## **SEEC FORM 20**

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

Page 1 of 17

Do Not Mark in This Space For Official Use Only

#### **COVER PAGE**

1. NAME OF COMMITTEE		VOLUME !						
Friends of Lamond								
2. TREASURER NAME	Terenusinist	5			i in the same	Will Say		DIE 3411
First		МІ	La					Suffix
Askar			M	orisseau	_			
3. TREASURER ADDRESS	HIP ST OF STREET	111133310			dayıı,		NIKI)	
Street Address 2600 Park Avenue, Apt 4M			City Bridge	port		State	2ip 0	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	te only if C	andidate Committee)			6. DIST	RICT NUMBER
(mm/dd/yyyy) 11/07/2023	Mayor						(if applicabl	e)
7. CANDIDATE NAME (Complete only if	Candidate or Explorator			Mary To The Park The Control				War Salver
First Lamond		MI	La	aniels				Suffix
A	No. 200 Albania			ai iiCi3			- Transaction	
8. TYPE OF REPORT (Check One Box)		The second second						
O January 10 filing	O7th day preced	ing primary	y (	7th day preceding referendum		nitial Conti PACs ONLY)	ribution o	r Disbursement
O April 10 filing	O30 days follow	ing primary	y <b>(</b>	45 days following referendum	OA	mendment	t to	
OJuly 10 filing	O7th day preced	ing election	ı (	Deficit	Ty	pe of Rep	ort:	
October 10 filing	12th day preced			Termination	-	0		(n)
O24 Hour Independent Expenditure OPrimary OElection	O45 days following not held in Nov	ing election			3	12	I NYTE.	BRIDGE C'D FOR
9. PERIOD COVERED					Ċ		5	200
> <u>1</u>	Beginning Date	•	th	Ending Date ru 12/31/2022		O American	99	SCOOP FILLY
10. CERTIFICATION		66	200		MAN NE	JOSEPH .		WEA HEAD
I hereby certify and state, under per Disclosure Statement for the per TREASURER OF DEJUTY TREASURER	iod covered is tru	ue, accura E	ate and	f the information set forth on the complete.  Donough  ME OF SIGNER	nis <b>Item</b>		12/09/2	
			ani Kar		1		<b>个人信息</b>	Section 1
A person who is fo	ound to have know fac	vingly and ces a civil	l willful penalty	ly violated any provisions of the or imprisonment or both.	e campo	aign finan	ce statut	es

#### **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) iends of Lamond	TYPE OF REPORT	
Friends of Lamond	01/10/2023	
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR     Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	o	
13. Contributions Received from Individuals (Sections A and B)	26,433.00	26,433.00
14. Receipts from Other Committees (Sections C1 and C2)	o	0
15. Other Monetary Receipts (Sections D through K)	375.00	375.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	О	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	О	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	26,808.00	26,808.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	26,808.00	26,808.00
19. Expenses Paid by Committee (Section P)	1,382.09	1,382.09
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	25,425.91	25,425.91
21. In-Kind Donations not Considered Contributions Received (Section L4)	o	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	o	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	o	0
25d. Total Outstanding Loan Amount	0	
6. Campaign Expenses Paid by Candidate (Section Q)	0	0
7. Expenses Incurred on Committee Credit Card (Section R)	0	0
8. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
8a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

NAME OF COMMITTEE (Provide Complete )	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Friends of Lamond					01/	10/2023			·
A. Total Contributions from (See instructions for definition of Smo				this Period ONLY	\$1	1,925.00	141		
	The second	B. Itemized Co	ontri	butions from Indiv	idua	ls		g/h	PER LAN
Last Name				First					MI
McDonough				Erin ———————					
Residential Street Address			City	laonart			State	Ι.	Code
955 Main Street, Apt. 507 Principal Occupation									504 
Director of Community Relations				Name of Employer Open Doors					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?							f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	) Yes		nch or	ontractor or prospective state	_	O No	150	.00	
Method of Contribution:		889		Date Received	1 **	gate Contributions			
OCash OPersonal Check OCredit/Debit	Card	OPayroll Deduction OMoney	/ Ordei	11/18/2022	200	.00			
Last Name Hills			- 1	irst Carol					МІ
Residential Street Address	-		City				State	Zip C	ode
3428 Huntington Quarter Road						199			
Principal Occupation				Name of Employer			<u> </u>		
vent reported in Section L1?	doe	s contributor or business he/she used at more than \$5,000?  Is contributor a principal of a siffyes, indicate which bran	he is associated with have a contract with said municipality  O Yes  No  100.00  f a state contractor or prospective state contractor?  O Yes						Contribution
If yes, list Event #		of government the contrac	t is wi	Date Received	<del></del>	egislative rate Contributions	4		
Cash OPersonal Check OCredit/Debit C	Card (	Payroll Deduction	Order	11/25/2022	100.	•			
ast Name			Fis	rst				_	MI
ee			٥١	ohn Marshall					
esidential Street Address		To	City				State	Zip C	ode
O Beacon Street			Bridg	jeport			CT	066	ľ
rincipal Occupation				Name of Employer					
inancial Listener				John Marshall Lee					
contributor a lobbyist, spouse, dependent child of a lobbyist?	does	ontribution is in excess of \$400 to s contributor or business he/she is sed at more than \$5,000?					Amo		Contribution
this contribution associated with an vent reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a st  If yes, indicate which brane of government the contract	ch or b	oranches	_	<b>⊙</b> No			
fethod of Contribution:				Date Received	Aggrega	ate Contributions	7		
Cash Personal Check Credit/Debit C	ard (	Payroll Deduction OMoney (	Order	11/30/2022	200.0	10			
	1	SUBTO	OTA	L Section B — This	Page	450.00			
		TOTAL	of ad	ditional Section B P	ages	24,058.00			
TOTAL OF A	LL (	CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page 7		26,433.00			

NAME OF CO	MMITTEE (Provide Col	mplete Name as Registered	with Filing Repos	sitory)		17YPE OF REPORT 01/10/2023			
THE RESERVE		C1.	Contribution	ons from C	other Comn	<u>t</u>	et in the		
Name of Committe	ee				Name of Treas			_	
Address				Is this contrevent repor	ted in Section Li	ed with an Oyes ONo 1? ist Event #	Amount	of Contribution	
City		State	Zip Code	Date Rec	cived	Aggregate Contributions			
Name of Committee	•		<u> </u>		Name of Treas	urer		<del>.</del>	
Address				ls this contr	ed in Section L1	od with an OYes ONo?	Amount	f Contribution	
City		State	Zip Code	Date Rece		Aggregate Contributions	7		
Name of Committee	;		1		Name of Treasu	urer			
Address		_		Is this contri	ed in Section L1'	d with an Yes No	Amount o	f Contribution	
City		State	Zip Code	Date Rece		Aggregate Contributions	1		
Jame of Committee			o or surpri	City	Name of Treasu	other Committees  rer	State	Zip Code	
Date Received	Expenditure #	Payment Type				<del></del>			
	(if applicable)	OReimbursem	ent for shared ex	opense OS	arplus Distribution	on	Amount	of Receipt	
Pescription							7		
ame of Committee					Name of Treasur	er			
ddress				City			State	Zip Code	
ate Received	Expenditure # (if applicable)	Payment Type  O Reimburser	ment for shared	expense O	Surplus Distribu	tion	Amount	of Receipt	
escription							1		
			SUBTOT	TAL Section	C — This P	age 0		<u></u>	
			TOTAL of	fadditional	Section C Pa	ages 0			
		FALL COMMITT s C1 + C2) (Enter to							

NAME OF COMMITTEE (Provide Complete Nam	e as Registered with Filing Repost	tory)		ТҮРЕ	OF REPORT	
Friends of Lamond				01/10	/2023	
	D. Loans	Rece	ived this Perio	d		nescribe in the most
Name of Lender			Source of Loan  Bank O	andidate O Indivi	dual Other	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan Yes No
Name of Cosigner/Guarantor (if applicable)					<b>I</b>	Amount Received
Street Address	City			State	Zip Code	-
Name of Lender			Source of Loan  Bank Ca	andidate O Individ		Date of Receipt
Street Address	City		<u> </u>	State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)					I	Amount Received
Street Address	City			State	Zip Code	1
Name of Lender			Source of Loan: OBank OCa	ındidate <b>()</b> Individ	ual Other	Date of Receipt
treet Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
lame of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City		<u> </u>	State	Zip Code	
			TOTAL SECT	TION D 0	<u> </u>	
E. Receipts from Entit	ies other than Individ	duals	or Other Com	mittees (Refere	endum Committe	es ONLY)
arme of Entity						
eet Address	,			Date Received		Amount Received
ny	S	State	Zip Code	Aggregate Contr	ibutions	
me of Entity	l.	· · · · ·			;	<u> </u>
eet Address				Date Received		Amount Received
у	S	tate	Zip Code	Aggregate Contr	butions	
me of Entity						
pet Address				Date Received		Amount Received
,	Sc	iate	Zip Code	Aggregate Contri	butions	
		16 L	TOTAL SECT	ION E 0		

Friends of Lamond	EE (Provide Complete Name as Reg				01/	10/2023
F	. Amount Transferre	d from Affil	liated Busin	ess Treasury (Bi	siness En	ity Committees ONLY)
Date of Receipt	Is this transaction asso event reported in Sect	ciated with an		ves, list Event #		Amount
ate of Receipt	Is this transaction asso event reported in Secti		OYes If J	ves, list Event #		Amount
ate of Receipt	Is this transaction asso event reported in Secti		8Yes If	res, list Event #		Amount
te of Receipt	Is this transaction asso event reported in Secti		8Yes If y	es, list Event#		Amount
				TOTAL SECTION	ON F	0
G. Amount Tr	ansferred from Affilia	ted Labor	Union or Ot	her Organizatio	n Treasi	1ry (Organization Committees ONL)
e of Receipt		Date of Receipt			Date of	Receipt
Amount		Amount				
Aı	mount		Amour	nt		Amount
Aı	mount		Amour	it		Amount
A	mount			OTAL SECTION	NG 0	
A	mount				NG 0	
			1	TOTAL SECTION		
	mount  H. Personal Funds of	the Candid	1	TOTAL SECTION		
of Receipt		the Candid	1	TOTAL SECTION		
	H. Personal Funds of		1	TOTAL SECTION	andidate C	ommittees ONLY)
of Receipt /07/2022	H. Personal Funds of		ate Receive	OTAL SECTION	andidate C	ommittees ONLY) Amount
of Receipt /07/2022	H. Personal Funds of  Method of payment:  OCash	<b>⊙</b> Pe	ate Receive	OTAL SECTION	andidate C	Amount 50.00
e of Receipt	H. Personal Funds of  Method of payment:  OCash  Method of payment:	<b>⊙</b> Pe	ate Receive	d this Period (C	andidate C	Amount 50.00 Amount
of Receipt /07/2022 of Receipt /20/2022	H. Personal Funds of  Method of payment:  OCash  Method of payment:  OCash	<b>⊙</b> Pe	ate Receive	d this Period (C	andidate C t Card	Amount 50.00 Amount 325.00
of Receipt /07/2022 of Receipt /20/2022 of Receipt	H. Personal Funds of  Method of payment:  OCash  Method of payment:  OCash  Method of payment:	<b>⊙</b> Pe	ate Received	d this Period (Ca	andidate C t Card	Amount 50.00 Amount 325.00
e of Receipt /07/2022 e of Receipt /20/2022	H. Personal Funds of  Method of payment:  OCash  Method of payment:  OCash  Method of payment:  OCash	• Pe	ate Received	d this Period (Ca	andidate C t Card t Card	Amount 50.00 Amount 325.00 Amount

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete	e Name as Registered with Filing Repository)		TYPE O	F REPORT	
Friends of Lamond			01/10/2	2023	
	J. Interest from Deposits in Author	ized Accoun	ts		
Name of Institution			Date Rece	ived	Amount
Street Address	City	Is	tate	Zip Code	
Sheet Address	City	ľ		Dip Code	
Name of Institution			Date Rece	ived	Amount
Street Address	City	S	tate	Zıp Code	
	TOT	AL SECTION	1 <b>J</b> 0		
K N	Aiscellaneous Monetary Receipts not Co			ione	
Name	iscenaneous Monetary Receipts not Co	usidered Co.		of Transaction	Amount Received
Street Address	City		State	Zip Code	ľ
Description	<u> </u>				
Name			Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			]	<u> </u>	
Name			Date	of Transaction	Amount Received
					Albount Received
Street Address	City		State	Zip Code	
Description					
Name	υ		Date	of Transaction	Amount Received
Street Address	City		State	Zíp Code	-
Description					_
	TOTAL SE	ECTION K	0	·	
SUMMA	RY OF OTHER MONETARY RECEIP	TS (Sections	D thr	ough K)	
Total Loans Received this Period (Sec	tion D)			0	
Total Receipts from Entities other than	Individuals or Other Committees (Section E)		+ 1	0	
Total Amount Transferred from Affilia	ated Business Treasury (Section F)		+	0	
Total Amount Transferred from Affilia	ated Labor Union or Other Organization Treasur	ry (Section G)	+	0	
otal Amount of Personal Funds of the	e Candidate Received this Period (Section H)	·	+	375.00	
otal Amount of Interest from Deposit	s in Authorized Accounts (Section J)		+	0	
Total Miscellaneous Monetary Receipt	s not Considered Contributions (Section K)		+	0	
(Add S	Total of Other Sections D through K) (Enter total on Line 15, Column				

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

	(Provide Complete Name as Registered with Filing Repositor	אין	TYPE OF REPORT	
Friends of Lamond		0.00	01/10/2023	
	L1. Eve	nt Information		
Event # Date of Event Letter	Description			Was this a fundraising even
Location: Street Address		City		State Zip Code
Subpart 1: (All Commit Was this event hosted at		OYes (If yes, go to Section L5 in Associated with a House purchases made by host(s)	e Party and complete	e required information 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 L4 and complete required in No		not Considered Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Receip	pts here.)	\$
	nittees, Municipal Candidates and Political Com advertising space in a program book or on a fundraiser?	mmittees other than Exploratory C OYes (If yes, go to Section L3 F or on a Sign and comple	Purchases of Adverti	
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Receip	pts here.)	\$
Event # Date of Event Letter	Description	. 40		Was this a fundraising event
Location: Street Address		City		State Zip Code
Subpart 1: (All Committee Was this event hosted at a		Yes (If yes, go to Section L5 In Associated with a House purchases made by host(s)	Party and complete	required information for any
	e goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section L4 I and complete required inf		ot Considered Contributions
Was this fundraiser a tag s with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	Yes (If yes, enter Total Receip	ots here.)	\$
Subpart 2: (Party Comm Were there purchases of a sign associated with this f	ittees, Municipal Candidates and Political Comidvertising space in a program book or on a fundraiser?	O Yes (If yes, go to Section L3 Por on a Sign and complet	urchases of Advertis	7-10 T
Subpart 3: (Town Comm. Did your committee sell for gathering held within the s	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Receipt	ts here_)	\$
SUBTOTAL Section	LI-Subpart ! (All Committees) Total Receipts fr	om Sale of Donated Items — Th	is Page 0	
		ion L1—Subpart 3 <i>(Town Committee</i> : ipts from Food Purchases — Th		
		TOTAL of additional Section L	1 Pages 0	
		IPTS FROM SMALL PURC Line 16a, Column A of Summary Pa		•

Revised January 2015		II. EVENT AC	TIVITY (	Sections L1—	-L5)			rage > 0117
		48, effective January from a committee tag						
NAME OF COMM	ATTEE (Provide Complete No	ame as Registered with Filing Repos	itani		TYPE OF REPO	ORT		military (Fee V
Friends of Lamor		and the ground with I ming he pool	iioiy)		01/10/2023	JKI		
The state of the state of	To 1	Durchases of Adventis	ing in a Duce	Deal or		Cerru	ADDRESS STATE	- Transcore
Name of Purchaser	123.1	Purchases of Advertis	ing in a Prog	gram book or c	on a Sign	In .	14.1	
Name of fucilizati						ОВ	ase Made By: Business Entity Individual/Sole I	Other Proprietorship
Street Address			City	,		10"	State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purch	ase	Amount of Si	ign Purchase
Name of Purchaser						<u> </u>		
Name of Fucileser						I _	usiness Entity	Other
						1 =	dividual/Sole P	_
Street Address			City			<u> </u>	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ıse	Amount of Sig	gn Purchase
Name of Purchaser		1				ОВи	se Made By usiness Entity dividual/Sole P	O Other
treet Address			City			_	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	se	Amount of Sig	n Purchase
lame of Purchaser						Purchas	se Made By:	
						_	siness Entity lividual/Sole Pr	Other Other
reet Address			City			<u> </u>	State	Zip Code
ate Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	Se A	Amount of Sig	n Purchase
ame of Purchaser						Purchas	e Made By:	
						<b>O</b> Bus	133	Other
eet Address			City			O inici	, , , , , , , , , , , , , , , , , , ,	Zip Code
nte Received	Event #	Aggregate Purchases f	or All Events	Amount of Progr	am Ad Purchas	e A	Amount of Sign	Purchase
	SUBTOTAL Section	ion L3 Total Purchases of A	Advertising in I	rogram Book —	This Page 0			_
	SUBTOTA	AL Section L3 Total Purch	ases of Adverti	sing on a Sign —	This Page 0			
	A Sept. Yes		TOTAL of	additional Section	L3 Pages 0			

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

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

NAME OF COMMIT	TEE (Provide Complete Nam	e as Registered with Filing Repo.	sitory)	and a second	TYPE OF REI	PORT	+100	E-3000 10
Friends of Lamond					01/10/2023	2		
	I	4. In-Kind Donatio	ns Not Cons	sidered Contribu	tions	(2 %)	Charles Co.	HIVE S
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	In					<u> </u>		
Business Entity	Description of Donation					Fair i	Market Va	lue of Donatio
Individual Sole Proprietorship	Date Received	Event #		Aggregate Value for	r this Event			
lame of Donor	· · · · · · · · · · · · · · · · · · ·			•		<u> </u>		
treet Address		<del></del>	City				State	Zip Code
Donation Given By:	Description of Donation					FF-2- N	Maulic 4 31	lue of Press
Business Entity	Description of Donation					Fair A	Aarket Va	lue of Donatio
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event				
lame of Donor		<u></u>					·	
treet Address		· · · · · · · ·	City				State	Zip Code
Onation Given By:  Business Entity	Description of Donation					Fair M	farket Val	ue of Donation
Individual Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
arme of Donor								-
reet Address			City			- 1	State	Zip Code
nation Given By:  Business Entity	Description of Donation					Fair M	arket Val	e of Donation
Individual Sole Proprietorship	Date Received	Event #		Aggregate value for the	nis Event			
		SUE	STOTAL Secti	on L4 — This Page	0			
		тот	AL of addition	nal Section L4 Pages	0		<u> </u>	
тот		DONATIONS NOT CO			0		-	
								<del></del> -

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

NAME OF COMM	TTTEE (Provide Complete Name as Registered with Filing Ro	epository)		TYPE OF R	EPORT	en sur years
Friends of Lamo	nd			01/10/20	23	
	L5. In-Kind Donations Not Consid	lered Contributions Asso	ciated with a	House Pa	rty	
Name of Host			committee	nt supporting r ? OYes OI complete Itemi	No	one candidate
Street Address		City			State	Zip Code
Description of Donation				Fair Ma	irket Valu	e of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—#	his host candidate	7		
Name of Host	<b>,</b>		committee?	t supporting n OYes ON	lo	one candidate
Street Address		City			State	Zip Code
Description of Donation	-	I		Fair Ma	rket Valu	e of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—th	is host candidate			
Name of Host		,	committee?	t supporting m OYes ON complete Itemiz	o	one candidate o
Street Address		City			State	Zip Code
Description of Donation		, , , , , , , , , , , , , , , , , , ,		Fair Ma	ket Value	of Donation
event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host candidate	7		
lame of Host			committee?	supporting m OYes ON omplete Itemiz	0	one candidate o
treet Address		City	1		State	Zip Code
escription of Donation				Fair Mar	ket Value	of Donation
vent #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	s host candidate	1		
		SUBTOTAL Section L5 -	– This Page	0		
	1	TOTAL of additional Section	n L5 Pages	0		
	AL OF ALL IN-KIND DONATIONS NO ITH A HOUSE PARTY (Enter total on A	OT CONSIDERED CONTR Line 22, Column A of Summar		0		

NAME OF COMMITTEE (Provide Comple	ete Name as Ri	egistered wit	h Filing Repository)		TYPE OF REPORT		WE COME
Friends of Lamond		CHECKE.			01/10/2023		
Name		The state of the s	M. In-Kind Co	ntributions			
Name							
Street Address				City		State	Zip Code
Type of contributor: Committee	Date Recei	ved	Aggregate Contributions	Description of In-Ki	nd Contribution		
OIndividual / Sole Proprietorship OOthe	er			1			
Is contributor a lobbyist, spouse, Ye		bution is in	excess of \$400 to a cand	idate for a chief executiv	e officer of a municipality,	$\Box$	
or dependent child of a lobbyist? O No	valued a	t more than	business he/she is associan \$5,000?	Yes ONo	with said municipality		Market Value is Contribution
Is this contribution associated with an	Q Yes	Is contrib	utor a principal of a state	contractor or prospective	state contractor? OYes	1	
event reported in Section L1?  If yes, list Event #	O No		indicate which branch or ernment the contract is wi		• OLegislative		
Name			<u> </u>			L	
treet Address				City	·	State	Zip Code
				1			1
Type of contributor: Committee	Date Receiv	ed	Aggregate Contributions	Description of In-Kin	d Contribution		
Individual / Sole Proprietorship Other							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	does con	bution is in itributor or	excess of \$400 to a cand business he/she is associa	idate for a chief executivated with have a contract	e officer of a municipality, with said municipality		Market Value
	valued a	t more than	\$5,000?	O Yes O No		01111	5 COM111041101
s this contribution associated with an event reported in Section L1?	O Yes I	ls contribut <i>If yes</i> , i	or a principal of a state condicate which branch or	ontractor or prospective s branches	state contractor? Yes		
If yes, list Event #		of gover	nment the contract is with	h: C Executive	Legislative		
ame				_			
reet Address				City	<u> </u>	10	T7: 0 T
				City		State	Zip Code
ype of contributor; OCommittee	Date Receive	d	Aggregate Contributions	Description of In-Kind	Contribution		
Individual / Sole Proprietorship Oother							
contributor a lobbyist, spouse, Yes	If contrib	ution is in	excess of \$400 to a candi	date for a chief executive	officer of a municipality,	Fair !	Market Value
r dependent child of a lobbyist? No	does cont valued at	ributor or t more than	ousiness he/she is associat \$5,000?	ted with have a contract v	with said municipality	of this	Contribution
this contribution associated with an		contributo	or a principal of a state co	ntractor or prospective st	ate contractor? OYes		
vent reported listed in Section L1?  If yes, list Event #	O No	of govern	idicate which branch or l iment the contract is with	branches Executive	OLegislative ONo		
	10 Mary 10 10 10 10 10 10 10 10 10 10 10 10 10	77.13	AUL B F ST STA	Section M — This Pa		-	
		1245/25 (E	SUBTUTALS	section lat — I his La	Re lo		
Anna Carlos Mariantes de la Carlos de Carlos d	AND DESCRIPTION OF THE PERSON NAMED IN						
	W SE		TOTAL of addi	tional Section M Pag	es 0		
OTAL OF ALL IN-KIND CONT	rributi(	ONS (En	Control Services and Control				
OTAL OF ALL IN-KIND CONT			ter total on Line 23, Colun	nn A of Summary Page To	otals) 0	F-12-11	- 1. V - 0.V
OTAL OF ALL IN-KIND CONT			Control Services and Control	nn A of Summary Page To	otals) O	Date Denosit	Made
			ner total on Line 23, Colum	nn A of Summary Page To	otals) O	Date Deposit	Made
			able Deposit to Te	nn A of Summary Page To	orats) O  NY  MI  C	Date Deposit	Made
t Name of Individual			ner total on Line 23, Colum	nn A of Summary Page To	otals) O	A	mount of
t Name of Individual idential Street Address			able Deposit to Te	nn A of Summary Page To	orats) O  NY  MI  C	A	
t Name of Individual			able Deposit to Te	nn A of Summary Page To	orats) O  NY  MI  C	A	mount of
t Name of Individual idential Street Address ne of Telephone Company			able Deposit to Te	nn A of Summary Page To	orats) O  NY  MI  C	A	mount of
t Name of Individual idential Street Address			able Deposit to Te	nn A of Summary Page To	orats) O  NY  MI  C	A	mount of

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20

## IV. EXPENDITURES (Sections P—T)

Page 13 of 17

	ATTTEE (Provide Complete Name as Registered with Filing Repositor	(עד	TYPE OF REPORT	
Friends of Lam	ond		01/10/2023	
	P. Expense	es Paid by Committe	e	
Name of Payee Day Campaign			Date of Payment 11/17/2022	Method of Payment: O Check # O Debit Card OEFT
Street Address		City		State Zip Code
112 Bloomfield	Avenue	Windsor		CT 06095
Purpose of Expenditure (by code) WEB	Payment processing platform	Amount 100.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind continued)	ure)   Indepe	•	
Name of Payee  Squarespace Inc	:		Date of Payment 11/23/2022	Method of Payment: O Check # O Debit Card O EFT
Street Address 8 Clarkson Stree	t	City New York		State Zip Code NY 10014
Purpose of Expenditure (by code) WEB	Description Website domain / hosting		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re)		
Name of Payee Harland Clarke Street Address			Date of Payment 11/28/2022	Method of Payment: O Check # O Debit Card OEFT
5955 La Cantera	a Parkway	San Antonio		State Zip Code TX 78256
turpose of Expenditure by code) BNK	Description Checks for bank account		Event #	Amount 62.85
expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) O Indepen	•	
duarespace Inc			Date of Payment 12/23/2022	Method of Payment: O Check # O Debit Card O EFT
Clarkson Street		New York		State Zip Code NY 10014
prose of Expenditure y code) WEB	Description Website domain / hosting		Event #	Amount 24.46
xpenditure # applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	i) <b>Q</b> Independ	•	
	SI	UBTOTAL Section P —	This Page 211.77	
	тот	TAL of additional Section	n P Pages 1,170.32	
	TOTAL OF ALL EXPEN	NSES PAID BY COM 19, Column A of Summary 1		

NAME OF COMM	MITTEE (Provide Complete Name	e as Registered with Filing Repository)	COASCESS CONTRACTOR	TYPE OF REPOR	T	- 1 to 166	
Friends of Lamo	riends of Lamond 01/10/2023						
	The state of the s	Q. Campaign Expen	ses Paid by Candi		37880 81.10	SECOND.	
Name of Payee (Name	of Vendor, Person or Entity who ca		Jan Dy Caldan	Date of Payment	ls re	imbursement claimed	
					_ I	Yes O No	
Street Address							
Street Address		Cit	ty		State	Zip Code	
Purpose of Expenditure	Description	····	T I	Event #		Amount	
(by code)							
Name of Payes (News	of Vandon Brown - Endle L	41.		1-			
Name of Payce (Name	of Vendor, Person or Entity who can	ndidate paid directly)		Date of Payment	Is rei	mbursement claimed	
					C	Yes O No	
Street Address		Cit	у		State	Zip Code	
Purpose of Expenditure	Description .		1				
by code)	Description		] 5	ivent #		Amount	
			İ				
Name of Payee ( <i>Name o</i>	of Vendor, Person or Entity who can	didate paid directly)		Date of Payment	ls rei	mbursement claimed	
					_	Yes O No	
treet Address							
Tuest Fladicas		City	/		State	Zip Code	
urpose of Expenditure	Description		E	vent#	Amount		
oy code)							
lame of Pavee (Name of	f Vendor, Person or Entity who cand	lidate maid directly)		In. cn	<del></del>		
	,	name pun unecny)		Date of Payment	Is rein	nbursement claimed?	
				1		Yes O No	
treet Address		City			State	Zip Code	
						1	
urpose of Expenditure	Description		Es	rent #	<del></del>	Amount	
y code)			]			Amount	
ame of Payee (Name of	Vendor, Person or Entity who candi	idate paid directly)		Date of Payment	Is reim	bursement claimed?	
						Yes O No	
cet Address		City			State	Zip Code	
	Ta					<u> </u>	
rpose of Expenditure code)	Description		Eve	ent#		Amount	
me of Payee (Name of	Vendor, Person or Entity who candid	date paid directly)		Date of Payment	Is reim!	oursement claimed?	
eet Address				<u> </u>			
cet Address		City			State	Zip Code	
oose of Expenditure	Description		Eve	nt #		Amount	
code)							
STATE A STATE OF		Ho - Walland - I am					
		SUBTO	OTAL Section Q — Th	is Page 0			
		TOTAL	of additional Section Q	Pages 0			
		OTAL OF ALL EXPENSE (Enter total on Line 26, C	S PAID BY CANDI	DATE 0			
		, total on Line 20, C	vienus 11 of Sununusy Pug	C 2 04443)			

Friends of Lamo	nd			01/10/2023		
33-1(7)	R. Expens	ses Incurred on Con	mittee Cred		S nevide	The wint
ame of Issuing Ins		Type of Cre				
		O Visa	Master Car	d O Discover O	American Expre	ss OOther:
ame of Vendor, Person	n or Entity				Date of	Transaction
treet Address		City	·		State	Zip Code
			<u> </u>			
rpose of Expenditure code)	Description		E	Event #		Amount
spenditure # applicable)	Type of Expenditure (Itemization in Addendu  None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	nt (joint expenditure)	Independent		Ов	
me of Vendor, Person	or Entity					Transaction
reet Address		City	<u> </u>		State	Zip Code
nose of Expenditure	Description		E.	ummt di		
code)	Description			vent #		Amount
code) senditure # pplicable)	Type of Expenditure (Itemization in Addendum  None of the below  Coordinated with reimbursement sough  Coordinated without reimbursement sou	t (joint expenditure)	of the below" is c	hecked)		
code) penditure # applicable)	Type of Expenditure (Itemization in Addendum  None of the below  Coordinated with reimbursement sough  Coordinated without reimbursement sou	t (joint expenditure)	of the below" is c	hecked)		Amount
code)  penditure #  ppplicable)  me of Vendor, Person of	Type of Expenditure (Itemization in Addendum  None of the below  Coordinated with reimbursement sough  Coordinated without reimbursement sou	t (joint expenditure)	of the below" is c	hecked)		
penditure # applicable)  me of Vendor, Person of the Address  pose of Expenditure	Type of Expenditure (Itemization in Addendum  None of the below  Coordinated with reimbursement sough  Coordinated without reimbursement sou	t (joint expenditure) aght (in-kind contribution)	of the below" is c	hecked)	Date of T	ransaction
ppose of Expenditure (code)  penditure # ppplicable)  me of Vendor, Person of the code (code)  set Address  pose of Expenditure (code)  enditure # pplicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sough Coordinated without reimbursement sour Entity	t (joint expenditure)  ight (in-kind contribution)  City  a R Required unless "None of the contribution of	of the below" is confident of the below" is characteristic of the below of the	hecked) ent on: OA OB OC	Date of Ti	ransaction  Zip Code
code)  penditure #  ppplicable)  ne of Vendor, Person of  et Address  pose of Expenditure  code)	Type of Expenditure (Itemization in Addendum Coordinated with reimbursement sough Coordinated without reimbursement sough Entity  Description  Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated with reimbursement sought	t (joint expenditure)  ight (in-kind contribution)  City  a R Required unless "None of the contribution of	of the below" is confidence of the below" is character of the below" is character of the below o	ent on: (A OB OC on: (A OB OC on: (A OB OC o	Date of Ti	ransaction  Zip Code
code) senditure # pplicable)  ne of Vendor, Person of et Address ose of Expenditure code)	Type of Expenditure (Itemization in Addendum Coordinated with reimbursement sough Coordinated without reimbursement sough Entity  Description  Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated with reimbursement sought	t (joint expenditure)  ight (in-kind contribution)  City  A R Required unless "None of the contribution)	Of the below" is control of the below" is characteristic of the below" is characteristic of the below of the	ent #  en	Date of Ti	ransaction  Zip Code

	TTEE (Provide Complete Name as Registered with Filing Repository)	TYP	E OF REPORT		
Friends of Lamo	nd	01/	10/2023		
	S. Expenses Incurred by Committee but	Not Paid During th	nis Period	T Post	Cale Tak
Name of Creditor				Date Inc	штеd
treet Address	City			State	Zip Code
urpose of Expenditure by code)	Description	Event #	<u> </u>		nount Incurred stimate or Actual)
penditure # applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization:	OB OC OD		
me of Creditor				Date Incu	rred
reet Address	City			State	Zip Code
rpose of Expenditure code)	Description	Event #			ount Incurred
penditure #	To CE III What All I CE III III				
	Type of Expenditure (Itemization in Addendum S Required unless "None of None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	f the below" is checked) Independent Organization:  O	DB Oc Op		
	None of the below Coordinated with reimbursement sought (joint expenditure)	O Independent	Эв Ос Ор	Date Incurr	red
me of Creditor	None of the below Coordinated with reimbursement sought (joint expenditure)	O Independent		Date Incurr	Zip Code
me of Creditor  eet Address  cose of Expenditure code)	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	O Independent		State	<u></u>
ne of Creditor  et Address  oose of Expenditure  code)	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City	Independent Organization:  Event #		State	Zip Code
et Address sose of Expenditure code)	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum S Required unless "None of None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent Organization A  Event #  The below" is checked) Independent		State	Zip Code
ne of Creditor  et Address  ose of Expenditure code)	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum S Required unless "None of None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  SUBTOTA	Event #  Event #  The below" Is checked)  Independent  Organization: (A)	)в Ос Ор	State	Zip Code
ne of Creditor  et Address  ose of Expenditure  code)  enditure #  pplicable)	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum S Required unless "None of None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  SUBTOTA	Event #  Event #  The below" is checked)  Independent  Organization:  Organization:  L Section S-This Page  Stional Section S Pages	)B OC OD	State	Zip Code
ne of Creditor  eet Address  pose of Expenditure  code)  enditure #  applicable)	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum S Required unless "None of None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  SUBTOTAL  TOTAL of additive Committee DURING THIS PER	Event #  Event #  The below" is checked) Independent Organization: (A) Independent Organization: (A) L Section S-This Page  Stional Section S Pages  RIOD BUT NOT PAID  In of Summary Page Totals)	O O O D	State	Zip Code

NAME OF COMMIT	ITEE (Provide Complete Name as Registered with Filing Reposit	ory)		TY	PE OF R	EPORT	E. M. W.	
Friends of Lamo	nd			01.	/10/202	!3		
	T. Itemization of Reim	bu	rsements and Secon	dary Pa	yees		A GUL	MERCHIO SA
Last Name of Worker/C	onsultant		rin			MI	Person (	Payment to Vendor, or Entity 9/2022
Name of Vendor, Person	n or Entity Paid by Committee Worker/Consultant						Committee	Worker/Consultant a
United States Po					reported in the Che	in Section P: ck #	_ <b>Q</b> De	bit Card OEF
	or, Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code
120 Middle Stree	t		Bridgeport				ст	06602
Purpose of Expenditure (by code)	Description Post office box rental			Event #			116.00	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kine)	endit	ure) O Indeper		O C	0,0		
Last Name of Worker/Co	nsultant	Fir	rst			MI	Date of P Person or	ayment to Vendor, Entity
Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant					Section P:	100	Verker/Consultant as
Street Address of Vendor	, Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code
Purpose of Expenditure by code)	Description			Event #			,	Amount
Expenditure # (of applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expense Coordinated without reimbursement sought (in-kind)	nditu	ure)	·	O C	) O		
Last Name of Worker/Con	isultant	Firs	st			МІ	Date of Pa Person or	syment to Vendor, Entity
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant			] :	Payment to reported in Check	Section P:		orker/Consultant as
Street Address of Vendor.	Person or Entity Paid by Committee Worker/Consultant	T	City				State	Zip Code
rurpose of Expenditure by code)	Description	L	1	Event#				Amount
expenditure # f applicable)	Type of Expenditure (Itemization in Addendum T Required  None of the below  Coordinated with reimbursement sought (joint expend)  Coordinated without reimbursement sought (in-kind of	ditun	e) Independ	dent O	OB O	C O D		
		SU	JBTOTAL Section T —	This Page	116.0	0		
		го	TAL of additional Sectio	n T Pages	0			
OTAL OF ALL	REIMBURSEMENT TO COMMITTEE W	OF	RKERS AND CONSU	LTANTS	116.0	0		
					_		-	

## Section B ADDITIONAL PAGE / of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)	TYPE OF REPORT	The state of the s		
Friends of Lamond	01/10/2023	01/10/2023			
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	\$1,425				
	zed Contributions from Indi	viduals			
Last Name Hills	First William		MI		
Residential Street Address 3428 Hunting Quarter Road	City Harrington		DE Zip Code DE 19952		
Principal Occupation Retired	Name of Employer Retired				
	s of \$400 to a candidate for a chief executess he/she is associated with have a contra	ct with said municipality	Amount of Contribution 275.00		
event reported in Section L1? No If yes, indicate w	cipal of a state contractor or prospective st which branch or branches the contract is with:  OExecutive	ate contractor? Yes O Legislative	-		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Omoney Order Date Received 12/02/2022	Aggregate Contributions 275.00			
Last Name Daniels	First Adele		C MI		
Residential Street Address 21 Tower Street	City Fall River		State Zip Code MA 02724		
Principal Occupation Admin assistant	Name of Employer SSTAR		-		
	of \$400 to a candidate for a chief execution is he/she is associated with have a contract of Yes No	t with said municipality	Amount of Contribution		
event reported in Section L1? ONO If yes, indicate w	ipal of a state contractor or prospective sta hich branch or branches he contract is with: Executive	ate contractor? Yes No			
Method of Contribution:	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Order 12/05/2022	375.00			
Last Name Lazarus	Shurley		С		
Residential Street Address 165 Booth Hill Road	City Shelton		State         Zip Code           CT         06484		
Principal Occupation Retired	Name of Employer Retired				
	of \$400 to a candidate for a chief executives he/she is associated with have a contractive Yes No		Amount of Contribution		
	pal of a state contractor or prospective sta nich branch or branches e contract is with:  © Executive	te contractor?  O Legislative			
Method of Contribution  Cash Personal Check Credit/Debit Card Payroll Deduction C	Money Order Date Received 12/05/2022	Aggregate Contributions 100.00			
	SUBTOTAL Section B — This	Page 750.00			
T	OTAL of additional Section B	Pages			
TOTAL OF ALL CONTRIBUTIONS (Enter total o	FROM INDIVIDUALS (Sections And Line 13, Column A of Summary Page				

## Section B ADDITIONAL PAGE 2 of 34

Friends of Lamond	01/10/2023			
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)	\$1,925			
(See Manager against of animal community)	SUBTOTAL SECTION A			
B. Item	nized Contributions from Indiv	iduals		
Last Name	First			MI
Fabrizi	John			M
Residential Street Address 1450 NW 18th Ave, #103	City Delray Beach		State FL	Zip Code 33445
Principal Occupation Retired	Name of Employer Retired			
	ess of \$400 to a candidate for a chief executive iness he/she is associated with have a contract the contract that the c		y, Amo	ount of Contribution
event reported in Section L1? No If yes, indicate	incipal of a state contractor or prospective state which branch or branches t the contract is with:  OExecutive	_ O No		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Date Received 12/12/2022	Aggregate Contributions 250.00		
Last Name Patterson	First Leila			MI
Residential Street Address 112-53 180th Street	City  Jamaica		State NY	Zip Code 11433
Principal Occupation Retired	Name of Employer Retired			
	ess of \$400 to a candidate for a chief executive these he/she is associated with have a contract 100? Yes No		, Amo	unt of Contribution
event reported in Section L1?	incipal of a state contractor or prospective state which branch or branches the contract is with:	te contractor? Yes No		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order Date Received 12/15/2022	Aggregate Contributions 200.00	]	
ast Name Alexandre	First David			МІ
Residential Street Address 92 South Main Street, #5	City Norwalk	I	State CT	Zip Code 06854
Principal Occupation	Name of Employer			
	ss of \$400 to a candidate for a chief executive less he/she is associated with have a contract 00? Yes No		75.00	unt of Contribution
vent reported in Section L1?	ncipal of a state contractor or prospective state which branch or branches the contract is with:  C Executive	e contractor?  O Legislative  OYes  No		
Method of Contribution:  Cash Personal Check OCredit/Debit Card Payroll Deduction	Omoney Order Date Received 12/30/2022	Aggregate Contributions 75.00		
	SUBTOTAL Section B — This	Page 525.00		
	TOTAL of additional Section B P			
	IS FROM INDIVIDUALS (Sections A l on Line 13, Column A of Summary Page 1			

# Section B ADDITIONAL PAGE 3 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Friends of Lamond	01/10/2023	01/10/2023			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	\$1,425				
	ontributions from Indivi	duals	STATE OF		
Last Name West	First Cynthia Gee			MI	
Residential Street Address	City		State	Zip Code	
80 Old Coach Lane	Stratford		ст	06614	
Principal Occupation	Name of Employer				
Pastor	Walls of Salvation, I				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a candidate for a chief executive te is associated with have a contract Oyes ONo	e officer of a municipalit with said municipality	375.	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lf yes, indicate which bra of government the contra		Contractor? Yes			
Method of Contribution:	<del></del>	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order   12/30/2022	375.00			
Last Name	First			МІ	
King	Laoise			ŀ	
Residential Street Address	City		State	Zip Code	
14 East Avenue	Norwalk		СТ	0685/	
Principal Occupation Chief of Staff	Name of Employer City of Norwalk				
s contributor a lobbyist, spouse, Yes If contribution is in excess of \$400		officer of a municipality		unt of Contribution	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?			375.0		
s this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?		<b>⊙</b> No			
Method of Contribution:	<u>`</u>	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 11/17/2022	375.00			
ast Name	First			МІ	
duBay Horton	Kristin			E	
	City Marblehead		State	Zip Code	
Principal Occupation			MA	01945	
Public health consultant	Name of Employer  dHALLC				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			, Amou	nt of Contribution	
	state contractor or prospective state on high or branches	ŎNo	1 10010		
elethod of Contribution:	Date Received A	ggregate Contributions	1	ļ	
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 11/18/2022 1	00.00			
SUBT	OTAL Section B — This P	age 850.00			
TOTAL	of additional Section B Pa	ges			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1:	I INDIVIDUALS (Sections A - 3, Column A of Summary Page To.				

SEEC FORM 20 Revised Fannery 2015

# Section B ADDITIONAL PAGE 4 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,		(124 - 1) X	TYPE OF REPORT		37H 🚃	1701 111 139
Friends of Lamond		01/10/2023				
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	ived this Perio SUBTOTAL SE		\$1,425			
-						
B. Itemized C	ontributions f	rom Individ	luals		N N	
Last Name	First					MI
Burgos	Luis					
Residential Street Address	City			State	Zip (	
19 Punkup Road	Oxford			СТ	064	178
Principal Occupation	Name of E					
Pastor	City Wid	de Church				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/sh valued at more than \$5,000?	ne is associated with l	have a contract v es ONo	with said municipality	250	nount of 0.00	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes Is contributor a principal of a lifyes, indicate which be of government the contributor.	anch or branches	_	Contractor? Yes			
Method of Contribution:	Date Receiv	ved /	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order   11/18/2	2022	250.00			
Last Name	First					MĪ
Waller	Kenneth					
Residential Street Address	City	****		State	Zip Co	ode
500 West Avenue	Norwalk			СТ	068	50
Principal Occupation	Name of En	nployer				-
Healthcare executive	EagleVis	sion				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?		ave a contract w		y, Ame		Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a lfyes, indicate which brateful of government the contration of government the contration.	anch or branches	rospective state	<b>⊙</b> №			
Method of Contribution;	Date Receive		ggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order   11/18/2	022	200.00			
ast Name	First	ı			T	МІ
Buccolo	Jesse					
Residential Street Address	City			State	Zip Co	de
5 Alden Avenue	Norwalk			CT	0685	55
rincipal Occupation	Name of Em	ployer				
Director	Norwalk	ACTS				
contributor a lobbyist, spouse, r dependent child of a lobbyist?  Yes of \$400 does contributor or business he/she valued at more than \$5,000?		ve a contract wi		/, Amo		Contribution
sthis contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No  Is contributor a principal of a section L1?  If yes, indicate which brain of government the contract	nch or branches	- 13	ontractor? OYes ONo  Legislative	7		
fethod of Contribution:	Date Receive	, ,	gregate Contributions	7		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 11/18/20	)22   10	00.00			
SUBT	OTAL Section	B — This Pa	ge 550.00			
TOTAL	of additional S	ection B Pag	es			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1						

# Section B ADDITIONAL PAGE 5 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	(ערי		TYPE OF REPORT	N 193	
Friends of Lamond	01/10/2023				
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$1,425		
		outions from Indivi	duals		
Last Name King	100	irst Deborah			MI
Residential Street Address 421 Bellevue Avenue, Apt. 2D	City New	port		State RJ	Zip Code 02840
Principal Occupation Advisor		Name of Employer National Domestic	Workers Alliance		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?					nount of Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of If yes, indicate which be of government the contributor.	branch or	ontractor or prospective state	e contractor? Yes	s	
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order	Date Received 11/19/2022	Aggregate Contributions 100.00		
Last Name Pierce	Fii Ju	ulian			МІ
Residential Street Address 377 Platt Avenue	City West	Haven		State	Zip Code 06516
Principal Occupation Program director	<u> </u>	Name of Employer FCCF	-		
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of the contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?				y, Amo	ount of Contribution
s this contribution associated with an vent reported in Section L1?  Yes Is contributor a principal of If yes, indicate which by of government the contributor approximation of government the contributor approximation in the section L1?	oranch or l	branches	<b>⊘</b> No		
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayrol Deduction OMone			Aggregate Contributions 375.00	7	
ast Name Gerber	Fin Ar	ndrew			MI
Residential Street Address 162 Lyons Plain Road	City	on		State	Zip Code 06883
rincipal Occupation Psychiatrist	•	Name of Employer Silver Hill Hospital			
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	00 to a cand he is associ	didate for a chief executive inted with have a contract w	officer of a municipality with said municipality	7. Amo	ount of Contribution
sthis contribution associated with an event reported in Section L1?  Yes No Is contributor a principal of a lf yes, indicate which brace of government the contributor.	ranch or bi	ranches	ŎNo		
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order		Aggregate Contributions 375.00		
SUB	TOTAL	L Section B — This P	age 850.00		
		ditional Section B Pa			
TOTAL OF ALL CONTRIBUTIONS FROM		VIDUALS (Sections A mn A of Summary Page To			

## Section B ADDITIONAL PAGE 6 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Friends of Lamond		01/10/2023				
A. Total Contributions from Small Contributors-Receivable (See instructions for definition of Small Contributor)	his Period ONLY TOTAL SECTION A	\$1,925				
			•			
B. Itemized Co	ontrib	butions from Indivi	duals	NEED !	ı E	BYS O'L
Last Name	F	irst				MI
Gerber	P	Andrea				
Residential Street Address	City			State	1 -	Code
162 Lyons Plain Road	West	ton		ст	068	883
Principal Occupation		Name of Employer				
Psychologist		Private practice				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	ie is asso	ociated with have a contract  Oves  ONo	with said municipality	375.		f Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lf yes, indicate which bra of government the contra	anch or	branches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	11/20/2022	375.00			
Last Name	Fi	irst				МІ
McCullough	W	Villiam				
Residential Street Address	City			State	Zip C	l'ode
228 Ridgefield Avenue	Bridg	geport		ст	066	510
Principal Occupation		Name of Employer	<del> </del>			
Clergy		Russell Temple Chu	rch			
		a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  O Yes  No  375.00			Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, indicate which bra of government the contraction of government the contraction.	anch or	branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	11/20/2022	375.00			
Last Name	Fir					MI
Gee	18	ara				
	City			State	Zip C	
2159 Park Avenue	Bridg	geport		СТ	066	04
Principal Occupation Legal professional		Name of Employer CNC Software, LLC		<b>-</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amou		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 O Legislative						
Method of Contribution:		1	Aggregate Contributions			
Cash Personal Check OCredit/Debit Card Payroll Deduction OMoney	/ Order	11/19/2022	375.00			
SUBT	ГОТА	L Section B — This l	Page 1,125.00			
TOTAL	of ad	Iditional Section B Pa	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	1 INDI 13, Colu	IVIDUALS (Sections A umn A of Summary Page T	+ B) Zb, 433			

# Section B ADDITIONAL PAGE 7 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)		TYPE OF REPORT	1975	
Friends of Lamond			01/10/2023		
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$1.925		
			<u> </u>		
		butions from Indivi	duals	The state of	
Last Name Gibson		First Monisha			MI
				State	Zip Code
Residential Street Address 107 Cranbury Drive	City Tru	mbull		CT	06611
Principal Occupation		Name of Employer		,	
Education		Odyssey Learning I	nc		
	ess he/she is ass	andidate for a chief executive sociated with have a contract OYes ONo			nount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a print of the print of the print of government to the government to the print of government to the print of government to the government to th	which branch o		e contractor? Yes OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney Orde	11/21/2022	375.00		
Last Name	F	irst			MI
Gibson	1.	Johnathan			
Residential Street Address	City			State	Zip Code
107 Cranbury Drive	Trur	mbull		ст	06611
Principal Occupation		Name of Employer			
Education		Gibson Educational	Consulting		
	ess he/she is asso	andidate for a chief executive ociated with have a contract Yes No		y, Ame	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  Yes  No  If yes, indicate we of government to	which branch or		C Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Order	11/21/2022	375.00		
Last Name	- 1	irst	<del></del>		MI
Tulloch	1	Nathan			
Residential Street Address	City			State	Zip Code
3 Stonecroft Way	Mon	iroe 		ст	06468
Principal Occupation		Name of Employer			
Cybersecurity		Fermat Capital Man	agement		
	ss he/she is asso	ndidate for a chief executive ociated with have a contract of Yes No		/, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes No Is contributor a princ If yes, indicate w of government the	hich branch or		O Legislative		
Method of Contribution:		1	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Order	11/22/2022	200.00		
	SUBTOTA	AL Section B — This	Page 950.00		
	TOTAL of a	dditional Section B Pa	ages		
TOTAL OF ALL CONTRIBUTIONS (Enter total of		IVIDUALS (Sections A lumn A of Summary Page T			
	74	The second second			

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# Section B ADDITIONAL PAGE 9 of 34

A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  B. Itemized Contributions from Individuals    First   Joshua	s C	state T	Zip (	
SUBTOTAL SECTION A   \$1,425	s C		1	Code
Last Name Brown  Residential Street Address 91 Woodward Avenue  Principal Occupation Coordinator  Coordinator  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One of the principal occupation occupation of the principal occupation	unicipality,		1	Code
Last Name Brown  Residential Street Address 91 Woodward Avenue  Principal Occupation Coordinator  Coordinator  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Name of Employer Career Resources  If contribution is in excess of \$400 to a candidate for a chief executive officer of a m does contributor or business he/she is associated with have a contract with said municipal of the contribution of the con	unicipality,		1	Code
Brown  Residential Street Address 91 Woodward Avenue  Principal Occupation Coordinator  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One of the contributor of business he/she is associated with have a contract with said municipal of the contributor of business he/she is associated with have a contract with said municipal of the contributor of business he/she is associated with have a contract with said municipal of the contributor of business he/she is associated with have a contract with said municipal of the contributor of business he/she is associated with have a contract with said municipal of the contributor of business he/she is associated with have a contract with said municipal of the contributor of business he/she is associated with have a contract with said municipal of the contributor of business he/she is associated with have a contract with said municipal of the contributor of business he/she is associated with have a contract with said municipal of the contributor of business he/she is associated with have a contract with said municipal of the contributor of business he/she is associated with have a contract with said municipal of the contributor of business he/she is associated with have a contract with said municipal of the contributor of business he/she is associated with have a contract with said municipal of the contributor of business he/she is associated with have a contract with said municipal of the contributor of business he/she is associated with have a contract with said municipal of the contributor of business he/she is associated with have a contract with said municipal of the contributor of business he/she is associated with have a contributor of business he/she is associated with have a contributor of business he/she is associated with have a contributor of business he/she is associated with have a contributor of business he/she is associated with have a contributor of business he/she is a said the contributor of business he/she is a said the contributor of	unicipality,		1	Code
Residential Street Address  91 Woodward Avenue  Principal Occupation  Coordinator  Name of Employer  Career Resources  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a m does contributor or business he/she is associated with have a contract with said municipal of the contribution of the co	unicipality,		1	
91 Woodward Avenue  Principal Occupation Coordinator  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No	unicipality,		1	
Principal Occupation Coordinator Career Resources  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Name of Employer Career Resources  If contribution is in excess of \$400 to a candidate for a chief executive officer of a m does contributor or business he/she is associated with have a contract with said muni	unicipality,	.T 	068	354
Coordinator  Career Resources  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One of the contribution is in excess of \$400 to a candidate for a chief executive officer of a modes contributor or business he/she is associated with have a contract with said municipal contribution.	0.00			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a m does contributor or business he/she is associated with have a contract with said muni	0.00			
or dependent child of a lobbyist? ON does contributor or business he/she is associated with have a contract with said muni	0.00			
valued at more than \$5,000? OYes ONo		Amo		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, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  DExecutive OLegislative	8 Yes No			
Method of Contribution:  Date Received Aggregate Contr	butions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 11/23/2022 300.00				
Last Name First		-		MI
Morgan Charles				i I
Residential Street Address City	St	ate	Zip C	ode
76 Garnet Road Roxbury		T	067	83
Principal Occupation Name of Employer	<u>L_</u>			
Retired Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes ONO  Yes ONO  If contribution is in excess of \$400 to a candidate for a chief executive officer of a mudoes contributor or business he/she is associated with have a contract with said municivalued at more than \$5,000?  Yes ONO		Amo:		Contribution
Is 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, list Event # Executive  Legislative	8Yes No			
Method of Contribution:  Date Received Aggregate Contrib	outions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 11/25/2022 250.00				
Last Name First				МІ
Clay Ginne-Rae				
Residential Street Address City  3015 North Main Street Waterbury	Ste		Zip Co 0670	923
			06/0	<i>A</i>
Principal Occupation Name of Employer  Executive Director State of Connecticut				
If contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a mu does contributor or business he/she is associated with have a contract with said municivalued at more than \$5,000?  Yes  No	pality	Amou		Contribution
s this contribution associated with an event reported in Section L1?  Yes Very list Event # Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # Description is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # Description is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # Description is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # Description is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # Description is contributor a principal of a state contractor or prospective state contractor?	SYes No			
Method of Contribution:  Date Received Aggregate Contrib	utions			
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 11/27/2022 100.00				
SUBTOTAL Section B — This Page 650.00	)			
TOTAL of additional Section B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page Totals)	133			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	pository)		TYPE OF REPORT	TO III		
Friends of Lamond			01/10/2023			
A. Total Contributions from Small Contributors-		this Period ONLY STOTAL SECTION A	\$1,925			
	ed Contr	ibutions from Indivi	iduals	E 20	E 53	
Last Name Greenblatt	-	First Sarah				MI
Residential Street Address	City	<u> </u>		State	Zin	Code
190 Wooster Street, #40	1 .	w Haven		CT		511
Principal Occupation Retired		Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lif contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is as	candidate for a chief executive sociated with have a contract OYes ONo	e officer of a municipali with said municipality	18	nount o	f Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal flyes, indicate who of government the	hich branch o	contractor or prospective stat	e contractor? Ye. OLegislative	s		
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Orde	er 11/28/2022	108.00			
Last Name Guan		First Christine				MI
Residential Street Address	City		<u></u>	State	Zip C	'oda
10 New Street		gefield		CT	068	
Principal Occupation		Name of Employer				
Education		Early Childhood Cer	nter			
	he/she is ass	andidate for a chief executive ociated with have a contract Ves No		y, Am		Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  Is contributor a princip of government the	ich branch o	contractor or prospective state r branches vith: Executive	_ <b>⊙</b> №			
Method of Contribution:		<del></del>	Aggregate Contributions	_		
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction	Money Order	r 11/28/2022	375.00			
ast Name		irst Joy				МІ
Residential Street Address	City			State	Zip C	ode
253 West Rutland Road	Milfe	ord		ст	064	
rincipal Occupation	· ·	Name of Employer				
Retired		Retired				
r dependent child of a lobbyist?  Yes No  If contribution is in excess of does contributor or business valued at more than \$5,000?	he/she is asso			Amo 200.		Contribution
s this contribution associated with an vent reported in Section L1?  If yes, list Event #  Section L1?  Yes No  Yes No  If yes, indicate which of government the configuration of government t	ch branch or		No	7		
lethod of Contribution		Date Received	Aggregate Contributions	7		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Order	11/28/2022	200.00			
A STATE OF THE STA	SUBTOTA	AL Section B — This P	age 683.00			
то	TAL of a	dditional Section B Pa	ges			
TOTAL OF ALL CONTRIBUTIONS F (Enter total on	ROM IND Line 13, Col	IVIDUALS (Sections A dumn A of Summary Page To	+ B) Z6, 433			

## Section B ADDITIONAL PAGE 16 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Friends of Lamond	01/10/2023
A. Total Contributions from Small Contributors-Received this F (See instructions for definition of Small Contributor) SUBTOTA	Period ONLY \$1,975
B. Itemized Contribution	ns from Individuals
Last Name First	МІ
Malone June	
Residential Street Address City	State Zip Code
29 Cottage Place Trumbull	CT 06611
	ne of Employer
Psychologist Jul	ne Malone
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidat does contributor or business he/she is associated valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1?  Yes   Is contributor a principal of a state contract of government the contract is with:	
	Received Aggregate Contributions
	/28/2022 100.00
Last Name First	MI
Strunk Sarah	
Residential Street Address City	State Zip Code
1014 Lancaster Street Durham	NC 27701
Principal Occupation Nam	e of Employer
Healthcare consultant Stre	unk Consulting LLC
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate does contributor or business he/she is associated valued at more than \$5,000?	
s this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?	
	Received Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 11	/29/2022   100.00
Last Name First	MI
Smith Roose	
Residential Street Address City 42 E La Crosse Avenue Lansdown	State Zip Code PA 19050
• •	of Employer
Nonprofit management consultant Roc	sevelt Smith Consulting
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate does contributor or business he/she is associated valued at more than \$5,000?	
s this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No  Yes No  If yes, indicate which branch or branch of government the contract is with	
	Received Aggregate Contributions
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	29/2022 100.00
SUBTOTAL Sec	etion B — This Page 300.00
TOTAL of addition	nal Section B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDU (Enter total on Line 13, Column A	

## Section B ADDITIONAL PAGE // of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	HEREN EN THE STATE OF
Friends of Lamond		01/10/2023	
A. Total Contributions from Small Contributors-Recei	ived this Period ONLY SUBTOTAL SECTION A	\$1,425	
B. Itemized Co	ontributions from Indiv	iduals	THE SECOND
Lest Name Best	First Aaron		М
			To Tailor
Residential Street Address 340 Macon Drive	Bridgeport		State Zip Code CT 06606
Principal Occupation	Name of Employer		·
Senior pastor	St. Matthew's Bapt	ist Church	
	0 to a candidate for a chief executive is associated with have a contract Oyes ONo		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a lf yes, indicate which bra of government the contra		_ <b>⊙</b> №	
Method of Contribution;	Date Received	Aggregate Contributions	7
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 11/29/2022	100.00	
Last Name	First	1	MI
Allen	Susan		
Residential Street Address	City		State Zip Code
49 Wentworth Street	Bridgeport		CT 06606
Principal Occupation	Name of Employer	<del>-</del>	<del></del> .
Retired	Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lfyes, indicate which bra of government the contra		te contractor? Yes No Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	-
OCash OPersonal Check OCredit/Debit Card OPayrol! Deduction OMoney	Order 11/29/2022	100.00	
Last Name	First		MI
Escalera	Maria		
Residential Street Address	City		State Zip Code
9 Covered Bridge Road, Unit 1310	Newtown		CT 06470
Principal Occupation	Name of Employer		
Healthcare administrator	Optimus Healthcare	e	
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  Yes No  If yes, indicate which branch of government the contract		_ <b>O</b> No	
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 11/29/2022	100.00	
SUBT	TOTAL Section B — This	Page 300.00	
TOTAL	of additional Section B P	ages	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line I	1 INDIVIDUALS (Sections A 13, Column A of Summary Page 1		

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## Section B ADDITIONAL PAGE 12 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Friends of Lamond		01/10/2023	01/10/2023			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	ived this Period ONLY SUBTOTAL SECTION A	\$1,925				
	ontributions from Indiv	iduals	Ulgania de la compania del compania del compania de la compania del compania de la compania del compania de la compania del compania d			
Joseph	Peggy		MI			
Residential Street Address 441 Sedgewick Avenue	City Stratford		CT Zip Code CT 06615			
Principal Occupation Retired	Name of Employer Retired					
	0 to a candidate for a chief executive is associated with have a contractory of the contr		y, Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor.		_	7			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	Date Received ey Order 11/30/2022	Aggregate Contributions				
Last Name Toms	First Tyisha		MI			
Residential Street Address 96 Beachview Avenue	City Bridgeport		State Zip Code CT 06605			
Principal Occupation Attorney	Name of Employer City of Norwalk		-			
s 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?			Amount of Contribution			
s this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a fyes, indicate which brace of government the contral of government the contral of government.		te contractor? Yes No Legislative				
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayrol Deduction OMoney	y Order Date Received 11/30/2022	Aggregate Contributions 100.00	]			
ohnson	First Kelvin	<del></del>	МІ			
Residential Street Address 55 Brookfield Road	City Seymour		State Zip Code CT 06483			
Principal Occupation Retired	Name of Employer Retired					
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No No Valued at more than \$5,000?			Amount of Contribution			
s this contribution associated with an vent reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a lfyes, indicate which bra of government the contraction.		C Legislative				
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order Date Received 11/30/2022	Aggregate Contributions 100.00				
SUBT	ГОТАL Section B — This	Page 300.00				
TOTAL	L of additional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page 1					

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## Section B ADDITIONAL PAGE 13 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Friends of Lamond			01/10/2023			
A. Total Contributions from Small Contributors-Receignstructions for definition of Small Contributor)		Period ONLY AL SECTION A	\$ 1, 925			
			-			
B. Itemized Co	ontributi	ons from Indivi	duals	149	128	SEL TOWN
Last Name	First					MI
Conklin	Fred	erick				
Residential Street Address	City			State	Zip (	Code
223 Millard Street	Fairfield	70		СТ	068	324
Principal Occupation		ame of Employer	-			
Consultant	L	uis Palau Associat	ion			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, Am 375		f Contribution
Is this contribution associated with an event reported in Section L1?  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contral of government the government the government the government of government of government the government of gover	anch or bran	ches	CLegislative	•		
Method of Contribution:	Da	te Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 1	2/01/2022	375.00			
Last Name	First					MI
Tate	Marle	ene				
Residential Street Address	City			State	Zip C	ode
24 Deacon Abbott Lane S	Redding			כד	068	96
Principal Occupation	Na	me of Employer				
Retired	Re	tired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo		Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  Yes  No  If yes, indicate which brain of government the contract	nch or brane		<b>⊙</b> No			
Method of Contribution			Aggregate Contributions	┨		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 12	2/01/2022	375.00			
ast Name	First					MI
Bailey	Angie	<b>:</b>				
Residential Street Address	City			State	Zip Co	ode
211 Grouper Circle SE, 211	Palm Bay	,		FL	3290	09
Principal Occupation	Nan	ne of Employer				
Professor	Inc	dian River State Co	ollege			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/she is valued at more than \$5,000?				/, Amo		Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No  Yes No  If yes, indicate which bran of government the contract	ich or branc		No			
Method of Contribution:			Aggregate Contributions			
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 12/	/01/2022	200.00			
SUBT	OTAL Se	ection B — This P	age 950.00			
TOTAL	of addition	onal Section B Pa	ges			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1:						

# Section B ADDITIONAL PAGE 14 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository		TYPE OF REPORT		
Friends of Lamond		01/10/2023		
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	\$1,925		
	Contributions from Indiv	viduals		
Last Name James	Jon			MI
Residential Street Address 3006 Lauren Parc Road	City Decatur		State GA	Zip Code 30032
Principal Occupation Public Health	Name of Employer DoD			
	00 to a candidate for a chief execution he is associated with have a contract OYes	et with said municipality	y, Amo	ount of Contribution
	a state contractor or prospective sta ranch or branches		_	
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	Date Received 12/02/2022	Aggregate Contributions	7	
Last Name Burns-Howard	Roberta			MI
Residential Street Address 1299 Dutch Nck	City Waldoboro		State ME	Zip Code 04572
Principal Occupation Retired	Name of Employer Retired			
	0 to a candidate for a chief executive is associated with have a contract Yes O No	100 170 0.000	100.6	unt of Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event # Yes Is contributor a principal of a liftyes, indicate which broof government the contributor.		te contractor?  O Legislative	7	
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Omone	Date Received 12/02/2022	Aggregate Contributions	1	
Last Name Bush	First Kim	·		МІ
Residential Street Address 27 Briarcliff Road	City Hamden		State	Zip Code 06518
Principal Occupation Attorney	Name of Employer Allied World Insura	nce Company		
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No No Valued at more than \$5,000?			375.0	ent of Contribution
s this contribution associated with an vent reported in Section L1?  Secontributor a principal of a ffyes, indicate which bra of government the contra		e contractor? Yes No	]	
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	y Order Date Received 12/02/2022	Aggregate Contributions 375.00	1	
SUBT	TOTAL Section B — This	Page 575.00		
TOTAL	L of additional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page 7			

# Section B ADDITIONAL PAGE 6 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	)	TYPE OF REPORT	98-3	
Friends of Lamond		01/10/2023		
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	\$ 1925		
		=	<u>-</u>	
B. Itemized C	Contributions from Indivi	duals	S. SHVIII	THE RESERVE
Last Name	First			MI
Goldenberg	Linda			
Residential Street Address	City		1 1	Zip Code
3 Buttonball Trail	Norwalk		רד	06851
Principal Occupation Retired	Name of Employer			
	Retired			
	00 to a candidate for a chief executive he is associated with have a contract OYes ONo		375.0	nt of Contribution
event reported in Section L1? No If yes, indicate which br		No No		
If yes, list Event # of government the contribution:	Date Received	OLegislative Aggregate Contributions	$\dashv$	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon		375.00		
Last Name	First			I MI
Rasmussen	Mary			INI
Residential Street Address	City		State Z	Zip Code
2116 Stonehaven	New Braunfels		TX :	78130
Principal Occupation	Name of Employer		I	
Cyber security consultant	Virtual CSO			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves does contributor or business he/sh valued at more than \$5,000?	to a candidate for a chief executive e is associated with have a contract v O Yes O No	officer of a municipality with said municipality	/. Amoun	nt of Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event # Yes Is contributor a principal of a lifyes, indicate which broof government the contributor.		_ <b>O</b> No		
Method of Contribution:		Aggregate Contributions	-	İ
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 12/03/2022	200.00		
ast Name	First			MI
.ewis	Karina			1
Residential Street Address	City		State Z	ip Code
7870 Patterson Way	Hanover		MD 2	21076
Principal Occupation	Name of Employer			
Nonprofit professional	Annie E. Casey Foun	dation		
	to a candidate for a chief executive is associated with have a contract with the con		. Amount	t of Contribution
s this contribution associated with an vent reported in Section L1?  Solution Section L1?  Solution Section L1?  Solution Section L1?  Is contributor a principal of a section L1?  If yes, indicate which brate of government the contraction of government the contraction.		_ ŎNo	]	
Vethod of Contribution:	1	Aggregate Contributions	1	
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 12/04/2022	375.00		
SUBT	ГОТАL Section В — This P	age 950.00		
TOTAL	of additional Section B Pa	ges		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections A 13, Column A of Summary Page To			

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## Section B ADDITIONAL PAGE 14 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	RESTORY OF THE SAME	TYPE OF REPORT	
Friends of Lamond		01/10/2023	
A. Total Contributions from Small Contributors-Recei	ived this Period ONLY SUBTOTAL SECTION A	\$ 1,425	
B. Itemized C	ontributions from Indiv	iduals	
Last Name Smith	First Tanya		MI
Residential Street Address 234 Stoneybrook Road	City Fairfield		State Zip Code CT 06824
Principal Occupation Faculty	Name of Employer UConn		· ·-
	0 to a candidate for a chief executive is associated with have a contract Oyes ONo		/, Amount of Contribution 200.00
		te contractor? Yes OLegislative	
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	Date Received ey Order 12/05/2022	Aggregate Contributions 200.00	
Last Name Ward	First Louise	_	MI
Residential Street Address 197 Sheridan Street, 3rd Floor	City Bridgeport		State         Zip Code           CT         06610
Principal Occupation Retired	Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a lfyes, indicate which brate of government the contral of government the contral of government.		te contractor? Yes No	
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayrol Deduction OMoney	y Order 12/05/2022	Aggregate Contributions	
Last Name Baker	First Andre		МІ
Residential Street Address 985 Stratford Avenue	City Bridgeport		State Zip Code CT 06607
Principal Occupation Funeral Director	Name of Employer Baker Isaac Funeral	Services	-
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 200.00
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a lf yes, indicate which bra of government the contra		e contractor?  O Legislative	
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order Date Received 12/05/2022	Aggregate Contributions 200.00	
SUBT	FOTAL Section B — This	Page 500.00	
TOTAL	L of additional Section B P	ages	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	M INDIVIDUALS (Sections A 13, Column A of Summary Page 2		

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## Section B ADDITIONAL PAGE 17 of 34

A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  B. Itemized Contributions from Individuals  Last Name Brown  Residential Street Address 170 Ocean Drive West  Principal Occupation Counseling  Name of Employer Toni Brown	r of a municipalit	State	1 '	MI
SUBTOTAL SECTION A   SUBTOTA	r of a municipalit		1 '	
Last Name Brown  Residential Street Address 170 Ocean Drive West  Principal Occupation Counseling  First Toni  City Stamford  Name of Employer Toni Brown	r of a municipalit		1 '	
Last Name Brown  Residential Street Address 170 Ocean Drive West  Principal Occupation Counseling  First Toni  City Stamford  Name of Employer Toni Brown	r of a municipalit		1 '	
Brown  Residential Street Address 170 Ocean Drive West  Principal Occupation Counseling  Toni  City Stamford  Name of Employer Toni Brown			1 '	
Residential Street Address 170 Ocean Drive West  Principal Occupation Counseling  City Stamford  Name of Employer Toni Brown			1 '	Code
170 Ocean Drive West  Principal Occupation Counseling  Stamford  Name of Employer Toni Brown			1 '	Lode
Counseling Toni Brown				902
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate for a chief executive office does contributor or business he/she is associated with have a contract with savalued at more than \$5,000?  Yes  No		100	).00	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of a state contractor or prospective state contract of prospective state contract or prospective state contract or prospective state contract or prospective state contract or prospective state contract or prospective state contract or prospective state contract or prospective state contract or prospective state contract or prospective state contract or prospective state contractor or prospective state cont	<b>⊙</b> No			
Method of Contribution:  Date Received Aggreg	ate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order   12/06/2022   100.0	00			
Last Name First				MI
Smith Tanya				
Residential Street Address City		State	Zip C	ode
234 Stonybrook Road Farfield		СТ	068	24
Principal Occupation Name of Employer		'		
Faculty UConn				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes ONO  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 ONO		4 Ame		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 of prospective s	<b>⊙</b> No			
	te Contributions	┦		
OCash OPersonal Check OCredit/Debit Card OPayrol Deduction OMoney Order 12/06/2022 375.0	00			
Last Name First				MI
Ramkalawan Aaron				
Residential Street Address City		State	Zip Co	ode
44 Strawberry Hill Avenue, #4D Stamford		СТ	069	02
Principal Occupation Name of Employer				
Reator Keller Williams Prestige Pr	operties			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes O No  Yes O 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 O No		. Amo		Contribution
s 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 or prospect	<b>⊙</b> No			
	e Contributions	7		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 12/06/2022 375.00	)			
SUBTOTAL Section B — This Page	650.00			
TOTAL of additional Section B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	26,433			

## Section B ADDITIONAL PAGE 18 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Friends of Lamond	01/10/2023			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 1,925			
B. Itemized Contributions from Individual				
Last Name  Jefferson  First  Stephanie	МІ			
Residential Street Address 710 Godwin Avenue Glenn Heights	State Zip Code TX 75154			
Principal Occupation  VSR  Name of Employer  Veterans Administra	ation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes Ono				
3,743,144,144	O Legislative			
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received 12/07/2022	Aggregate Contributions 200.00			
Last Name Leighton First Janet	MI			
Residential Street Address  33 Dora Circle  Bridgeport	State Zip Code CT 06604			
Principal Occupation Name of Employer Retired Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  No				
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   If yes, indicate which branch or branches   If yes, indicate which branches   If yes,	<b>⊙</b> No			
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card OPayroll Deduction Money Order  Date Received 12/07/2022	Aggregate Contributions 375.00			
Last Name Conklin Nancy	MI			
Residential Street Address  7914 E Maggie Court  Tucson	State Zip Code AZ 85715			
Principal Occupation Name of Employer Retired Retired				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of dependent child of a lobbyist?  No No No No No No No No No No No No No N				
s this contribution associated with an event reported in Section L1?  If yes, list Event #   Section L1?   If yes, indicate which branch or branches of government the contract is with:   O   Executive   If yes, indicate which branch or branches of government the contract is with:   O   Executive   If yes, indicate which branch or branches of government the contract is with:   O   Executive   If yes, indicate which branch or branches of government the contract is with:   O   Executive   If yes, indicate which branch or branches of government the contract is with:   O   Executive   If yes, indicate which branch or branches of government the contract is with:   O   Executive   If yes, indicate which branches of government the contract is with:   O   Executive   If yes, indicate which branches of government the contract is with:   O   Executive   If yes, indicate which branches of government the contract is with:   O   Executive   If yes, indicate which branches of government the contract is with:   O   Executive   If yes, indicate which branches of government the contract is with:   O   Executive   If yes, indicate which branches of government the contract is with:   O   Executive   If yes, indicate which branches of government the contract is with:   O   Executive   If yes, indicate which branches of government the contract is with:   O   Executive   If yes, indicate which branches of government the contract is with:   O   If yes, indicate which branches of government the contract is with:   O   If yes, indicate which branches of government the contract is with:   O   If yes, indicate which branches of government the contract is with:   O   If yes, indicate which branches of government the contract is with:   O   If yes, indicate which branches of government the contract is with:   O   If yes, indicate which branches of government the contract is with:   O   If yes, indicate which branches of government the contract is with:   O   If yes, indicate which branches of government the contract is with:   O   If	contractor? Yes No Legislative			
	Aggregate Contributions 375.00			
SUBTOTAL Section B — This F	950.00			
TOTAL of additional Section B Pa	54(9)			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page To				

SEEC FORM 20 Rested James 2015

## Section B ADDITIONAL PAGE 19 of 34

NAME OF COMMITTEE (Provide Complete N	Name as Registered with Filing Repository)	)		TYPE OF REPORT			The stance
Friends of Lamond				01/10/2023			
A. Total Contributions from (See instructions for definition of Sma			this Period ONLY TOTAL SECTION A	\$1,925			
	B. Itemized C	ontri	butions from Indivi	duals			I SWITE
Last Name		- 1	First Deborah				МІ
Mahony			Deboran		т.	Lai	<u></u>
Residential Street Address 271 Shady Hill Road		City Fair	field		State	1 '	Code 824
Principal Occupation		1	Name of Employer		1		
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				*	nount o	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a	anch o	contractor or prospective stater branches	e contractor? Yes	s		
Method of Contribution:			Date Received	Aggregate Contributions	$\neg$		
OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction OMone	y Orde	12/09/2022	200.00			
Last Name		- 1	irst				MI
Hughes			Scott				
Residential Street Address		City			State	Zip C	
218 Alsace Street		Brid	geport ————————————————————————————————————		וכד	066	504
Principal Occupation Librarian			Name of Employer Goodwin				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of	Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	anch or	branches	e contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions	7		
Cash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	12/09/2022	200.00			
ast Name		- 1	irst				МІ
Baron			ngrid				
Residential Street Address 221 Millard Street	,	City Fairf	ìeld		State	Zip C 068	
Principal Occupation		T am	Name of Employer		<u> </u>	1008	
Feacher			Fairfield Public Scho	ools			
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ndidate for a chief executive	officer of a municipality	y. Amo		Contribution
s this contribution associated with an vent reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a sign of government the contract	nch or	branches	_ ONo			
Vethod of Contribution:  Cash Personal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order		Aggregate Contributions 375.00			
C. Stownia Citica Gereniu Debit C			L Section B — This I	775.00		_	
			dditional Section B Pa	age			
TOTALORA	ALL CONTRIBUTIONS FROM			+ D)			
TOTAL OF A			umn A of Summary Page To				

#### Section B ADDITIONAL PAGE <u>Z0</u> of <u>對</u>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		
Friends of Lamond	•	01/10/2023	
A. Total Contributions from Small Contributors-Receign (See instructions for definition of Small Contributor)	ived this Period ON SUBTOTAL SECTION	1 1 1 1	
B. Itemized C	ontributions from I	ndividuals	
Last Name Williams	First Freddy, Jr.		MI
Residential Street Address 995 Reservoir Avenue	City Bridgeport	ist.	State Zip Code CT 06606
Principal Occupation	Name of Employer		75.
Janitorial Supervisor	Kennedy Colle	ctive	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	e is associated with have a co		ty, Amount of Contril
ls this contribution associated with an event reported in Section L1?  Yes No If yes, indicate which bra of government the contra	anch or branches	ve state contractor? Yes	
Method of Contribution:	Date Received	Aggregate Contributions	$\dashv$
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order 12/09/2022	100.00	
Last Name Gorton	First Stephanie		MI
Residential Street Address	City		State Zip Code
7951 S Wild Primrose Avenue	Tucson		AZ 85747
Principal Occupation  Manager	Name of Employer El Rio Health Sy	vstems	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?	is associated with have a cor		y, Amount of Contrib
s this contribution associated with an event reported in Section L1?  If yes, list Event #   Section L1?   Section L1?   Is contributor a principal of a lifyes, indicate which brace of government the contract of government the government the government the government the government the government the government the government the government the government the government the government the government the government the government the government of government the government of government the government of government the government of government the government of government the government of go	inch or branches	re state contractor?  Or Service O Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	7
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money	Order 12/09/2022	375.00	
ast Name Billups	First Zavon		MI
Residential Street Address	City		State Zip Code
16 Wendeller	Boston		MA 02127
rincipal Occupation	Name of Employer		
Executive	State of Massac	husetts	
s contributor a lobbyist, spouse, r dependent child of a lobbyist?  No  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		tract with said municipality	y, Amount of Contribu
s this contribution associated with an event reported in Section L1?  If yes, list Event # Of government the contract of government the government the contract of government the government of	nch or branches	e state contractor?  OYes  No  tive O Legislative	
fethod of Contribution:	Order 12/10/2022	Aggregate Contributions	7
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 12/10/2022		
SUBT	OTAL Section B — T	his Page 575.00	
	of additional Section		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.	I INDIVIDUALS (Section 3, Column A of Summary P		

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## Section B ADDITIONAL PAGE 21 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			A Charles Williams	TYPE OF REPORT		13	King-W	
Friends of Lamond				01/10/2023				
A. Total Contributions from Small C (See instructions for definition of Small Contribu			is Period ONLY OTAL SECTION A	\$1,925				
				•				
	B. Itemized Con	ıtrib	utions from Indivi	duals	12	1 10		
Last Name		Fü	rst				MI	
Danzer		M	latthew					
Residential Street Address		City			State	1 '	Code	
1024 Unquowa Road		Fairfi	eld		СТ	06	824	
Principal Occupation			Name of Employer	•••				
Lawyer			Finn Dixon & Herlin	g				
or dependent child of a lobbyist? O No does co	ribution is in excess of \$400 to ontributor or business he/she is at more than \$5,000?	o a can s assoc	ndidate for a chief executive plated with have a contract OYes ONo	e officer of a municipalit with said municipality	y, <b>Am</b>		f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	contributor a principal of a st If yes, indicate which brane of government the contract	ch or b	oranches	Contractor? Yes				
Method of Contribution:	or Boronianous die commune	10 1111	Date Received	Aggregate Contributions	┥			
OCash OPersonal Check OCredit/Debit Card OPe	ayroll Deduction OMoney	Order	12/11/2022	200.00				
Last Name		Fire	st I	<del>-</del> ;			мі	
Finch			'illiam					
Residential Street Address		ity			State	Zip C		
70 Crown Street	[	Bridge	eport		ןמ	066	510	
Principal Occupation			Name of Employer					
Director			CTLMCC					
or dependent child of a lobbyist? O No does cor	ibution is in excess of \$400 to ntributor or business he/she is at more than \$5,000?				1	Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	contributor a principal of a st If yes, indicate which brand of government the contract	ch or b	ranches	_ O No				
Method of Contribution:			Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPa	ayroll Deduction Money C	Order	12/12/2022	100.00				
Last Name	·	Firs	t				MI	
Wade		Do	ouglas					
Residential Street Address	C	ity	<del></del>		State	Zip C	ode	
100 Parrott Drive		shelto	on		σ	064	84	
Principal Occupation			Name of Employer					
Business owner			Wade's Dairy Inc.					
or dependent child of a lobbyist? No does con	bution is in excess of \$400 to ntributor or business he/she is at more than \$5,000?				Amo 375.		Contribution	
s this contribution associated with an event reported in Section L1?  If yes, list Event #								
Method of Contribution:	14 217							
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 12/13/2022 375.00								
	SUBTO	TAL	Section B — This I	age 675.00				
	TOTAL	of ade	ditional Section B Pa	iges				
TOTAL OF ALL CON	NTRIBUTIONS FROM (Enter total on Line 13,		VIDUALS (Sections A mn A of Summary Page To					

SEEC FORM 20 Revised James 3015

## Section B ADDITIONAL PAGE 2Z of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Friends of Lamond			01/10/2023			-"
A. Total Contributions from Small Contributors-Recei		nis Period ONLY OTAL SECTION A	\$ 1,425			
B. Itemized Co	ontrib	utions from Indivi	duals		1.4	"品质级
Last Name Mastri		irst ames			N	Λi
Residential Street Address				State	Zip Cod	<u> </u>
16 North Avenue	City Derb	у		CT	0641	
Principal Occupation Entrepreneur		Mastri Financial LLC	-			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 does contributor or business he/sho valued at more than \$5,000?					ount of C	ontribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lf yes, indicate which bra of government the contra	anch or l	ntractor or prospective state	CLegislative	,		
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	12/14/2022	375.00		_	
Last Name	Fir				М	11
Joseph	Re	oody				
Residential Street Address	City	II.		State	Zip Code	
5 Frances Avenue	Norw	'aik		СТ	06854	·
Principal Occupation  Mental health counselor		Name of Employer  Counseling Center 1	or Discovery and C	hange	LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes   If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo		ontribution
s this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?	anch or b	oranches _	_ O No			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	12/14/2022	150.00			
Last Name Alcid	Firs Efi				М	1
Residential Street Address	City			State	Zip Code	!
122 Poplar Street	Bridge	eport		ст	06606	
Principal Occupation		Name of Employer				-
Union Organizer		New England Health	ncare Employees Ui	nion SE	IU Distri	ct 119NE
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/. Amo		ntribution
his contribution associated with an nt reported in Section L1?  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   Capital Security						
Method of Contribution:			Aggregate Contributions	7		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	12/15/2022	100.00	<u> </u>		
SUBT	TOTAL	Section B — This I	age 625.00			
TOTAL	of add	ditional Section B Pa	ges			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A mn A of Summary Page To				

## Section B ADDITIONAL PAGE 23 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository		TYPE OF REPORT			
Friends of Lamond		01/10/2023			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	\$1,425			
	Contributions from Indivi	duals			
Last Name Daniels	First Fentyshia		MI		
Residential Street Address 2612 North Avenue, Unit A8	City Bridgeport	-	State Zip Code CT 06604		
Principal Occupation Social Worker	Name of Employer State of Connectice	ut	···		
	00 to a candidate for a chief executive the is associated with have a contract Oyes ONo		Amount of Contribution		
	a state contractor or prospective state	e contractor? Yes OLegislative			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	Date Received 12/15/2022	Aggregate Contributions 375.00			
Last Name Abel	First Elizabeth		МІ		
Residential Street Address 5 Post Avenue	City East Williston		State Zip Code NY 11596		
Principal Occupation Clergy	Name of Employer United Methodist C	hurch			
	to a candidate for a chief executive the is associated with have a contract Yes No		Amount 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 be of government the contributor.		e contractor?  Yes No Legislative			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	Date Received 12/15/2022	Aggregate Contributions 150.00	_		
Last Name Graham	First Garth		MI		
Residential Street Address 10710 SW 40th Manor	City Davie	I	State Zip Code FL 33328		
Principal Occupation Physician	Name of Employer Youtube				
	0 to a candidate for a chief executive is associated with have a contract of Yes No		Amount of Contribution 375.00		
s this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  Yes  If yes, indicate which bra of government the contra	The Item and the Item and the Item and the Item and the Item and I	contractor? SYes No Legislative			
Method of Contribution:    Cash   OPersonal Check   OCredit/Debit Card   OPayroll Deduction   OMone	Date Received by Order 12/16/2022	Aggregate Contributions 375.00			
SUB	TOTAL Section B — This	Page 850.00			
TOTA	L of additional Section B Pa	ages			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A 13, Column A of Summary Page T				

SEEC FORM 20 Revised James 2015

# Section B ADDITIONAL PAGE 24 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Friends of Lamond			TYPE OF REPORT					
				01/10/2023				
A. Total Contributions from S (See instructions for definition of Small)			this Period ONLY TOTAL SECTION A	\$ 1,925				
	B. Itemized C	ontri	butions from Indiv	iduals		\$23.6H	2455 IERO	
Last Name Williams		- 1	First Kim			_	МІ	
Residential Street Address	<u> </u>	City			State	Zip	Code	
1534 Seaview Avenue, #1		Bridgeport					607	
Principal Occupation			Name of Employer					
Consulting			VCL Consulting Gro	oup, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?					ount o	f Contribution	
	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	anch o	r branches	O No				
Method of Contribution:	<u> </u>		Date Received	Aggregate Contributions	_			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	y Orde	12/16/2022	100.00				
Last Name		F	First				МІ	
Young		] [	Elsiemae					
Residential Street Address		City			State	Zip C	ode	
5317 Tummel Court		Wes	iley Chapel		FL	335	45	
Principal Occupation			Name of Employer					
Retired			Retired					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo		Contribution	
	ls contributor a principal of a  If yes, indicate which bra of government the contra	inch or	branches _	e contractor? Yes				
Method of Contribution:			Date Received	Aggregate Contributions	$\dashv$		- 1	
OCash OPersonal Check OCredit/Debit Ca	ard Payroll Deduction Money	Order	12/16/2022	375.00				
ast Name		- 1	irst				МІ	
Thambers		٨	Michael					
Residential Street Address		City			State	Zip C		
19 Hettiefred Road		Gree	enwich		ст	068	31	
rincipal Occupation Retired			Name of Employer Retired					
s contributor a lobbyist, spouse r dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo		Contribution	
s this contribution associated with an vent reported in Section L1?	lo 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					l	
lethod of Contribution:				Aggregate Contributions	7			
Cash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order	12/16/2022	100.00				
	SUBT	ОТА	L Section B — This I	Page 575.00				
	TOTAL	of ac	dditional Section B Pa	nges				
TOTAL OF AL	LL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page To					

# Section B ADDITIONAL PAGE 25 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Friends of Lamond			01/10/2023	01/10/2023			
A. Total Contributions from Small Contributors-Recei		this Period ONLY TOTAL SECTION A	\$1,425			-	
B. Itemized Co	ontril	butions from Indivi	duals				
Last Name	- 1	First				MI	
Duch	<u> </u>	James					
Residential Street Address	City			State	'	Code	
283 Barn Hill Road	Mor	nroe		СТ	1064	468	
Principal Occupation		Name of Employer					
Financial Sales		JD Financial					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Section 1 If contribution is in excess of \$400 does contributor or business he/sh 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 #  Is contributor a principal of a lfyes, indicate which bra of government the contra	anch or	branches _	e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	12/16/2022	375.00	1			
Last Name	F	irst	<del></del>			MI	
Duch	S	Simona					
Residential Street Address	City			State	Zip C	`ode	
283 Barn Hill Road	Mon	iroe		СТ	064	168	
Principal Occupation	-	Name of Employer					
Microbiologist		Thor Specialties					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribution 375.00		
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 bra of government the contra	anch or	branches	_ <b>O</b> No				
Method of Contribution:	W. 15 WI	Date Received	Aggregate Contributions	┨		1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	12/16/2022	375.00				
Last Name	Fi	<u> </u>	<u>-</u>			MI	
Gagnon	E	lizabeth					
Residential Street Address	City		<u>-</u>	State	Zip C	ode	
27 Southern Way	Princ	eton		NJ	085	40	
Principal Occupation		Name of Employer			_1		
Consulting		EGP Consulting LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7. Amo		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  Yes No  If yes, indicate which brait of government the contract	nch or l	branches	_ ONo				
Method of Contribution:		1	Aggregate Contributions				
Cash Personal Check OCredit/Debit Card Payroll Deduction OMoney	Order	12/16/2022	375.00				
SUBT	ГОТА	L Section B — This l	Page 1,125.00				
TOTAL	of ac	dditional Section B Pa	iges				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line is		IVIDUALS (Sections A umn A of Summary Page T					

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

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Friends of Lamond			01/10/2023			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$1,425	-		
	ontri	butions from Indivi	duals			88.53
Last Name Floissac		First Jessica			МІ	
Residential Street Address	City			Is	17:01	
525 West McKinley Avenue	1 '	lgeport		State	Zip Code 06604	
Principal Occupation		Name of Employer				
Caregiver		Island Style Homed	are			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    No    If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	00 to a cannot be is asse	andidate for a chief executive ociated with have a contract OYes ONo	e officer of a municipali with said municipality		nount of Contrib	ution
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 brof government the contributor.	anch or	branches	e contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Ordei	12/17/2022	100.00			
Last Name	- 1	irst			MI	
Jackson		Donald ————————————————————————————————————				
Residential Street Address 40 South Munn Ave, Apt. 408	City East	Orange		State NJ	Zip Code 07018	
Principal Occupation		Name of Employer	-			-
Architect		GAF				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	) to a car e is asso	ndidate for a chief executive clated with have a contract of Yes No	officer of a municipality	y, Am	ount of Contribu	ıtion
s this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a lfyes, indicate which brace of government the contract of government the contract of the list of the list of government the contract of the list of government the contract of the list of th	anch or	branches	_ <b>O</b> No			
Method of Contribution:		1 1	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	12/19/2022	375.00			
ast Name Voods	Fi	rst enda	•		МІ	
Residential Street Address	City			State	Zip Code	$\dashv$
51 Wabuda Place	Shelt	ton		ст	06484	
rincipal Occupation	1	Name of Employer				
Retired		Retired				
s contributor a lobbyist, spouse, r 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 can	ndidate for a chief executive ciated with have a contract v	officer of a municipality ith said municipality	, Amo	ount of Contribut	tion
s this contribution associated with an vent reported in Section L1?  Yes No Is contributor a principal of a If yes, indicate which braid of government the contract.	nch or b	oranches	_ ONo			
lethod of Contribution:		Date Received	Aggregate Contributions	7		
Cash Personal Check OCredit/Debit Card Payroll Deduction OMoney	Order	12/16/2022	375.00			
SUBT	гота	L Section B — This P	age 850.00			
TOTAL	of ad	lditional Section B Pa	ges			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		VIDUALS (Sections A amn A of Summary Page To				

## Section B ADDITIONAL PAGE 27 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Friends of Lamond				01/10/2023				
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$ 1,425				
B. Itemiz	zed Cor	ıtribı	itions from Indivi	duals	V/200		STANDAR	
Last Name		Fire					MI	
Ballard		Ka	irry					
Residential Street Address	170"				State	- 1	Code	
24 Third Street		Norwa			רד	06	5855	
Principal Occupation			Name of Employer					
Education			Stamford Adult Edu	ication 				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess does contributor or busine valued at more than \$5,00	ess he/she i					mount (	of Contribution	
event reported in Section L1? No If yes, indicate w	which bran-	ch or b		e contractor? Yes OLegislative				
If yes, list Event # of government the Method of Contribution:	ine contract	is with	Date Received	Aggregate Contributions	$\dashv$			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney (	Order	12/20/2022	100.00				
Last Name	<u> </u>	First	•				мі	
Ferris			vid					
Residential Street Address		ity			State		Code	
1 West Tract Road		Cromv	vell		СТ	06	416	
Principal Occupation		- 1	Name of Employer					
Architect			Antinozzi Associate	S				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contributor or busines valued at more than \$5,000	ss he/she is					Amount of Contribution 200.00		
is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a princ fyves, indicate wo of government the section of government the government the section of government the section of government the section of government the section of government the section of government the section of government the section of government the se	which brane	ch or br		e contractor? Yes No				
Method of Contribution:			Date Received	Aggregate Contributions	┨			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction (	Money C	Order	12/20/2022	200.00				
Last Name	<u></u>	First		· · · · · · · · · · · · · · · · · · ·			MI	
Brooks		Alt	hea					
Residential Street Address		ity			State	1000	Code	
170 Stevenson Road		New H	aven		רד	06	515	
Principal Occupation		- 1	Name of Employer					
Nonprofit management			Waterbury Bridge to	Success Commun	ity Par	tnersh -	hip	
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or busines valued at more than \$5,000	ss he/she is	a candi associa	idate for a chief executive ited with have a contract v Yes O No	officer of a municipality with said municipality	(2)	ount o	f Contribution	
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor? OYes							
Method of Contribution:								
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money O	rder	12/23/2022	100.00				
	SUBTO	TAL	Section B — This l	Page 400.00				
Т	TOTAL o	of add	itional Section B Pa	ages				
TOTAL OF ALL CONTRIBUTIONS (Enter total o			TDUALS (Sections A in A of Summary Page T					

# Section B ADDITIONAL PAGE Z8 of 39

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor,		TYPE OF REPORT		SA NOTE	No.	
Friends of Lamond			01/10/2023			
A. Total Contributions from Small Contributors-Reco		Period ONLY TAL SECTION A	\$ 1,925			
			-		_	
B. Itemized C	Contribut	ions from Indivi	duals	8/17		
Last Name	First				1	MI
Callaham	Dar	in	_			
Residential Street Address	City			State	Zip Coc	
231 North Street	Trumbull			ст	0661	1
Principal Occupation		lame of Employer				
Attorney	C	City of Norwalk				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?			with said municipality	200	10	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 be of government the contributor.	oranch or bra	nches _	e contractor? Yes OLegislative			
Method of Contribution:	D	ate Received	Aggregate Contributions	╗		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order 1	12/23/2022	200.00	-		
Last Name	First	<u></u> -			M	41
Kpognon	Olivi	ier				
Residential Street Address	City			State	Zip Cod	c
339 Broad Street, 2S	Bridgep	ort		СТ	06604	4
Principal Occupation	N	ame of Employer				
Consultant	0	& Co. Media LLC				
	No does contributor or business he/she is associated with have a contract with said municipality					ontribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  Yes  No  If yes, indicate which be of government the contributor of government the contributor a principal of the principal o	ranch or brai	nches Executive	O Legislative			
Method of Contribution:			Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMon	ey Order 1	2/27/2022	100.00			
Last Name	First				М	II
Hughes	Scot	<u> </u>				
Residential Street Address 21 Alsace Street	City Bridgep	ort		State	Zip Code 06604	
				<u> </u>	10000	
Principal Occupation Librarian		one of Employer				
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?				/. Amo		ontribution
s this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No  If yes, indicate which broof government the contribution of government the contribution apprincipal of the section L1?	ranch or bran	Ches Executive	O Legislative			
Method of Contribution:			Aggregate Contributions			
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMono	ey Order 12	2/27/2022	375.00			
SUB	STOTAL S	ection B — This I	age 475.00			
тота	L of addit	ional Section B Pa	nges			
TOTAL OF ALL CONTRIBUTIONS FRO						
(Enter total on Line	e 13, Column	A of Summary Page To	viais)			

### Section B ADDITIONAL PAGE <u>79</u> of <u>34</u>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT		The system of the	
Friends of Lamond				01/10/2023			
A. Total Contributions from (See instructions for definition of Sma		ived this Perio		\$ 1,425			
	B. Itemized C	Contributions 1	from Indiv	iduals			
Last Name Mullagalyamova		First Audrey				MI	
Residential Street Address 2859 Mandy Court		City Jonesboro			State	Zip Code 30236	
Principal Occupation Bank Manager		180	<sub>Employer</sub> gan Chase B	ank		<u></u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	he is associated with			ity, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of If yes, indicate which be of government the contributors.	anch or branches act is with	OExecutive	OLegislative No			
Method of Contribution:  OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction OMone	ey Order 2/28/		Aggregate Contributions 375.00			
Last Name Mason		First Lindsay				МІ	
Residential Street Address		City			State	Zip Code	
71 Potomac Ave SE		Washington			DC	20003	
Principal Occupation		Name of E				<u> </u>	
Administrator	- 533	Nonpro					
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?		have a contract		200.0	ant of Contribution	
s 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 br  of government the contri	anch or branches		te contractor? Yes O Legislative			
Method of Contribution:		Date Recei		Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	Card Payroll Deduction Mone	-	2022	200.00			
Last Name Slade		First Lisa				MI	
Residential Street Address 900 Lafayette Blvd		City Bridgeport			State	Zip Code 06607	
Principal Occupation Director		Name of E Housate		unity College			
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		have a contract		y, Amou	nt of Contribution	
vent reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  If yes, indicate which bra  of government the contra	nch or branches ct is with:	O Executive	O Legislative			
Method of Contribution:  Cash Personal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	Date Received 12/29/2		Aggregate Contributions 100.00			
	SUB	FOTAL Section	B — This	Page 675.00			
	TOTAL	L of additional	Section B P	ages			
TOTAL OF A	ALL CONTRIBUTIONS FROM						

#### Section B ADDITIONAL PAGE 30 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	The state of the s	TYPE OF REPORT				
Friends of Lamond			01/10/2023			
A. Total Contributions from Small Contributors-Reco		is Period ONLY OTAL SECTION A	\$1,425			
						_
	Contrib	utions from Indivi	duals	JL 8	10 14	NET SKO
Last Name	Fir		- <u>-</u>			MI
Fowler						
Residential Street Address  1 North Water Street	City				1 '	Code
	Norw			ст	06	854 
Principal Occupation		Name of Employer				
Real estate developer		Spinnaker Real Esta	ite Partners			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?				13:	ount o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of If yes, indicate which be of government the contributor.	branch or b	ranches	e contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order	12/29/2022	375.00			
Last Name	Firs	t				MI
Jayasuriya	Pri	iyangi				
Residential Street Address	City			State	Zip C	`ode
44 Strawberry Hill Avenue, #4D	Stamf	ord		cT	069	02
Principal Occupation		Name of Employer				<u> </u>
Clinical Coordinator	- 1	Sacred Heart Univer	sity			
or dependent child of a lobbyist?  On does contributor or business he/st valued at more than \$5,000?	dependent child of a lobbyist?					Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the contributor.	ranch or br	ranches	_ <b>O</b> No			
Method of Contribution:		<del></del>	Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	12/30/2022	375.00			
ast Name	First					MI
McRae	Pha	adette				
Residential Street Address	City			State	Zip Co	ode
31 Essex Street	Bridge	port		ст	066	10
rincipal Occupation	1	Name of Employer				
Executive Assistant	- 1	Lifebridge Commun	ity Services			
r dependent child of a lobbyist? Yes Ves valued at more than \$5,000?				375.		Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Section L1?  If yes, list Event #  Section L1?  If						
Method of Contribution:			Aggregate Contributions	1		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	12/30/2022	375.00			
SUB	TOTAL	Section B — This P	age 1,125.00		_	
TOTA	L of add	itional Section B Pa	ges			
TOTAL OF ALL CONTRIBUTIONS FROM		IDUALS (Sections A			_	

SEEC FORM 20 Revised James 2015

## Section B ADDITIONAL PAGE 3) of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Friends of Lamond				01/10/2023		
A. Total Contributions from Sn (See instructions for definition of Small C			is Period ONLY OTAL SECTION A	\$ 1,425		
	D. Hamiral Co		ıtions from Indivi	desle		
Last Name	B. Itemized Co	D <b>DUTIDU</b> Firs		duais		MI
DeJesus		Ric	chard			
Residential Street Address 232 East Village Road		Monro			State	Zip Code 06468
Principal Occupation  Landlord			Name of Employer Richard DeJesus			
or dependent child of a lobbyist? ONO	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				"	nount of Contribution 5.00
	ls contributor a principal of a  If yes, indicate which bra of government the contract	inch or br	anches	OLegislative		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Car	d OPayroll Deduction OMoney	y Order	Date Received 12/30/2022	Aggregate Contributions 375.00		
Last Name Ritter		First Kat				MI
Residential Street Address 43 Peaceable Street		<sup>City</sup> Ridgef	ìeld		State	Zip Code 06877
Principal Occupation Nonprofit executive			Name of Employer Ritter Family Found	ation		
or dependent child of a lobbyist? O No d	f contribution is in excess of \$400 sloes contributor or business he/she valued at more than \$5,000?					ount of Contribution
s this contribution associated with an event reported in Section L1?  No off yes, list Event #	500.00	nch or br	anches	e contractor? Yes No Legislative		
Method of Contribution:		1	Date Received	Aggregate Contributions	٦	
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction Money	Order	12/30/2022	375.00	-	
Last Name Ayers		First Nic	ole			MI
Residential Street Address 7 Ohio Avenue		City Norwa	lk		State	Zip Code 06851
Principal Occupation  Executive Director		- 1	Name of Employer SAVE Inc.	25		
or dependent child of a lobbyist? O No de	f contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?			200 70.000 500000 700	/. Ame	ount of Contribution
s this contribution associated with an event reported in Section L1? No No If yes, list Event #		ch or bra		∑No		
Wethod of Contribution: Cash Personal Check Credit/Debit Card	OPayroll Deduction OMoney	- 1		Aggregate Contributions 200.00		
	SUBT	OTAL	Section B — This F	950.00		
			itional Section B Pa	15000		
TOTAL OF ALI	CONTRIBUTIONS FROM (Enter total on Line 13		IDUALS (Sections A n A of Summary Page To			

SEEC FORM 20 Review James 2015

#### Section B ADDITIONAL PAGE 3Z of 34

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)	W.		TYPE OF REPORT			
Friends of Lamond				01/10/2023			
A. Total Contributions from Sn (See instructions for definition of Small C			otal section a	\$ 1,925			
			10 ACC 10 10 10 10 10 10 10 10 10 10 10 10 10				
	B. Itemized Co	ontrib	utions from Indivi	duals	3.80	Nie.	
Last Name			rst				MI
Torres		R	aymond				
Residential Street Address		City			State	Zip (	Code
881 Fairfield Woods Road		Fairfi	ield		CT	068	825
Principal Occupation			Name of Employer				
Retired			Retired				
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Ame		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nch or l	branches	C C C C C C C C C C C C C C C C C C C			
Method of Contribution			Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card	d OPavroll Deduction OMoney	Order	12/30/2022	100.00			
Last Name	- G. L., rom 2 volument Greener,	Fir	et .			<del></del>	MI
Allen		- 1	ugene				IVII
Residential Street Address		City			State	Zip C	ode
49 Wentworth Street		Bridg	eport		cr	066	06
Principal Occupation			Name of Employer				
DCF and DDS Provider			Safeway Family Sen	vices LLC			
or dependent child of a lobbyist? O No de	f contribution is in excess of \$400 toos contributor or business he/she alued at more than \$5,000?				, Amo		Contribution
s this contribution associated with an event reported in Section L1?  No  No  No		nch or t	oranches	_ O No			
Method of Contribution:	· · · · · · · · · · · · · · · · · · ·	_	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	12/30/2022	375.00			
ast Name		Firs		<del></del>			МІ
Battiste		Je	anette				
Residential Street Address		City Bridge	anart		State	Zip Co 066	
145 Ridgebrook Drive		briugi	475		СТ	000	00
Principal Occupation Administrator			Name of Employer Walls of Salvation				
r dependent child of a lobbyist? O No do	contribution is in excess of \$400 to be contributor or business he/she is alued at more than \$5,000?				375.0		Contribution
s this contribution associated with an vent reported in Section L1?  If yes, list Event #	Is contributor a principal of a si  If yes, indicate which bran  of government the contract	ch or b	ranches	Contractor?  O Legislative			
Method of Contribution:	_ W % _			Aggregate Contributions			
Cash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	12/30/2022	375.00	$oldsymbol{ol}}}}}}}}}}}}}}}}}$		
	SUBT	OTAL	Section B — This I	age 850.00			
	TOTAL	of add	ditional Section B Pa	iges			
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 1)		VIDUALS (Sections A nn A of Summary Page To				

### Section B ADDITIONAL PAGE 33 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)	71.44	Marie de la compa	TYPE OF REPORT			
Friends of Lamond				01/10/2023			
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$ 1,425			
B. Itemiz	zed Con	trib	utions from Indivi	iduals			
Last Name		Fir	st				MI
Ritter		Bı	ruce				
Residential Street Address		lity		-	State	_ I -	Code
103 Peaceable Ridge Road	ŀ	Ridge	field		СТ	06	5877
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Contribution is in excess does contributor or busine valued at more than \$5,000.	ess he/she is					mount 6	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 w of government the section of govern	vhich branc	h or b		e contractor? Ye			
Method of Contribution:			Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney C	Order	12/31/2022	250.00			
Last Name		Firs	t				MI
Cohen		Le	onard				
Residential Street Address	Ci	ty			State	Zip	Code
28 McAdoo Avenue	Т	rumk	oull		ст	06	611
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is					mount o	of Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event # Yes Is contributor a principle of government the section L1?	hich branc	h or b	Executive (	O Legislative	,		
Method of Contribution:	_	- 1		Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money O	rder	12/31/2022	100.00			
ast Name Cohen		First	/stal				MI
Residential Street Address	Io:		, 5.00		To	171	
28 McAdoo Avenue	Cit Tr	y rumb	ull		State		Code 611
Principal Occupation	1"		Name of Employer		<u>.                                    </u>		
Manager of Instructional Technology		- 1	University of New H	aven			
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No No Vescontributor or business valued at more than \$5,000	s he/she is a				85	nount of	f Contribution
s this contribution associated with an vent reported in Section L1?  Yes Is contributor a princip No If yes, indicate who of government the	rich branch	or bra	O Executive	O Legislative			
Vethod of Contribution		- 1		Aggregate Contributions			
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Or	der	12/31/2022	100.00			
	SUBTO	TAL	Section B — This F	age 450.00			
T	OTAL of	f add	itional Section B Pa	iges			
TOTAL OF ALL CONTRIBUTIONS				+ B) 7/. 1173		_	
(Enter total or	n Line 13, (	Colum	n A of Summary Page To	otals) 24,433			

# Section B ADDITIONAL PAGE 34 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	Repository)	100		TYPE OF REPORT			
Friends of Lamond				01/10/2023			
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$ 1,425			
B. Itemi	ized Cont	tribu	itions from Indivi	duals		arxale,	E I S
Last Name		Firs					MI
Lazarus		Ma	ark 				<u> </u>
Residential Street Address		īty			State	1 '	Code
65 Country Walk	5	helto	on		СТ	106	484
Principal Occupation			Name of Employer				
П			Mark Lazarus				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Valued at more than \$5,00	ness he/she is					mount o	of Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a print of No If yes, indicate we of government to of government to the section of the section o	which branch	h or br		e contractor? Ye. OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney O	order	12/31/2022	100.00			
Last Name		First					MI
Mcelveen		Bet	tty				
Residential Street Address	Cit	ty			State	Zip (	Code
537 Queen Street	Ві	ridge	port		ст	066	506
Principal Occupation			Name of Employer				
Social Worker			Advanced Behavior	al Health			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess does contributor or busine valued at more than \$5,000	ess he/she is a					0.00	f Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event # Of government the section of government the sectio	which branch	h or br	ractor or prospective state anches Executive	_ <b>⊙</b> No			
Method of Contribution:		- 1		Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Or	rder	12/31/2022	200.00			
Last Name		First					MI
Test		Gre	tchen				
Residential Street Address	City	-			State	Zip C	
3-4 Canterbury Court	M	lidale	town		СТ	064	157
Principal Occupation			Name of Employer				
Social work		- 19	Gretchen Test				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or busines valued at more than \$5,000	ss he/she is a				,,	ount of	Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event # Yes No Section L1?	hich branch	or bra	actor or prospective state inches	ŌNo			i
Method of Contribution:		- 1		Aggregate Contributions	7		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney Oro	der 1	12/31/2022	375.00			
	SUBTO	TAL	Section B — This I	age 675.00			
Т	TOTAL of	f add	itional Section B Pa	ages			
TOTAL OF ALL CONTRIBUTIONS (Enter total of			IDUALS (Sections A n A of Summary Page To				_

#### Section P. ADDITIONAL PAGE 1\_\_\_\_ of 1\_\_\_\_

	AITTEE (Provide Complete Name as Registered with Filing )	TIPE OF RE	TYPE OF REPORT				
Friends of Lamond				01/10/2023			
	P. Ex	penses Paid by Con	nmittee				
Name of Payee			Date of Payment	1 4 7 12			
Erin McDonou <u>c</u>	gh		11/30/2022	O Check #O Debit Card OEFT			
Street Address		City		State Zip Code			
955 Main Stree		Bridgeport		CT 06604			
Purpose of Expenditur (by code) RMB	Post office box		Event #	Amount 116.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Recomplete None of the below (does not involve another cands Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in-	idate or committee) expenditure)	below" is checked) Independent OrganizationOA OB OC				
Name of Payee	<del></del>	Date of Payment	Method of Payment:				
TD Bank			12/30/2022	O Check #O Debit Card			
Street Address		City		State Zip Code			
1000 Lafayette E	Boulevard	Bridgeport	CT 06604				
turpose of Expenditure by code) BNK	Account maintenance fee		Event #				
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candid Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-key)	date or committee) xpenditure)	Independent Organization A B C	Ов			
ame of Payee	<u> </u>		Date of Payment	Method of Payment:			
_							
Day Campaign				O Check #			
		City		Check #			
treet Address	Avenue	City Windsor		Debit Card OEFT			
Day Campaign treet Address 12 Bloomfield Aurpose of Expenditure ty code) WEB	Avenue  Description  Donation platform fee	'	Event#	State Zip Code CT 06095  Amount			
12 Bloomfield Aurose of Expenditure y code) WEB	Description	Windsor  quired unless "None of the lidate or committee) expenditure)	below" is checked) Independent	Debit Card			
12 Bloomfield Aurpose of Expenditure	Description  Donation platform fee  Type of Expenditure (Itemization in Addendum P Req  None of the below (does not involve another candid  Coordinated with reimbursement sought (joint e	Windsor  quired unless "None of the lidate or committee) expenditure)	below" is checked)	Debit Card			
12 Bloomfield Aurose of Expenditure y code) WEB  Expenditure # (applicable)	Description  Donation platform fee  Type of Expenditure (Itemization in Addendum P Req  None of the below (does not involve another candid  Coordinated with reimbursement sought (joint e	Windsor  quired unless "None of the lidate or committee) expenditure)	Independent Organization OA OB OC	State Zip Code CT 06095  Amount  1,044.32			
reet Address  12 Bloomfield Aurose of Expenditure y code)  WEB  spenditure # applicable)  ame of Payee	Description  Donation platform fee  Type of Expenditure (Itemization in Addendum P Req  None of the below (does not involve another candid  Coordinated with reimbursement sought (joint e	Windsor  nuired unless "None of the lidate or committee) expenditure) exind contribution)	Independent Organization OA OB OC	State Zip Code CT 06095  Amount  1,044.32  OD  Method of Payment: O Check # O Debit Card OEFT			
12 Bloomfield Aurose of Expenditure y code) WEB  Expenditure # Expenditu	Description  Donation platform fee  Type of Expenditure (Itemization in Addendum P Req  None of the below (does not involve another candid  Coordinated with reimbursement sought (joint e  Coordinated without reimbursement sought (in-late)	Windsor  quired unless "None of the destate or committee) expenditure)  City  City  aired unless "None of the beate or committee) expenditure)	Independent Organization OA OB OC Date of Payment  Event #	State Zip Code CT 06095  Amount  1,044.32  OD  Method of Payment: O Check # O Debit Card OEFT  State Zip Code  Amount			