		Method of Ocheck	# 10/3 Card OEFT	
Street Address 106 Granfield Av	ve	Bridgeport	<u></u>		State CT	Zip Code	
Purpose of Expenditure (by code) CNSLT	Description Event # Canvassing			\$525.0	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below (does not involve another candidate or concomment Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind concomment)	ommittee) ure)		Ос Ов		·	
		SUBTOTAL Section P	— This Page   \$	1,551.25			
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	of	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Т	TYPE OF REPORT				
Marilyn for Mayo			7	7th Day Preceding Primary			
	P. Expenses	Paid by Committee	e		TE PERSON		
Name of Payee Keyesha Lockhar			D	ate of Payment 3/9/2019	<b>⊙</b> Checl	Method of Payment:  O Check # 10/4  O Debit Card  O EFT	
Street Address		City Stratford		<del></del>	State CT	Zip Code	
154 Justice St		Stration				<u></u>	
Purpose of Expenditure (by code) CNSLT	Canvassing			\$165.0	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 control	ommittee)	ndent zation <b>O</b> A	Ов Ос Ор			
Name of Payee Darius Miller				ate of Payment 3/9/2019	Method of Check	(# <u>1</u> 0/5	
Street Address 1649 Reservoir A	Street Address City 1649 Reservoir Ave Bridgeport			State CT	Zip Code		
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event #		\$75.0	Amount O	
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 contr	mmittee)	ndent	ОвОсОр			
Name of Payee Betty Chappell				ate of Payment 3/9/2019	Method of Check	k#10/6	
Street Address 1845 Central Ave	•	City Bridgeport			State CT	Zip Code 06610	
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event #	···	Amount \$292.50		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or c  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind con	ommittee)	endent	Ов Ос Оі			
Name of Payee Josephine Edmo	Day of Day		•	O Debit	k #_10// t Card		
Street Address 20 Coleman St #	C4	Bridgeport		. <u>-</u> .	State	Zip Code	
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event #		\$210.0	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee)	endent	Ов Ос Оп	<u> </u>		
		SUBTOTAL Section P -	— This P	age \$742.50			

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	<b>(2) 15 (1) 数 (2) (2)</b>	TY	TE OF REPORT			
Marilyn for Mayo	or		7t	7th Day Preceding Primary			
<b>华马斯·斯·斯</b>	P. Expenses	Paid by Committee					
Name of Payee Rhonda Taylor			I	e of Payment 9/2019	Method of Payment: O Check # 10/8 O Debit Card O EFT		
Street Address 106 Granfield Av	e	City Bridgeport			State	Zip Code	
Purpose of Expenditure (by code) CNSLT	liture Description Event # T Canvassing			\$300.0	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or composition of the coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	mmittee)	ndent ation OA	Ов Ос Ор			
Name of Payee Lois Younger				e of Payment 9/2019	Method of I Check Debit	#_10/9	
Street Address 170 Regency Terr	170 Regency Terrace City Stratford			State CT	Zip Code		
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event #		\$217.	Amount 50	
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 contr	mmittee)	dent	<u> ОвОсОв</u>			
Name of Payee Elliott Abbots				e of Payment /9/2019	Method of I Check	#_1080	
Street Address 266 3rd Ave		Milford			State CT	Zip Code	
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event #		Amount \$180.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or ce Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee)	ndent zation OA	Ов Ос Ор			
Name of Payee Elijah Jones				te of Payment 157.50	Method of O Check	# 1081 Card OEFT	
Street Address 85 Pine Point Dr	ive	Bridgeport	_		State CT	Zip Code	
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event #		\$157.5	Amount O	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ommittee) re)	ndent	OB OC OD			
		SUBTOTAL Section P -	— This Pa	ge \$855.00			
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### Section P. ADDITIONAL PAGE 18

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NAME OF COMMIT	IEE (Provide Complete Name as Registered with Filing Repository)			TYPE C	F REPORT	AND A HERE	
Marilyn for Mayo				7th D	ay Preceding	Primary	
	P. Expenses	Paid by C	ommittee				
Name of Payee Calvin McNeill	***			Date of P 8/9/20	-	Method of I	# 1082
Street Address 446 Woodend Rd		City Stratford	-			State CT	Zip Code
Purpose of Expenditure	Description	<u> </u>	Ever	nt #			Amount
(by code) CNSLT	Canvassing			<u>.                                    </u>	<u></u>	\$75.00	
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 expenditure Coordinated without reimbursement sought (in-kind control	ommittee) re)	Independent Organization	O4 <b>O</b> 8			
Name of Payee		-		Date of P	-	Method of F	
Trevina McNeill				8/9/20	)19 	O Debit	Card OEFT
Street Address		City				State	Zip Code
89 Beecher St		Bridgepo	rt 	_			06608
Purpose of Expenditure	Description		Ever	nt#	-		Amount
(by code) CNSLT	Canvassing					\$257.2	25
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	mmittee) re)	Independent Organization	_	ОсОв		
Name of Payee				Date of P	•	Method of I	Payment: 1084
Josue Saint-Fleur	•			8/9/2	019	O Debit	_
Street Address		City				State	Zip Code
29 Davis Road		Fairfield				СТ	06824
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Ever	nt#		\$120.	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or c  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind con	ommittee) ure)	Independent		в Ос Ор		
Name of Payee				Date of I	•	Method of I	Payment: 1085
Cynthia Singleto	n			8/9/2	019	O Debit	
Street Address		City				State	Zip Code
1090 Stratford Av	venue	Bridgepo	ort			СТ	
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Eve	ent#		\$30.00	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) ire)	Independent Organization		з Ос Ов		
		SUBTOTAL	Section P — Th	is Page	\$482.25		
		11 13 2Hand					

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing	g Repository)		TYPE OF REPORT	axing a serie	
Marilyn for Mayo	r			7th Day Precedi	ng Primary	
	P. E	xpenses Paid by	Committee			
Name of Payee Jordan Slayton				Date of Payment 8/9/2019	Method of F Check Debit	#_1086 Card <b>O</b> EFT
Street Address 146 Ohio Ave		City Bridge <sub>l</sub>	oort		State	2ip Code \$300.00
Purpose of Expenditure (by code) CNSLT	Description Canvassing			Event #	\$300.0	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P I  None of the below (does not involve another ca Coordinated with reimbursement sought (joi Coordinated without reimbursement sought (	andidate or committee) int expenditure)	Independent	ent on OA OB OC O	D	
Name of Payer Terence Soler				Date of Payment 8/9/2019	Method of F	# 108/
Street Address 246 Union Ave #	305	City Bridger	oort		State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Canvassing			Event #	\$168.7	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Is  None of the below (does not involve another car  Coordinated with reimbursement sought (join  Coordinated without reimbursement sought (	ndidate or committee) int expenditure)	O Independe			
Name of Payee Jayden Wilborn				8/9/2019	Method of F	#_1088
Street Address 89 Taft Ave		City Bridge	port		State	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Canvassing	^		Event #	\$60.00	Amount O
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P  None of the below (does not involve another concentrated with reimbursement sought (job Coordinated without reimbursement sought)	andidate or committee)	O Independ		) <sub>D</sub>	
Name of Payee Will Durham				Date of Payment 8/9/2019	Method of F	# 1089 Card <b>O</b> EFT
Street Address 224 City View Av	e	City Bridge	port		State	Zip Code 06606
Purpose of Expenditure (by code) CNSLT	Description Field Management			Event #	\$535.8	Amount 0
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Itemization of the below (does not involve another can Coordinated with reimbursement sought (join Coordinated without reimbursement sought)	andidate or committee)	O Independ		)D	
		SUBTOTA	L Section P —	ACCEPTAGE OF THE PARTY OF THE P		

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Marilyn for Mayor	EE (Provide Complete Name as Registered with Filing Repository)		-1 0 1		
			7th Day Precedi	ing Primary	
	P. Expenses	Paid by Committe	ee what was a second		
Name of Payee Will Durham			Date of Payment 8/11/2019	Method of Chec	Payment: k #_1090 t Card OEF
Street Address 224 City View Ave		City Bridgeport		State	Zip Code 06606
Purpose of Expenditure (by code) RCW	Reimbursement for canvassing supplies		Event #	\$98.2	Amount
(i) 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	re) [Indep	pendent prization OA OB OC O	D	
Name of Payee Common Good Cr	eative LLC		Date of Payment 8/13/2019	Method of Chec	k # 1091 Card OEF
Street Address 3 Buena Vista Rd		City Fairfield		State	Zip Code 06825
Purpose of Expenditure (by code) CNSLT	Description Media and communications consultant		Event #	\$128	Amount 2.50
(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 contr	mmince)	is checked) endent ization O A O B O C O	D	
Name of Payee Joseph Perkus			Date of Payment 8/14/2019	Method of	Payment: k #_1092 t Card
Street Address 955 Main Street A	pt 710	City Bridgeport		State	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Consulting through 8/11		Event #	\$250	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co- Coordinated with reimbursement sought (joint expendituse) Coordinated without reimbursement sought (in-kind con-	ommittee) ure)		) <sub>D</sub>	
Name of Payee Joseph Perkus			Date of Payment 8/14/2019	Method o Chec	f Payment: ck # 1093 t Card OEF
Street Address 955 Main Street A	pt 710	City Bridgeport		State	Zip Code
Purpose of Expenditure (by code) RCW	Description Food reimbursement		Event #	\$63.8	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below (does not involve another candidate or concordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind control of the cont	ommittee)		) <sub>D</sub>	
		SUBTOTAL Section I	1009 12/13/19/19/19/19/19/19/19		

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ALABAK CIK CTIMANITT	TEE (Provide Complete Name as Registered with Filing Repository)	KATELOW SAME NEW	TYPE OF REF	ORT
Marilyn for Mayor			7th Day Pre	eceding Primary
	P. Expenses	Paid by Commit	tee	
Name of Payer VASE Managemen	,		Date of Payment 8/14/2019	Method of Payment  Check # 1094  Debit Card  DEF
Street Address 531 Ferry St		New Haven	-	State Zip Code
Purpose of Expenditure (by code) OVHD	Description Rent	·	Event #	Amount \$2,300.00
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 control	mmittee)	ependent	: Op
Name of Payee VASE Managemer	nt		Date of Payment 8/14/2019	Method of Payment: O Check # 1095 O Debit Card O EF
Street Address 531 Ferry St		New Haven		State Zip Code CT
Purpose of Expenditure (by code) OVHD	Description Furniture Rental		Event #	Amount \$670.00
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 contra	nmittee)		Ов
Name of Payee Gemeem Davis			Date of Payment 8/23/2019	Method of Payment: Check # 1099 Debit Card  OEF
Street Address 1115 Main St		City Bridgeport		CT Zip Code O6604
Purpose of Expenditure (by code) CNSLT	Description Management		Event #	Amount \$1,500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) are)	w" is checked)  lependent ganization OA OB O	с Ор
Name of Payee Joseph Perkus			Date of Payment	O Check # 1098 O Debit Card OEF
Street Address 955 Main Street A	Apt 710	City Bridgeport		State Zip Code
Purpose of Expenditure (by code) CNSLT	Description Consulting through 8/18		Event #	Amount \$250.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or concomment of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contompt)	ommittee) re)	w" is checked) ependent anization OA OB OC	с Ор
	The state of the s	SUBTOTAL Section	PO BOOK DEVENDED TO THE PARTY OF THE PARTY O	20.00

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Fili	ing Repository)	TYP	E OF REPORT		
Marilyn for Mayo			7th	Day Preceding	Primary	
TO SERVICE A M	P. 1	<b>Expenses Paid by Commit</b>	ttee			
Name of Payer Betty Chappell			I .	of Payment 9/2019	Method of F Check Debit	#_1100
Street Address 1845 Central Ave		City Bridgeport	<b>.</b>		State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event #		\$600.0	Amount 0
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum I  None of the below (does not involve another Coordinated with reimbursement sought ( Coordinated without reimbursement sough	candidate or committee) joint expenditure) Ind	lependent anizationOA (			
Name of Payee Rhonda Taylor				of Payment 9/2019	Method of F  Check  Debit 6	#1101
Street Address 106 Granfield Ave		City Bridgeport			State CT	Zip Code 06610
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event #		\$600.0	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum F  None of the below (does not involve another Coordinated with reimbursement sought (i) Coordinated without reimbursement sough	candidate or committee) joint expenditure) Inde	ependent anizationOA C			
Name of Payee Lois Younger			l l	9/2019	Method of F     Check     Debit	# 1102 Card OEFT _
Street Address 170 Regency Ter	race	City Stratford			State CT	Zīp Code
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event #		\$480.	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum  None of the below (does not involve anothe Coordinated with reimbursement sought Coordinated without reimbursement sought	r candidate or committee) (joint expenditure)	dependent	Ов Ос Од		
Name of Payer Josephine Edmo	nds		<b>I</b>	of Payment 19/2019	Method of I Check Debit	#1103 Card <b>O</b> EFT
Street Address 20 Coleman St		City Bridgeport	_		State CT	Zip Code 06604
Purpose of Expenditure (by code) CNSLT	Description Canvassing	W.	Event #		\$480.0	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum of None of the below (does not involve another Coordinated with reimbursement sought of Coordinated without reimbursement sough	candidate or committee) (joint expenditure) Ind	dependent	DB Oc Od		
		SUBTOTAL Section	P — This Page	\$2,160.00		
				<u> </u>		

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TOTAL STATE	TYPE OF REPORT		A CHERRY THE REAL
Marilyn for Mayo				7th Day Precedi	ng Primary	
	P. Expenses	Paid by (	Committee			
Name of Payee Kirk Westly	I. Expenses	I aid og		Date of Payment 8/29/19	Method of Check	<sub>k #</sub> 1104
Street Address 2340 North Ave	#3B	City Bridgepo	ort		State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Field Management		Eve	nt#	\$750.0	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or concordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind controller)	mmittee) e)	Independent	Oa	D	·
Name of Payee Hartwell Associat	tes			Date of Payment 8/29/19	Method of I Check Debit	Card OEFT_
Street Address 42 Quarry Dock F	Road	City Branford			State	Zip Code 06405
Purpose of Expenditure (by code) A-WEB	Description Digital media / Invoice 19136		Eve	nt #	\$7,58	Amount 0.00
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 contr	minittee) e)	Independent	ked)	D	
Name of Payee Aleecya Foremai	n			8/31/2019	Method of Check	c#_1106
Street Address 50 Garfield Aven	ue	City Bridgep	ort		State	Zip Code
Purpose of Expenditure (by code) FNDR	Description 8/30 Performance		Eve	nt #	\$250.	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or concomment of the continuous continuou	ommittee) ire)	O Independent		) <sub>D</sub>	
Name of Payee Kirk Westly	V			8/31/2019	Method of O Check	k # 110/ Card OEFT
Street Address 2340 North Ave	#38	City Bridgep	ort		State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Field Management		Eve	ent #	\$535.7	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required under None of the below (does not involve another candidate or expenditure)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the cont	ommittee) re)	Independent		) <u>D</u>	
		SUBTOTA	L Section P — TI	is Page \$9,115.71		

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THE OF COMME	ITTEE (Provide Complete Name as Registered	with Filing Repository)	TYPE OF REPORT	Tall of the same of
Marilyn for May	or/or		7th Day Preced	ding Primary
		P. Expenses Paid by Con	mittee	
Name of Payee PrintabiliTees			Date of Payment 8/31/2019	Method of Payment: Check # 1108 Debit Card DE
Street Address 180 Turn of Rive	er Road suite 13D	City Stamford		State Zip Code CT 06905
Purpose of Expenditure by code) A-OTH	Description Tote Bags		Event #	Amount \$1,631.41
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adder  None of the below (does not involve a Coordinated with reimbursement so Coordinated without reimbursement	another candidate or committee) bught (joint expenditure)	,	
Name of Payce			Date of Payment	Method of Payment:
Gemeem Davis			8/31/2019	O Check # 1109
Street Address		City		State Zip Code
1115 Main Stree		Bridgeport		СТ
Purpose of Expenditure by code) CNSLT	Description Management		Event #	Amount
CNSLI	Management			\$1,500.00
f applicable)	None of the below (does not involve at Coordinated with reimbursement sour Coordinated without reimbursement	ght (joint expenditure)	Independent	
ame of Pavee		J ,	Organization O A O B O C O	
Gemeem Davis	-		Date of Payment 8/31/2019	Method of Payment Check # 1110
Gemeem Davis	t, #305	City Bridgeport	Date of Payment	Method of Payment
Rame of Payee Gemeem Davis treet Address 1115 Main Stree turpose of Expenditure try code) CNSLT	t, #305  Description  Management	City	Date of Payment	Method of Payment Check # 1110 Debit Card State   Zip Code CT  Amount
Gemeem Davis treet Address 1115 Main Stree urpose of Expenditure ty code) CNSLT xpenditure #	Description	City Bridgeport  adum P Required unless "None of the another candidate or committee) ught (joint expenditure)	Date of Payment 8/31/2019  Event # below" is checked)	Method of Payment Check # 1110 Debit Card EF  State CT  Amount \$1,500.00
Gemeem Davis treet Address 1115 Main Stree upose of Expenditure y code) CNSLT expenditure # applicable)	Description Management  Type of Expenditure (Itemization in Addentification)  None of the below (does not involve a Coordinated with reimbursement soo Coordinated without reimbursement	City Bridgeport  adum P Required unless "None of the another candidate or committee) ught (joint expenditure)	Date of Payment 8/31/2019  Event # below" is checked)	Method of Payment Check # 1110 Debit Card Debit Card CT  State CT  Amount \$1,500.00
Gemeem Davis treet Address 1115 Main Stree upose of Expenditure y code) CNSLT  xpenditure # (applicable)	Description Management  Type of Expenditure (Itemization in Addentification)  None of the below (does not involve a Coordinated with reimbursement soo Coordinated without reimbursement	City Bridgeport  adum P Required unless "None of the another candidate or committee) ught (joint expenditure)	Event # below" is checked) Independent Organization OA OB OC O	Method of Payment  Check # 1110  Debit Card EF  State Zip Code  CT  Amount  \$1,500.00
Gemeem Davis treet Address 1115 Main Stree upose of Expenditure y code) CNSLT  expenditure # applicable) anne of Payee Patrick O'Connor	Description Management  Type of Expenditure (Itemization in Addentification)  None of the below (does not involve a Coordinated with reimbursement soo Coordinated without reimbursement	City Bridgeport  adum P Required unless "None of the another candidate or committee) ught (joint expenditure) usought (in-kind contribution)	Date of Payment 8/31/2019  Event #  below" is checked)  Independent Organization OA OB OC O Date of Payment	Method of Payment Check # 1110  Debit Card  State CT  Amount \$1,500.00
Gemeem Davis treet Address 1115 Main Stree tupose of Expenditure ty code) CNSLT  expenditure # fapplicable)  ame of Payee Patrick O'Connor treet Address 7 Russell Rd	Description Management  Type of Expenditure (Itemization in Addentification of the below (does not involve a Coordinated with reimbursement so Coordinated without reimbursement	City Bridgeport  adum P Required unless "None of the another candidate or committee) ught (joint expenditure)	Date of Payment 8/31/2019  Event #  below" is checked)  Independent Organization OA OB OC O Date of Payment	Method of Payment Check # 1110 Debit Card State CT  Amount \$1,500.00
Gemeem Davis reet Address 1115 Main Stree upose of Expenditure y code) CNSLT expenditure # applicable) anne of Payee latrick O'Connor reet Address 7 Russell Rd	Description Management  Type of Expenditure (Itemization in Addentification)  None of the below (does not involve a Coordinated with reimbursement soo Coordinated without reimbursement	City Bridgeport  adum P Required unless "None of the another candidate or committee) ught (joint expenditure) sought (in-kind contribution)	Date of Payment 8/31/2019  Event #  below" is checked)  Independent Organization OA OB OC O Date of Payment	Method of Payment Check # 1110 Debit Card CT  Amount \$1,500.00  Method of Payment Check # 1111 Debit Card CT  Method of Payment Check # 1111 Debit Card CT  State CT  Amount  Amount
Gemeem Davis treet Address 1115 Main Stree turpose of Expenditure	Description Management  Type of Expenditure (Itemization in Addentification of the below (does not involve a Coordinated with reimbursement so Coordinated without reimbursement	City Bridgeport  adum P Required unless "None of the another candidate or committee) ught (joint expenditure) City Bridgeport  City Bridgeport	Date of Payment 8/31/2019  Event #  Delow" is checked)  Independent Organization OA OB OC O Date of Payment 8/31/2019  Event #	Method of Payment Ocheck # 1110 Debit Card OF State Zip Code CT  Amount \$1,500.00  Method of Payment Ocheck # 1111 Obebit Card OF State Zip Code CT 06606  Amount \$225.00
Gemeem Davis  treet Address  1115 Main Stree  treet Address CNSLT  Expenditure # f applicable)  Grant Address For Russell Rd  Impose of Expenditure by code) CNSLT  Expenditure # for Payee Connormation of Payee Connormati	Description Management  Type of Expenditure (Itemization in Addense Coordinated with reimbursement so Coordinated without reimbursement  Description Canvassing  Type of Expenditure (Itemization in Addense None of the below (does not involve an Coordinated with reimbursement sout Coordinated with Coordinated with reimbursement sout Coordinated with reim	City Bridgeport  adum P Required unless "None of the another candidate or committee) ught (joint expenditure) City Bridgeport  City Bridgeport	Event #  Below" is checked)  Independent Organization OA OB OC O Date of Payment 8/31/2019  Event #  Event #  Event #  Independent Organization OA OB OC OI  Independent Organization OA OB OC OI	Method of Payment Ocheck # 1110 Debit Card OF State Zip Code CT  Amount \$1,500.00  Method of Payment Ocheck # 1111 Obebit Card OF State Zip Code CT 06606  Amount \$225.00

### Section P. ADDITIONAL PAGE 25 of 32

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	of	

NAME OF COMMIT	IEE (Provide Complete Name as Registered with Filing Repository)			TYPE	OF REPORT		
Marilyn for Mayo				7th	Day Preceding	Primary	
AUTO PARTIES OF THE	P. Expenses l	Paid by C	ommittee			e de la composição de l	
Name of Payee Avuchella Trattor	ia				f Payment /2019	Method of Ocheck	# 1112
Street Address 272 Fairfield Ave	nue	City Bridgepo	rt			State CT	Zip Code 06604
Purpose of Expenditure (by code) FNDR						\$1,800	Amount
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OA OB OC OD							
Name of Payee Joseph Perkus					f Payment /2019	Method of I Check Debit	#1113
Street Address 955 Main Street A	Apt 710	City Bridgepo	rt			State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Consulting through 8/25			Event #		\$250.	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit  None of the below (does not involve another candidate or com  Coordinated with reimbursement sought (joint expenditure  Coordinated without reimbursement sought (in-kind contril	nmittee)	O Independe	ent	вОс Ор		
Name of Payee				- 1	f Payment	Method of Check	Payment:
Joseph Perkus				8/3	1/2019	Debit	
Street Address 955 Main Street	Apt 710	City Bridgepo	ort			State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Consulting through 9/1			Event #		\$250.	Amount
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  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							
Name of Payee National Associa	tion of Naval Veterans	_		i i	1/2019	Method of Check	c#_1115 Card OEFT
Street Address 69 Brewster St		City Bridgepo	ort			State CT	Zīp Code
Purpose of Expenditure (by code) FNDR	Description Hall Rental			Event #		\$475.0	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or composition of the coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind controlled)	mmittee) e)	Independ	lent	рв Ос Ор		
	s	SUBTOTAL	Section P	This Page	\$2,775.00		

### Section P. ADDITIONAL PAGE

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	of	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	SECULA F	BUSINESS BAR
Marilyn for Mayo				7th Day Preceding	Primary	
	P. Expenses	Paid by Committee	е			
Name of Payer Working Families	Campaign Committee			Date of Payment 8/31/19	Method of F	#_1116
Street Address 30 Arbor St		City Hartford	•		State CT	Zip Code
- 10	To antistra	<u> </u>	Event #			Amount
Purpose of Expenditure (by code) CNSLT	Contract services through 8/25					.00
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  Independent Organization A B C OD						. <u>.</u>
Name of Payee Date of Payment					Method of F Check	
CCM & Co				9/1/2019	O Debit (	
Street Address		City			State	Zip Code
1022 Boulevard #	ŧ 329	West Hartford			CT	06119
Purpose of Expenditure	Description		Event #			Amount
(by code) PRNT	Printed materials / Invoice 19856				\$4,168.92	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und  None of the below (does not involve another candidate or concordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind controlled)	nmittee)	ndent zation <b>O</b> A	ОВОСОВ		
Name of Payee				Date of Payment 9/1/2019	Method of F Check	
CCM & Co				9/1/2019	O Debit	
Street Address		City			State	Zip Code 06119
1022 Boulevard	# 329	West Hartford			CI	
Purpose of Expenditure (by code) A-DM	Description Mailers / Invoice 19857		Event #		\$17,0	Amount 99.11
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	ommittee)	endent ization	A OB OC OD		
Name of Payee				Date of Payment	Method of I	Payment #1024
PRPFC Inc.				7/12/19	O Debit	
Street Address		City			State	Zip Code
PO Box 447		Bridgeport			СТ	06601
Purpose of Expenditure (by code) A-OTH	Description Puerto Rican Day Parade		Event #		\$50.00	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate or concentrated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contentrated)	ommittee)	endent	() A Ов Ос Ор	\$50.00	
		SUBTOTAL Section P -	(2)	426 562 03		

### Section P. ADDITIONAL PAGE 27 of 32

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			THE PERSON NAMED IN	TYPE OF REPORT		The second secon
Marilyn for Mayo	TEE (Provide Complete Name as Registered with Filing Repository)			7th Day Preceding	Primary	
	P. Expenses	Paid by Committe	ee			
Name of Payee Marilyn Moore				Date of Payment 7/13/19	Method of Check	(#_1031
Street Address 666 Cleveland Av	/e	City Bridgeport			State CT	Zip Code
Purpose of Expenditure (by code) RCW	Description Restaurant Depot Reimbursement	taurant Depot Reimbursement				
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	mmittee)	endent	A OB OC OD		
Name of Payee Marilyn Moore				Date of Payment 7/23/19	Method of Check	# 1032
Street Address 666 Cleveland Av	/e	City Bridgeport			State	Zip Code
Purpose of Expenditure (by code) RCW	Description Vazzano's Reimbursement		Event #		Amount \$142.30	
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 expenditur  Coordinated without reimbursement sought (in-kind contr	mmittee)	endent	) А <b>О</b> В <b>О</b> С <b>О</b> Д		
Name of Payee Frontier		II.		8/19/2019	Method of Check	c#
Street Address PO Box 740407		City Cincinnati			State OH	Zip Code
Purpose of Expenditure (by code) OVHD	Description Telecommunications		Event #		\$1036	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  Onone of the below (does not involve another candidate or concomment of the below (does not invol	ommittee) Indep	pendent	A OB OC OD		
Name of Payee M. White Lounge				Date of Payment 8/12/2019	Method of Check	¢#
Street Address 2288 Fairfield Av	ve	City Bridgeport			State CT	Zip Code 06605
Purpose of Expenditure (by code) FNDR	Description Event hosting		Event #		\$209.5	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 expenditus Coordinated without reimbursement sought (in-kind control	ommittee) re)	endent _	d) A ОВ ОС ОD		
		SUBTOTAL Section P	— This	Page \$1,488.98		

### Section P. ADDITIONAL PAGE 28 of 32

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	of	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	MINTEN		TYPE OF REPORT	PERSONAL PROPERTY.	production of
Marilyn for Mayo	or			7th Day Preced	ing Primary	
	P. Expenses	Paid by	Committee			8 M 5
Name of Payee US Postal Service				Date of Payment 8/26/2019	Method of Chec	
Street Address Middle Street		City Bridgepe	ort		State CT	Zip Code 06602
Purpose of Expenditure (by code) MISC	Description Event # Mail Forwarding Fee					Amount
Expenditure # (if applicable)						
Name of Payee Staples				Date of Payment 8/5/19	Method of O Chec O Debit	15.4
Street Address 1201 Kings Hwy		City Fairfield			State CT	Zip Code 06824
Purpose of Expenditure (by code) OFFICE	Description Office Supplies		Eve	nt#	\$74.4	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or compared to the coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contract)	mmittee) re)	O Independent	ked)	D	
Name of Payer Home Depot			-	8/19/19	Method of Chec	
Street Address 656 Reservoir Av	ve	City Bridgep	ort		State	Zip Code 06606
Purpose of Expenditure (by code) OFFICE	Description Office Supplies		Eve	nt#	\$34.2	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or c  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind com	ommittee) ire)	Independent		) D	
Name of Payee Target				Date of Payment 8/20/19	Method of Chec	
Street Address Main St		City Trumbul	1		State CT	Zip Code
Purpose of Expenditure (by code) OFFICE	Description Cleaning supplies		Eve	nt #	\$12.8	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ommittee) re)	Independent	OA OB OC C	)D	
		SUBTOTAL	Section P — Th	is Page \$122.56		

### Section P. ADDITIONAL PAGE

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	of	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	www.comanae.com	WHEN D	TYPE OF REPORT		A SHARE A LOCAL
Marilyn for Mayo				7th Day Preceding	Primary	
3016	P. Expenses	Paid by Committee	2			
Name of Payee Staples				Date of Payment 8/20/19	Method of I O Check	#
Street Address 1201 Kings Hwy		City Fairfield			State CT	Zip Code 06824
Purpose of Expenditure (by code) A-SIGN	IGN Poster Printing					Amount
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A B C D						
Name of Payee Staples				Date of Payment 8/20/19	Method of F O Check O Debit	#Card OEFT
Street Address 1201 Kings Hwy		City Fairfield			State	Zīp Code 06824
Purpose of Expenditure (by code) OFFICE	Description Office supplies		Event #		\$122.2	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	mmittee)	ndent	а <b>О</b> в <b>О</b> с <b>О</b> о		
Name of Payee Staples				8/20/2019	Method of f Check	#
Street Address 1201 Kings Hwy		City Fairfield			State CT	Zip Code 06824
Purpose of Expenditure (by code) OFFICE	Description Office supplies		Event #		\$37.2	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee)	endent	ed) Da Ob Oc Od		
Name of Payee Staples				Date of Payment 8/22/19	Method of I Check Debit	#Card OEFT
Street Address 1201 Kings Hwy		City Fairfield			State CT	Zip Code 06824
Purpose of Expenditure (by code) OFFICE	Description Office supplies		Event i	<b>#</b>	\$11.16	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required use)  None of the below (does not involve another candidate or concomment of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind controlled)	ommittee) re)	ndent	d)		
		SUBTOTAL Section P -	— This	Page \$268.19		

#### SEEC FORM 20 Revised January 2415

#### Section P. ADDITIONAL PAGE

30		32
	of	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	<b>各国基础的企业与通过</b>	TYPE OF REPORT	
Marilyn for Mayo	or		7th Day Precedin	g Primary
	P. Expenses	Paid by Committe	e	
Name of Payee Anedot			Date of Payment 9/1/2019	Method of Payment: O Check # O Debit Card
Street Address 5555 Hilton Ave		City Baton Rouge	***************************************	State Zip Code
Purpose of Expenditure (by code) BNK	Description Online contribution fees	Amount \$345.40		
Expenditure # (if applicable)				
Name of Payee Dunkin Donuts			Date of Payment 8/26/19	Method of Payment: O Check # O Debit Card OEFT
Street Address 880 Barnum Ave	Cutoff	City Stratford		State Zip Code
Purpose of Expenditure (by code) FOOD	Description Volunteer food		Event #	Amount \$43.56
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 expenditure) Coordinated without reimbursement sought (in-kind control	mmittee)		
Name of Payee Stop & Shop			Date of Payment 8/24/19	Method of Payment: O Check # O Debit Card OEFT
Street Address 2145 Fairfield Av	ve	City Bridgeport		State Zip Code
Purpose of Expenditure (by code) FOOD	Description Volunteer Food		Event #	Amount \$27.18
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or concordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind contone).	ommittee)		
Name of Payee Price Rite			Date of Payment 8/29/19	Method of Payment Check # Debit Card DEFT
Street Address 164 Boston Aver	nue	City Bridgeport		State Zip Code
Purpose of Expenditure (by code) MISC	Office cleaning supplies and food for volunte	eers -	Event #	Amount \$27.10
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or expenditure)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the control	ommittee) re)		
		SUBTOTAL Section P -	NEW YORKSTONE STREET	
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### Section P. ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_

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Marilyn for Mayor				TYPE OF REPORT		Section of the State of the Sta		
				7th Day Precedi	ng Primary			
	P. Expenses	Paid by C	ommittee					
Name of Payee Purebuttons.com			· · · · · · · · · · · · · · · · · · ·	Date of Payment 8/27/19	O Check	Method of Payment: O Check # O Debit Card OEFT		
Street Address 4930 Chippewa Re	d	City Medina			State OH	Zip Code 44256		
Purpose of Expenditure (by code) A-OTH	Description Buttons		Even	t#	\$184.2	Amount \$184.24		
Expenditure # (sf 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	D						
Name of Payee Google	O Check	Method of Payment: O Check # O Debit Card OEFT						
Street Address 1600 Amphitheati	600 Amphitheatre Parkway  City  Mountain View							
Purpose of Expenditure (by code) A-WEB								
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un O 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)	Independent	ed) DA OB OC OI	D			
Name of Payee Hoot Suite Date of Payment 8/16/2019					O Check	Method of Payment: O Check # O Debit Card OEFT		
Street Address 5 East 8th Avenue	2	City Vancouve	er		State BC	Zip Code V5T 1R6		
Purpose of Expenditure (by code) A-WEB	Description Social Media Software		Eveni	t#	\$45.4	Amount \$45.45		
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 expenditure) Coordinated without reimbursement sought (in-kind control	ommittee) re)	Independent	ked) Oa Ob Oc O	D			
Name of Payee Staples				Date of Payment 8/19/2019	Method of Check	Card OEFT		
Street Address 1201 Kings Hwy		Fairfield			State CT	Zip Code 06824		
Purpose of Expenditure (by code) OFFICE	Description Office supplies		Even	at #	\$58.48	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or concordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind controller)	mmittee) e)	Independent	OA OB OC O	D			
	s	UBTOTAL	Section P — Thi	s Page \$312.02				

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Marilyn for Mayo			7th Day Precedin	ng Primary					
	P. Expenses	Paid by Committee	e						
Name of Payee Stop and Shop			Date of Payment 8/19/2019	Method of Payment: O Check # O Debit Card OEFT					
Street Address 2145 Fairfield Av	re	City Bridgeport		State Zip Code CT					
Purpose of Expenditure (by code) FOOD	Description Volunteer food		Amount \$20.36						
Expenditure # (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)  Independent Organization A B C D								
Name of Payee Eli Shaffner			Date of Payment 8/16/19	Method of Payment Check # 1096 Debit Card DEFT					
Street Address 779 William St #2	' .								
Purpose of Expenditure (by code) CNSLT									
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	mmittee)							
Name of Payee			Date of Payment	Method of Payment:  Check # 109/					
Juan Carlos Torre	!5		8/19/2019	O Debit Card OEFT					
Street Address 445 Trumbull Ave	e	Bridgeport		State Zip Code CT 06606					
Purpose of Expenditure (by code) CNSLT	Description Canvassing		Event#	Amount \$120.00					
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 control	ommittee)							
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	mmittee)							
	s en la companya de la companya de la companya de la companya de la companya de la companya de la companya de	SUBTOTAL Section P -	- This Page \$260.36						

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT Marilyn for Mayo	TEE (Provide Complete Name as Registered with Filing Repo	TYPE OF REPORT 7th Day Preced	TYPE OF REPORT 7th Day Preceding Primary				
	O. Campaign	Expenses Paid by Can	didate				
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)	, a canada de la ca	Date of Payment	ls reimbursement claimed?  O Yes O No			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
Name of Payee (Nume of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?  O Yes O No			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description	Event #	Amount				
Name of Payee (Nume of	Vendor, Person or Entity who candidate paid directly)	Date of Payment	Is reimbursement claimed?  O Yes O No				
Street Address		<u> </u>	State Zip Code				
Purpose of Expenditure (by code)	Description	Event #	Amount				
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)	Date of Payment	Is reimbursement claimed?  Yes No				
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event#	Amount			
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?  Yes No			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
Name of Payee (Nume of	Vendor, Person or Entity who curdidate paid directly)		Date of Payment	Is reimbursement claimed?  Yes No			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
		SUBTOTAL Section Q	— This Page				
		TOTAL of additional Sec	tion Q Pages				
		EXPENSES PAID BY C. n Line 26, Column A of Summe					

### IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT Marilyn for Mayo	TEE (Provide Complete Name as Registered with Filing Repositor	TYPE OF REP	ORT ceding Primar	ry		
	R. Expenses Incurr	ed on Comm	ittee Credit (	Card		
Name of Issuing Inst		Type of Credit		O Discover C	American Expres	ss Other:
Name of Vendor, Person	or Entity			<u>-</u>	Date of	Transaction
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Even	at #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require  None of the below  Coordinated with reimbursement sought (joint expended)  Coordinated without reimbursement sought (in-kind of the coordinated)	diture)	Independent		ОВ	
Name of Vendor, Person	Entity .				Date of	Transaction
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Even	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require  None of the below  Coordinated with reimbursement sought (joint expended)  Coordinated without reimbursement sought (in-kind of	diture)	O Independent		ОВ	
Name of Vendor, Person	r Entity				Date of	Transaction
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description	<sup>1</sup>	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	diture)	Independent		Э Ор	
	s	UBTOTAL Sec	ction R — This l	Page		
	TO	TAL of addition	nal Section R Pa	iges		
то	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lin					

S. Expenses Incurred by Comm	nittee but Not Paid I				
	Hitee Dat 110t 1 and 1	During this Period			
			Date Incu	med	
	City		State	Zîp Code	
se of Expenditure de)  Description  Event #					
None of the below Coordinated with reimbursement sought (joint expenditu	Indepe	ndent	Þ		
			Date Incu	пed	
	City		State	Zip Code	
iption		Event #	Amount Incurred (Estimate or Actual)		
None of the below Coordinated with reimbursement sought (joint expenditu	Indepe	ndent			
			Date Incur	тed	
	City		State	Zip Code	
iption		Event #		ount Incurred timate or Actual)	
None of the below Coordinated with reimbursement sought (joint expenditu	Indepe	ndent	·		
	SUBTOTAL Section S	S-This Page			
TO	OTAL of additional Sect	tion S Pages			
Previously reported Expe	nses Unpaid and still O	utstanding			
	of Expenditure (Itemization in Addendum S Required and Coordinated with reimbursement sought (joint expenditure)  prion  f Expenditure (Itemization in Addendum S Required and Itemization in Itemization in Itemization in Itemization in Itemization in Itemization in Itemization in Itemization	prion  If Expenditure (Itemization in Addendum S Required unless "None of the below" is coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Texpenditure (Itemization in Addendum S Required unless "None of the below" is coordinated without reimbursement sought (joint expenditure) City  prion  City  City  City  City  City  City  Prion  City  City  Dione of the below (oordinated without reimbursement sought (in-kind contribution)  City  Dione of the below (oordinated with reimbursement sought (joint expenditure) (organized unless "None of the below" is coordinated with reimbursement sought (joint expenditure) (organized unless "None of the below" is coordinated with reimbursement sought (joint expenditure) (organized unless "None of the below" is coordinated without reimbursement sought (joint expenditure) (organized unless "None of the below" is coordinated without reimbursement sought (joint expenditure) (organized unless "None of the below" is coordinated without reimbursement sought (joint expenditure) (organized unless "None of the below" is coordinated without reimbursement sought (joint expenditure) (organized unless "None of the below" is coordinated without reimbursement sought (joint expenditure) (organized unless "None of the below" is coordinated unless "None of the below"	pition  Event #  Event #  Independent Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  C	pition   Event #   Art (Estenditure (Itemization in Addendum S Required unless "None of the below" is checked)	

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT Marilyn for Mayor							E OF REPORT Day Preceding Primary			
	T. Itemization of Reim	bu	rsements and Secon	dary	Payees					
Last Name of Worker/Cor Perkus	rsultant	Ι.	rst 0e				МІ	Date of I Person o 7/4/		
Name of Vendor, Person of Walgreen's	or Entity Paid by Committee Worker/Consultant	_			report	ed ir	o Reimburse o Section P ok # 1025	_	Worker/Consultant as	
Street Address of Vendor, 414 Kings Highwa	Person or Entity Paid by Committee Worker/Consultant		<sup>City</sup> Fairfield					State CT	Zip Code	
Purpose of Expenditure (by code) A-SIGN	Description Poster Printing						\$32.63	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	endit	ure) [Indepen	ndent (			) C 0 B			
Last Name of Worker/Com Perkus	isultant	Fii Je	rst Oe				МІ	Date of F Person of 7/25/	ayment to Vendor, Entity 19	
Name of Vendor, Person o Best Buy	or Entity Paid by Committee Worker/Consultant				report	ed in	Reimburse Section P: k # 1035	_	Vorker/Consultant as	
Street Address of Vendor, 100 Hawley Lane	Person or Entity Paid by Committee Worker/Consultant		City Trumbull					State CT	2ip Code 06611	
Purpose of Expenditure (by code) OFFICE								\$21.84	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind)	nditi	ure) 🕜 Indepe	ndent C	0	C	C o D			
Last Name of Worker/Con Perkus	isultant	Fii	rst Oë				МІ	Date of P Person of 7/25/	ayment to Vendor, Entity 19	
Name of Vendor, Person o Target	or Entity Paid by Committee Worker/Consultant				report	Payment to Reimburse Committee Worker/Consultant as reported in Section P.  Check # 1036 Debit Card DEFT				
Street Address of Vendor, 100 Hawley Lane	Person or Entity Paid by Committee Worker/Consultant		City Trumbull					State CT	Zip Code 06611	
Purpose of Expenditure (by code) OFFICE	Description Office Supplies			Event #				\$90.40	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	nditu	are) Indeper	ndent C	0	ç	C O D			
		Ş	SUBTOTAL Section T —	– This	Page S	14	4.87			
		TO	TAL of additional Secti	ion T P	ages	64	1.48			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VO	RKERS AND CONS	ULTA	NTS S	78	6.35			
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# Section T ADDITIONAL PAGE \_ 1 of \_ 4

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposite	(עדוס			YPE OF R		Prim ary	KEPALIFIER I	
	T. Itemization of Reim	bu	rsements and Secon	dary P	avees				
Last Name of Worker/Co Perkus		First Joe			•	MI	Date of Person o 7/25		
Crossroads Pizza	or Entity Paid by Committee Worker/Consultant				reported	Payment to Reimburse Committee Worker/Consultant reported in Section P:  Check # 103/			
Street Address of Vendor 2065 East Main	, Person or Entity Paid by Committee Worker/Consultant		City Bridgeport		•		State CT	Zip Code	
Purpose of Expenditure (by code) FOOD	Description Pizza for volunteers	Event #					\$39.34	Amount	
Expenditure # (if applicable)									
Last Name of Worker/Cor Perkus	isultant	Ι.	rst De			МІ	Date of F Person of 7/25/	Payment to Vendor, Entity 19	
Price Right	or Entity Paid by Committee Worker/Consultant			•	reported i	to Reimburse n Section P: ck #_1U38	_	Vorker/Consultant as	
Street Address of Vendor, 164 Boston Ave	Person or Entity Paid by Committee Worker/Consultant		City Bridgeport				State CT	Zip Code	
Purpose of Expenditure (by code) FOOD							\$14.36	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind)	ndit	ure) O Indepe	ndentO	O C	) O			
Last Name of Worker/Com Perkus	sultant	Fii	st De		-	МІ	Date of Preson or 8/5/19		
Name of Vendor, Person o Massimo Pizzería	r Entity Paid by Committee Worker/Consultant				reported in	o Reimburse Section P. ck # 1056			
Street Address of Vendor, 100 Boston Ave	Person or Entity Paid by Committee Worker/Consultant		City Bridgeport				State CT	Zip Code 06610	
Purpose of Expenditure (by code) FOOD	Description Pizza			Event #			\$89.01	Amount	
Expenditure # (if applicable)	Expenditure # T C.C								
		S	UBTOTAL Section T —	- This Pa	ge \$14.	2.71			
		то	TAL of additional Secti	on T Pag	es				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	vo	RKERS AND CONSU	ULTAN	TS				
	P								

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## Section T ADDITIONAL PAGE 2 of 4

						PE OF REPORT n Day Preceding Primary			
defiglion and a	T. Itemization of Reim	ıbu	rsements and Secon	dary P	ayees		A1016		
Last Name of Worker/Co Perkus	onsultant	-11	irst OE			МІ	Date of Payment to Vendor, Person or Entity 8/5/19		
Name of Vendor, Person BJ'S	or Entity Paid by Committee Worker/Consultant				reported	to Reimburse in Section P: eck # 1056			
Street Address of Vendor 40 Black Rock Tpl	r, Person or Entity Paid by Committee Worker/Consultant		City Fairfield				State CT	Zip Code	
Purpose of Expenditure (by code) FOOD	Description Water for office			Event #			\$26.96	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requi	endi	ture) O Indepe	ndent O	0 (	, c o b			
Last Name of Worker/Co Moore	nsultant		rsı Aarilyn			МІ	Date of P Person or 8/5/1	ayment to Vendor, r Entity 9	
Name of Vendor, Person Staples	or Entity Paid by Committee Worker/Consultant				reported i	to Reimburse in Section P: ck #_IU54	_	Worker/Consultant as	
Street Address of Vendor 1201 King's Hwy	, Person or Entity Paid by Committee Worker/Consultant		City Fairfield				State CT	Zîp Code	
Purpose of Expenditure (by code) OFFICE	Expenditure Description Descri						\$66.75	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-king)	endi	ture) O Indepe	ndent	0 0	) O			
Last Name of Worker/Co Durham	nsultant	1	rst Vill			МІ	Date of P Person or 8/11/		
Name of Vendor, Person of Dollar Tree	or Entity Paid by Committee Worker/Consultant			<del> · · · ·</del>	reported i	to Reimburse n Section P: ck #_1090	_	Vorker/Consultant as	
Street Address of Vendor 345 Huntington T	Person or Entity Paid by Committee Worker/Consultant pke		City Bridgeport	,			State CT	Zip Code 06610	
Purpose of Expenditure (by code) OFFICE	Description Office Supplies			Event#	·		\$37.22	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requine None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	endit	ure) O Indepe	ndent O	0 0	O C O D			
			SUBTOTAL Section T —	– This Pa	ige \$13	0.93			
		T	OTAL of additional Secti	ion T Pa	ges				
TOTAL OF ALI	REIMBURSEMENT TO COMMITTEE V	wc	ORKERS AND CONS	ULTAN	TS				

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NAME OF COMMITT Marilyn for Mayor	TEE (Provide Complete Name as Registered with Filing Repositor	(ערוי			TYPE (			Primary	e programme
	T. Itemization of Reim	bu	rsements and Secon	dary	Payee	es			
Last Name of Worker/Co Durham	nsultant	First Will					МІ	Date of Person o	Payment to Vendor, or Entity /19
Name of Vendor, Person Staples	or Entity Paid by Committee Worker/Consultant				rep	orted i	o Reimburse n Section P: ck # 1090		Worker/Consultant as
Street Address of Vendor 1201 Kings Hwy	Person or Entity Paid by Committee Worker/Consultant		City Fairfield					State	Zip Code 06824
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #						\$61.00	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement Sought (joint expenditure)  None of the below Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kine)	endit	ture) O Indepe	ndent (	0	ВС	) O		
Last Name of Worker/Cor Perkus	nsultant	Ι.	oe				МІ	Date of Person o	Payment to Vendor, r Entity /19
Name of Vendor, Person of Mario the Baker	or Entity Paid by Committee Worker/Consultant				rep	orted in	Reimburse Section P:	_	Worker/Consultant as
Street Address of Vendor, 4414 Main St	Person or Entity Paid by Committee Worker/Consultant		City Bridgeport		•			State CT	Zip Code
Purpose of Expenditure (by code) FOOD								\$63.8	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind)	endit	ure) O Indepe	endent C	0	Во	C • D		
Last Name of Worker/Cor Moore	rsultant		rst Aarilyn		-		МІ	Date of P Person of 7/13/	Payment to Vendor, r Entity 119
Name of Vendor, Person of Restaurant Depo	or Entity Paid by Committee Worker/Consultant	<u> </u>		85	rep	orted in	Reimburse Section P. k # 1031	_	Worker/Consultant as
Street Address of Vendor, 181 Marsh Hill Rd	Person or Entity Paid by Committee Worker/Consultant		City Orange				-	State CT	Zip Code
Purpose of Expenditure (by code) MISC	Description Supplies for events and office			Event #				Amount \$100.73	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind	nditu	ure) O Indeper	ndent C	0	Сво	) O D		
		S	SUBTOTAL Section T	– This	Page	\$22	5.54		
		TO	OTAL of additional Secti	ion T P	ages				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	νo	RKERS AND CONST	ULTA	NTS				

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	T. Itemization of Reimb	bui	rsements and	d Secon	dary P	ayees	NE THE		
Last Name of Worker/Cons Moore		Fir			<del>.</del> -		МІ	Date of I Person o 7/23	Payment to Vendor, r Entity /19
Name of Vendor, Person or Vazzano's	r Entity Paid by Committee Worker/Consultant	_					n Section P:	_	Worker/Consultant as
Street Address of Vendor, I 337 Kenyon St	Person or Entity Paid by Committee Worker/Consultant		City Stratford			!		State CT	Zip Code 1032
Purpose of Expenditure (by code) FOOD	Description Food				Event#			\$142.3	Amount 30
Expenditure #  of applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	enditi	ure)	Indeper	ndent O	) О В С	C D		
Last Name of Worker/Cons	sultant	Fir	st				МІ	Date of F Person or	Payment to Vendor, r Entity
Name of Vendor, Person or	r Entity Paid by Committee Worker/Consultant						Section P:		Worker/Consultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City				65	State	Zip Code
Purpose of Expenditure (by code)	Description				Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expert) Coordinated without reimbursement sought (in-kind)	nditu	ure)	Indepe	ndent 🔿	) O C	) O O		
Last Name of Worker/Cons	sultant	Fir	st				МІ	Date of P Person or	ayment to Vendor, Entity
Name of Vendor, Person or	r Entity Paid by Committee Worker/Consultant						Section P:		Vorker/Consultant as
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant		City			<b></b>		State	Zip Code
Purpose of Expenditure (by code)	Description				Event #				Amount
Expenditure # (of applicable)	Type of Expenditure (Itemization in Addendum T Require  None of the below Coordinated with reimbursement sought (joint expent) Coordinated without reimbursement sought (in-kind)	nditu	ine) C		ndent O	0 0	C o D	ž	
		S	UBTOTAL Sec	ction T —	- This P	age \$14	2.30		
		тс	TAL of addition	onal Secti	on T Pa	ges			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE W	VO	RKERS AND	CONSI	ULTAN	TS			