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

BRIDGEPORT, CONN.
LAND RECORDS
REC'D FOR RECORD FILING

23 APR 10 PM 3: 17

Do Not Mark in This Space For Official Use Only

COVER PAGE O OR

1. NAME OF COMMITTEE				CHARLES D CLEMONS	10	(1) 在1000年度
Friends of Lamond				TOWN CLERK	JH,	
2. TREASURER NAME						
Pirst Askar	,	MI	Last Moris	sseau		Suffix
3. TREASURER ADDRESS						MANAGER AND STREET
Street Address 2600 Park Avenue, Apt 4M			City Bridgepoi	t	State	Zip Code 06604
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	only if Candle	fate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11/07/2023	Mayor	"-"				(if applicable)
7. CANDIDATE NAME (Complete only &	Candidate or Explorator	ry Committee)	gla ax			
First Lamond		MI	Last Danie	els	•	Suffix
8. TYPE OF REPORT (Check One Box)	ALL FORMA					
 ✓ January 10 filing ✓ April 10 filing ✓ July 10 filing October 10 filing O24 Hour Independent Expenditure OPrimary D. PERIOD COVERED 	O7th day preced O30 days follow O7th day preced O12th day prece (State Central Con O45 days follow not held in Nov	ring primary ing election ding election mutatees Only) ing election	O4:	th day preceding referendum 5 days following referendum eficit ermination	O Initial Con (PACs ONLY) O Amendmen Type of Rej	nt to
	Beginning Date	e		Ending Date		
-	1/1/2023		thru	3/31/2023	_	
0. CERTIFICATION						
I hereby certify and state, under per Disclosure Statement for the per	enalties of false station	atement, tha ue, accurate	at all of the	e information set forth on thinplete.	is Itemized Ca n	npaign Finance
Am. Maly		Erii	n McDond	ough		04/08/2023
TREASURER OR DEPUTY TREASURE	R (SIGNATURE)	PRI	INT NAME	OF SIGNER		DATE (mm/dd/yyyy)

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

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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) Friends of Lamond	TYPE OF REPORT 04/10/2023	
	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		26,057.87
12. Balance on hand at the beginning of Reporting Period	26,057.87	
13. Contributions Received from Individuals (Sections A and B)	50,878.00	50,878.00
14. Receipts from Other Committees (Sections C1 and C2)	o	0
15. Other Monetary Receipts (Sections D through K)	1,100.00	1,100.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	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)	850.00	850.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	52,828.00	52,828.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	78,885.87	78,885.87
19. Expenses Paid by Committee (Section P)	3,213.45	3,213.45
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	75,672.42	75,672.42
21. In-Kind Donations not Considered Contributions Received (Section L4)	О	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)	0	0
25. Loan Balance	o	
25a. + Loans Received (Section D)	o	0
25b. + Interest and Penalties on Loan	o	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTIEE (Provide Complete Name as Registered with Filing Repository)	Dawle Specific Black	TYPE OF REPORT				
Friends of Lamond			04/10/2023			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$0			
P. V. J. J. C.	there's the		A series of the series of the series		NAT LINE PAR	V-0-12-10-05-05
Last Name	11.1	outions from Indiv	iduals		多层层	
Butler	I	loanne				MI T
Residential Street Address	City			l eur	Ter. 4	
315 Burritt Avenue	Strat	tford		State	Zip (
Principal Occupation	1	Name of Employer			1000	
Social worker		State of Connectic	ut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of State o) to a ca	ndidate for a chief executive	e officer of a municipal		mount of	Contributio
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or	branches	e contractor? Ye	: S	0.00	
Method of Contribution:		Date Received	Aggregate Contributions	\dashv		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	1/21/2023	\$50.00			
ast Name	Fir	st	·			МІ
Vade	D	ouglas			l	
Residential Street Address	City			State	Zip Co	ode
100 Parrott Drive	Shelt	on		CT	0648	34
rincipal Occupation Business owner		Name of Employer Wade's Dairy Inc		•		
r dependent child of a lobbyist? Yes If contribution is in excess of \$400 t does contributor or business he/she is valued at more than \$5,000?	to a candis assoc	didate for a chief executive intended with have a contract Yes No	officer of a municipality		ount of (Contribution
this contribution associated with an vent reported in Section L1? Wes, list Event # 02212023A Yes Is contributor a principal of a significant which brands of government the contraction of government the contraction.	nch or b	ranches	No No	9	, o o	
Aethod of Contribution:			Aggregate Contributions			
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	2/21/2023	\$500.00			
st Name	Firs	t			17	MI .
lput	Aja	auni				
sidential Street Address	City	· · ·		State	Zip Coc	je
7 Greenhouse Road, Unit A	Bridge	eport		CT	0660	4
incipal Occupation		Name of Employer				
hysical therapist		Physical Therapy Ass	spcialtes			
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes of \$400 to does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a cand s associa	idate for a chief executive ated with have a contract w	officer of a municipality vith said municipality	, Amo		ontribution
this contribution associated with an ent reported in Section L1? Yes, list Event # 02212023A Is contributor a principal of a star of government the contract.	ch or br	anches	contractor? OYes ONo			
ethod of Contribution:		Date Received A	ggregate Contributions	7		
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney O	Order	2/21/2023	135.00			
SUBTO	OTAL	Section B — This P	age 685.00			
TOTAL	of add	litional Section B Pa	ges 50,193.00			
TOTAL OF ALL CONTRIBUTIONS FROM 1		TDUALS (Sections A -		_		

I. MONETARY RECEIPTS (Sections A-K)

	Lamond			TYPE OF REPORT 04/10/2023				
SALES EXPENSE		C1. (Contributi	ons from (Other Com			A DEVICE ROLL
Name of Comm	iittee				Name of Tre	surer	AND THE PERSON NAMED IN	TOTAL STORY OF THE STORY
ddress				Is this cont event repor	rted in Section L	ted with an OYes ONo 1? list Event #	Yes ONo Amount of	
ity		State	Zip Code	Date Rec	ceived	Aggregate Contributions		
ame of Commi	ttee				Name of Trea	urer		
idress				Is this contrevent report	ted in Section L	ed with an Yes ONo?	Amour	at of Contribution
у		State	Zip Code	Date Rece		Aggregate Contributions	-	
me of Commit	lee				Name of Treas	пер		•
iress				Is this contri	bution associate	d with an Yes No	Amoun	t of Contribution
 		State	1 2:- C-1	event reporte	ed in Section L1 <i>If yes</i> , li	? st Event #		
		Jane	Zip Code	Date Recei	ived	Aggregate Contributions		
CASS CLEAN								
	C2.	. Reimbursements	s or Surph	ıs Distribu	tions from	other Committees	Hall Parts	
ne of Committe	C2.	. Reimbursements	s or Surph	ıs Distribu	Name of Treasu	other Committees		
	C2 .	. Reimbursement	s or Surph	City			State	Zip Code
ress	Expenditure # (If applicable)	Payment Type		City	Name of Treasu	ter		Zip Code
Received	Expenditure #			City		ter		
Received	Expenditure # (If applicable)	Payment Type		City	Name of Treasu	n		
Received	Expenditure # (If applicable)	Payment Type		City	Name of Treasu	n		
ress Received cription of Committee	Expenditure # (If applicable)	Payment Type		City	Name of Treasu	n		
Received ription of Committee	Expenditure # (If applicable)	Payment Type OReimbursemen	nt for shared ex	City City	Name of Treasur	n n	Amou	at of Receipt
Received ription of Committee	Expenditure # (if applicable)	Payment Type OReimbursemen	nt for shared ex	City City	Name of Treasu	n n	Amou	at of Receipt
Received ription of Committee	Expenditure # (if applicable)	Payment Type OReimbursemen	nt for shared exp	City City City	Name of Treasur	n on	Amou	at of Receipt
Received ription of Committee	Expenditure # (if applicable)	Payment Type OReimbursemen Payment Type OReimbursemen	at for shared expent for shared ex	City City City AL Section	Name of Treasur Plus Distribution Name of Treasur urplus Distribution	n on	Amou	at of Receipt
Received ription	Expenditure # (If applicable) Expenditure # (If applicable)	Payment Type OReimbursemen Payment Type OReimbursemen	ent for shared expends for shared expends of a subtotal for the subtotal f	City City City AL Section additional S	Name of Treasur Name of Treasur Name of Treasur Urplus Distribut C — This Pa	n on O o o o o o o o o o o o o o o o o o	Amou	at of Receipt

SEEC FORM 20 Revised Austry 2018

I. MONETARY RECEIPTS (Sections A-K)

Page 5 of 17

	Name as Registered with Filing Re			04/10	OF REPORT	
	Die	ne Das	eived this Per		, =02.3	
Name of Lender	D. L01	ша кес	Source of Loan:	100		
La company of the second secon				Candidate O Individ	Committee	Date of Receipt
Street Address	City	2	- W - 5:	State	Zip Code	Is there a Cosigner Guarantor of this lo O Yes O No
Name of Cosigner/Guarantor (If applicable)			30 N			Amount Received
Street Address	City			State	Zip Code	1
Name of Lender			Source of Loan:	Candidate () Individ	nal C Other	Date of Receipt
Street Address			O Same O	Candidate O Hidryth	Committee	
	City		***	State	Zip Code	Is there a Cosigner Guarantor of this los O Yes O No
ame of Cosigner/Guarantor (If applicable)						Amount Received
Street Address	City		Č.	State	Zip Code	
lame of Lender			Source of Loan: OBank OC	andidate O Individu	al Other	Date of Receipt
treet Address	City			State	Committee Zip Code	T-41 G 1
			367		Z.ip Code	Is there a Cosigner of Guarantor of this load Yes No
ame of Cosigner/Guarantor (If applicable)						Amount Received
treet Address	City		2	State	Zip Code	
			TOTAL SEC	TION D 0		
		Contract to	TOTAL	HON D		
E. Receipts from Ent	ities other than Indi	viduals	COMMENCE OF CHARLES AND		dum Committee	s ONLY)
ne of Entity	ities other than Indi	viduals	COMMENCE OF CHARLES AND	amittees (Referen	dum Committee	
ne of Entity	ities other than Indi	viduals	COMMENCE OF CHARLES AND		dum Committee	Amount Received
ne of Entity	ities other than Indi	viduals	COMMENCE OF CHARLES AND	amittees (Referen		
ne of Entity	ities other than Indi		or Other Con	Date Received		
ne of Entity	ities other than Indi		or Other Con	Date Received		
ne of Entity et Address se of Entity	ities other than Indi		or Other Con	Date Received Aggregate Contrib	utions	Amount Received
ne of Entity et Address et Address et Address	ities other than Indi	State	or Other Con	Date Received Date Received Date Received	utions	Amount Received
ne of Entity et Address se of Entity	ities other than Indi	State	or Other Con	Date Received Date Received Date Received	utions	Amount Received

I. MONETARY RECEIPTS (Sections A-K)

Page 6 of 17

Friends of Lamon	TEE (Provide Complete Name as Re			TYPE OF REPORT
				04/10/2023
Date of Receipt	F. Amount Transferre	ed from Affiliated Bu	siness Treasury (Business	Entity Committees ONLY)
Date of Receipt	Is this transaction asset event reported in Sect		If yes, list Event #	Amount
Pate of Receipt	Is this transaction asso event reported in Sect	ociated with an OYes No	If yes, list Event #	Amount
ate of Receipt	Is this transaction asso event reported in Secti		If yes, list Event #	Amount
ate of Receipt	Is this transaction asso event reported in Section	ciated with an on L1? Yes	If yes, list Event #	Amount
			TOTAL SECTION F	0
G. Amount T	ransferred from Affilia	ted Labor Union or Date of Receipt		asury (Organization Committees ONL of Receipt
	Amount	Am	punt	
	Amount	Amo		Amount
	Amount	Amo	TOTAL SECTION G	
			TOTAL SECTION G	Amount
				Amount 0 Committees ONLY)
of Receipt 5/2023	H. Personal Funds of Method of payment: OCash		TOTAL SECTION G	Amount
of Receipt 5/2023 of Receipt	H. Personal Funds of Method of payment:	the Candidate Receiv	TOTAL SECTION G	Amount Committees ONLY) Amount
of Receipt 5/2023 of Receipt 0/2023 of Receipt	H. Personal Funds of a Method of payment: OCash Method of payment:	the Candidate Receive	TOTAL SECTION G ved this Period (Candidate O Credit/Debit Card	Amount Committees ONLY) Amount \$500.00
of Receipt 5/2023 of Receipt 0/2023 f Receipt	H. Personal Funds of a Method of payment: OCash Method of payment: OCash Method of payment: OCash	the Candidate Receive	TOTAL SECTION G ved this Period (Candidate O Credit/Debit Card	Amount Committees ONLY) Amount \$500.00 Amount \$500.00
	H. Personal Funds of a Method of payment: OCash Method of payment: OCash Method of payment:	the Candidate Receive O Personal Check O Personal Check	TOTAL SECTION G ved this Period (Candidate Credit/Debit Card Credit/Debit Card	Amount Committees ONLY) Amount \$500.00 Amount \$500.00

I. Anonymous Contributions

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	te Name as Registered with Filing Repository)	ТУРЕ	OF REPORT		
Friends of Lamond		4/10/2023			
	J. Interest from Deposits in Autho	rized Accounts		CONTRACTOR	
Name of Institution		Date R	eceived	Amount	
Street Address	City	State	Zip Code	1	
		State	Zip Code		
Name of Institution		Date Ro	eceived	Amount	
Street Address					
Parent Montess	City	State	Zip Code		
	TOT	CAL SECTION J			
K M		HER CONTRACTOR STREET			
Name	liscellaneous Monetary Receipts not Co		ate of Transaction		
				Amount Receiv	
Street Address	City	State	Zip Code		
Description				_	
Name					
Name		Da	te of Transaction	Amount Receiv	
treet Address	City	State	Zip Code	-	
escription					
ame		Dai	e of Transaction	Amount Receive	
reet Address	City	State	Zip Code		
		Mate	Zip Code		
escription				7	
ame		Date	e of Transaction	America Descri	
				Amount Receive	
eet Address	City	State	Zip Code		
scription				\dashv	
	CLEANERS CONTROL OF THE PROPERTY OF THE PROPER				
	TOTAL SE	CTION K 0			
SUMMAR	Y OF OTHER MONETARY RECEIP	TS (Sections D thr	ough K)		
tal Loans Received this Period (Section	on D)		О		
tal Receipts from Entities other than l	ndividuals or Other Committees (Section E)	+	0		
tal Amount Transferred from Affiliat	ed Business Treasury (Section F)	+	0		
tal Amount Transferred from Affiliate	ed Labor Union or Other Organization Treasur	y (Section G) +	0		
tal Amount of Personal Funds of the C	Candidate Received this Period (Section H)	+	1,100.00		
					
tal Amount of Interest from Deposits i	n Authorized Accounts (Section J)	+	0		
	n Authorized Accounts (Section J) not Considered Contributions (Section K)	+ +	0		

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repo	stitory)	TYPE OF REPORT			
Friends of Lamond		,	04/10/2023			
	L1. F	Event Information			S. Carrier	
Event # Date of Event Letter	Description	The state of the s	THE PERSON NAMED IN COLUMN	Was this a f	undraising even	
02082023 A	Meet and greet			OYes	1 114	
Location: Street Address		City	<u> </u>	State	Zip Code	
7 Lafayette Circle		Bridgeport		СТ	06604	
Subpart 1: (All Comm	•				<u> </u>	
Was this event hosted a	at a personal residence?	OYes (If yes, go to Section I Associated with a Ho purchases made by ho No	.5 In-Kind Donations cuse Party and comple st(s) for food, beverage	te required info	ormation for any	
Did this fundraiser inclu of up to \$200 or items d	de goods or services donated by a business ent onated by an individual of up to \$100?	tity Yes (If yes, go to Section I and complete required No		not Considered	Contributions	
Was this fundraiser a tag with purchases from an	g sale, auction, or other sale of donated items individual of up to \$100?	OYes (If yes, enter Total Red No	ceipts here.)	→ \$		
Subpart 2: (Party Com Were there purchases of sign associated with this	mittees, Municipal Candidates and Political C advertising space in a program book or on a fundraiser?		3 Purchases of Advert	tising Space in a	Program Book	
Subpart 3: (Town Com Did your committee sell gathering held within the	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Rec	ceipts here.)	\$		
Event # Date of Event Letter	Description	CAMEDIA CON CONTROL OF CONTROL	toon - Auril 1964 ary more an	Was this a fur	ndraising event?	
02212023 A	Meet and greet			O Yes	ONo	
ocation: Street Address		City		State	Zip Code	
7 Lafayette Circle		Bridgeport		СТ	06604	
Subpart 1: (All Committe Was this event hosted at a		Yes (If yes, go to Section L5 Associated with a Hour purchases made by hoste No	se Party and complete	required infor	Contributions mation for any	
Did this fundraiser includ f up to \$200 or items do	e goods or services donated by a business entity nated by an individual of up to \$100?	y Yes (If yes, go to Section L4 and complete required in	In-Kind Donations nonformation.)	ot Considered (Contributions	
Vas this fundraiser a tag s	sale, auction, or other sale of donated items dividual of up to \$100?	Yes (If yes, enter Total Rece	- 50	<u> </u>		
ubpart 2: (Party Commi Vere there purchases of a gn associated with this fi	ittees, Municipal Candidates and Political Condition distribution of the distribution of the condition of th	Mommittees other than Exploratory (O Yes (If yes, go to Section L3 or on a Sign and compl O No	Purchases of Advertis		rogram Book	
ubpart 3: (Town Commitied sell for the sell	od or beverage at a fair or similar mass	OYes (If yes, enter Total Receiption)	pts here.)	\$		
SUBTOTAL Section	L1—Subpart 1 (All Committees) Total Receipts	<u> </u>	his Page 0			
	SUBTOTAL Sec Total Rec	ction L1—Subpart 3 <i>(Town Committe</i> ceipts from Food Purchases — Ti	es ONLY) his Page			
		TOTAL of additional Section I	1 Pages 0			
		EIPTS FROM SMALL PURC on Line 16a, Column A of Summary P.				

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

NAME OF COMIN	ATTTEE (Provide Complete Name a	is Registered with Filing Rep	ository)	Туре О	REPORT		Accessed their
Friends of Lamor	nd			04/10/2		errand Nestandri er	and the local department
	L3. Pur	chases of Advert	ising in a Pro	gram Book or on a Sig	n Alexandria		Variable II
Name of Purchaser Carlos Prime LLC	:				0	hase Made By: Business Entid Individual/Sol	y Other
Street Address			City			State	Zip Code
88 Rose Street			East Haven			СТ	06513
Date Received 3/28/2023	Event # 03282023A	Aggregate Purchs	ses for All Events	Amount of Program Ad I	Purchase	Amount of	Sign Purchase
Name of Purchaser					Purch	nase Made By:	-
McGuire Family L	.aw				⊙ E	Business Entity	Other Proprietorship
treet Address			City		<u> </u>	State	Zip Code
1221 Post Road E	ast		Westport			СТ	06880
Date Received 03/21/2023	Event # 03282023A	Aggregate Purchas	es for All Events	Amount of Program Ad P	urchase	Amount of	Sign Purchase
Name of Purchaser Value Floor Cover	ring Inc		Lo.		ОВ		Other Proprietorship
770 Boston Post	Road		City Milford			State	Zip Code 06460
ate Received 3/31/2023	03282023A	Aggregate Purchase \$250	es for All Events	Amount of Program Ad Pt \$250	irchase	Amount of S	ign Purchase
ame of Purchaser Metro Irrigation LL	.c				⊙ B	se Made By: 13iness Entity dividual/Sole l	Other Proprietorship
eet Address 76 Woodside Circ	le	-	City Fairfield			State	Zip Code 06825
tte Received 28/2023	Event # 03282023A	Aggregate Purchase	s for All Events	Amount of Program Ad Pu \$100	rchase	Amount of Si	gn Purchase
me of Purchaser		· · · · · · · · · · · · · · · · · · ·			OBu	e Made By: siness Entity lividual/Sole P	Other reprietorship
et Address			City		10	State	Zip Code
e Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pur	chase	Amount of Sig	n Purchase
	SUBTOTAL Section L	3 Total Purchases of	Advertising in l	Program Book — This Page	\$850.00		
	SUBTOTAL S	ection L3 Total Purc	hases of Adverti	sing on a Sign — This Page	0		
				ndditional Section L3 Pages	0		
TO	TAL OF ALL PURCHASE	S OF ADVERTISING (Enter total on l	G IN A PROGR Line 16c, Column	AM BOOK or ON A SIGN A of Summary Page Totals)	\$850.00		

II. EVENT ACTIVITY (Sections L1—L5)

		ne as Registered with Filing Rep	ository)	CHECKEN AND DECEMBE	TYPE OF RE	PORT		
riends of Lamono	<u> </u>				04/10/2023			
		L4. In-Kind Donatio	ons Not Cons	idered Contribu	ıtions			Man a
ame of Donor								
								
reet Address			City		 " 		State	Zip Code
nation Given By:	Description of Donation					Fair	Market V	alue of Donat
) Business Entity) Individual								
Sole Proprietorship	Date Received	Event #		Aggregate Value fo	r this Event			
ne of Donor	<u> </u>	<u> </u>			_			
					<u>. </u>			
et Address			City				State	Zip Code
	<u> </u>						<u> </u>	
nation Given By: Business Entity	Description of Donation					Fair l	Market V	alue of Donati
Individual	Date Received	T		[0 W 6	41.5			
Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
e of Donor					· -			
t Address			City				State	Zip Code
ition Given By:	Description of Donation					Fair N	larket Vs	lue of Donatio
Business Entity]							
Individual	Date Received	Event #		Aggregate Value for	this Event	_		
Sole Proprietorship								
of Donor								. <u> </u>
Address			City				State	Zip Code
			l					1
tion Given By:	Description of Donation	-				Fair M	arket Val	ue of Donation
usiness Entity								TO VI DUNERO
ndividual	Date Received	Event #	-	Aggregate value for the	is Event	-		
ole Proprietorship				1				
		SUE	TOTAL Section	n L4 — This Page	lo	1	_	
					Ů			
		тот	AL of additions	il Section L4 Pages	0			
тотл	L OF ALL IN-KIND	DONATIONS NOT CO	ONSIDERED C	CONTRIBUTIONS	0	-		
		(Enter total on Line 21,	Column A of Sun	nmary Page Totals)	0			
				more than the second				

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing	Repository)		TYPE OF I	REPORT	the side
Friends of Lamon	···			04/10/20		
AND THE STATE OF T	L5. In-Kind Donations Not Consi	idered Contributions A	ssociated with a	House Pa	rtv	
Name of Host			Is this even committee?	t supporting	more than	one candidate
Street Address		City			State	Zip Code
Description of Donation				Fair M	arket Valu	e of Donation
3vent#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events	-this host/candidate	1		
lame of Host			committee?	supporting r OYes OI omplete Itemi	No	one candidate o
Street Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Valu	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	this host/candidate	1		
ame of Host		-	committee?	supporting m OYes ON implete Itemiz	lo 💮	one candidate or
reet Address		City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		State	Zip Code
escription of Donation				Fair Ma	rket Value	of Donation
ent#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	-this host/candidate			
me of Host			Is this event s committee?	upporting m OYes ON mplete Itemiz	0	
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III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

Friends of Lamond			ith Filing Repository)		04/10/202			MINER PULK
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or dependent child of a lobbyist? O No	, does c	ontributor of at more that	or business he/she is associ an \$5,000?	ciated with have	a contract with said municip	ality	1 - 1	Market Valus Contribution
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SEEC FORM 20 Bottod January 2015

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMM	MITTEE (Provide Complete Name as Registered	with Filing Repository)	TYPE OF REPOR 04/10/2023	T to be drawn from the
		P. Expenses Paid by Comm	L.	
Name of Payee		1. Expenses raid by Comm	Date of Payment	Method of Payment:
Day Campaign			3/31/2023	O Check #O Debit Card OEF
Street Address		City		State Zip Code
112 Bloomfield	Avenue	Windsor		CT 06095
Purpose of Expenditur (by code) WEB	Description Donation platform fee		Event #	Amount 1,830.72
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adden None of the below Coordinated with reimbursement sou Coordinated without reimbursement		w" is checked) lependent ganization OA OB OC O	D
Name of Payee	•		Date of Payment	Method of Payment
Constant Conta	ct		1/	Check #
Street Address	· · · · · · · · · · · · · · · · · · ·	City		O Debit Card OEFT
	nd.			State Zip Code
601 Trapelo Ro		Waltham	1	MA 02451
Purpose of Expenditure by code) A-WEB	,		Event #	Amount
A-MER	Email service			37.22
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lame of Payee			Date of Payment	Method of Payment
arland Clarke			1/20/2023	O Check #
treet Address		City		O Debit Card O EFT State Zip Code
5955 La Cantera	a Parkway	San Antonio		TX 78256
rpose of Expenditure	Description		Event #	Amount
y code) BNK	Checks for bank account			30.35
openditure # applicable)	Type of Expenditure (Itemization in Addendated None of the below Coordinated with reimbursement sous Coordinated without reimbursement s	ght (joint expenditure)	pendent	
ume of Payee nited States Pos	stal Service		Date of Payment 1/23/2023	Method of Payment: O Check #_ O Debit Card O EFT
D Middle Street		Bridgeport		State Zip Code CT 06604
rpose of Expenditure code) POST	Description Postage stamps		Event #	Amount 136.40
penditure # pplicable)	Type of Expenditure (Itemization in Addendum) None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	it (joint expenditure)	ris checked) endent ization OA OB OC OD	
			— This Page 2,034.69	
		TOTAL of additional Sec	tion P Pages 1,178.76	
		ALL EXPENSES PAID BY CO		
	(En	ter total on Line 19, Column A of Summa	ry Page Totals)	

NAME OF COLO	AFFICE A 11 A 1		or house publication and	-,		
Friends of Lamo	MITTEE (Provide Complete Name o	as Registered with Filing Repository)		TYPE OF REPOR	(T	Sanstalve a St
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Friends of Lamo		with Filing Repository)		TYPE OF REPORT 14/10/2023		
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	ITTEE (Provide Complete Name as Registered with Filin	ng kepository)	TYPE OF			
Friends of Lame			04/10/2			
	S. Expenses Incurred	by Committee but Not Paid	During this P	eriod		
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Friends of Lamo					/10/20				
	T. Itemization of Rein	nburseme	nts and Secon	ndary Pa	yees				
Last Name of Worker/C	Consultant	First				МІ		of Payment to n or Entity	Vendor,
Name of Vendor, Person	n or Entity Paid by Committee Worker/Consultant		<u>.</u>		Payment reported	to Reimburs in Section P	e Committe	e Worker/Cor	nsultant a
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Street Address of Vendo	or, Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
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SEEC FORM 20 Robed January 2015

Section L1. ADDITIONAL PAGE 1____ of 2___

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	sitory)	TYPE OF REPORT		
Friends of Lamond		04/10/2023		
L1. F	Event Information		13 8	
Event # Date of Event Letter 031420 A Meet and greet			Was this a fu	indraising event
Location: Street Address	City		State	Zip Code
1000 Lafayette Boulevard	Bridgeport		СТ	06604
Subpart 1: (All Committees) Was this event hosted at a personal residence?	OYes (If yes, go to Section L. Associated with a Houpurchases made by host No	ise Party and complet	e required info	rmation for any
Did this fundraiser include goods or services donated by a business ent of up to \$200 or items donated by an individual of up to \$100?	O Yes (If yes, go to Section L and complete required i		not Considered	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political C Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Committees other than Exploratory Yes (If yes, go to Section L3 or on a Sign and comp No	Purchases of Adverti		Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	O Yes (<i>If yes</i> , enter Total Rece	eipts here.)	\$	
Event # Date of Event Letter O32120 A Meet and greet			Was this a fun	odraising event?
Location: Street Address	City	'	State	Zip Code
29 Eames Boulevard	Bridgeport		СТ	06605
Subpart 1: (All Committees) Was this event hosted at a personal residence?	 Yes (If yes, go to Section L5 Associated with a Hous purchases made by host(O No 	e Party and complete	required inform	
Did this fundraiser include goods or services donated by a business enti- of up to \$200 or items donated by an individual of up to \$100?	ty Yes (If yes, go to Section L4 and complete required in No		ot Considered (Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Recei		\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Co Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Purchases of Advertis		Program Book
Did your committees only Did your committee sell food or beverage at a fair or similar mass athering held within the state with this fundraiser?	O Yes (If yes, enter Total Receip	pts here.)	\$	
SUBTOTAL Section Li-Subpart 1 (All Committees) Total Receipts	from Sale of Donated Items — T	his Page 0		
SUBTOTAL Se	ection L1—Subpart 3 (Town Committee eccipts from Food Purchases — Th	es ONLY)		
	TOTAL of additional Section I	1 Pages 0	····	
	CEIPTS FROM SMALL PURC on Line 16a, Column A of Summary Po			-

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Section L1. ADDITIONAL PAGE 2 of 2

NAME OF COMMIT	ΓEE	(Provide Complete Name as Registered with Filing Repositor	7)	TYPE OF REPORT			
Friends of Lamond	ı			04/10/2023			
		L1. Eve	ent Information				
Event # Date of Event Le 0326202 A	iter	Description Meet and greet			Wa	as this a fu	indraising event
Location Street Address			City			State	Zip Code
162 Lyons Plain Ro			Weston			СТ	06883
Subpart 1: (All Com Was this event hosted		-	OYes (If yes, go to Section L5 Associated with a Hour purchases made by hoste	se Party and complet	le req	uired info	rmation for any
Did this fundraiser in of up to \$200 or items	clude don	goods or services donated by a business entity ated by an individual of up to \$100?	O Yes (If yes, go to Section L4 and complete required it No		not C	onsidered	Contributions
Was this fundraiser a with purchases from a	tag s ın ind	ale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Recei	ipts here.)	\$		
Were there purchases sign associated with t	of a		mittees other than Exploratory C Yes (If yes, go to Section L3 or on a Sign and compl	Purchases of Advert			Program Book
	ell fo	ittees ONLY) ood or beverage at a fair or similar mass tate with this fundraiser?	O Yes (If yes, enter Total Recei	ipts here.)	\$		
Event # Date of Event Lette 0328202 A	τ	Description Meet and greet			Was	_	draising event?
Location Street Address			City			State	Zip Code
2500 Park Avenue			Bridgeport			ст	06604
Subpart 1: (All Comn Was this event hosted			Yes (If yes, go to Section L5 I Associated with a House purchases made by host(s No	Party and complete	requ	ired inform	ontributions nation for any
		goods or services donated by a business entity ted by an individual of up to \$100?	Yes (If yes, go to Section L4 I and complete required into No		ot Co	onsidered (Contributions
Was this fundraiser a tawith purchases from an	ig sa indi	le, auction, or other sale of donated items vidual of up to \$100?	Yes (If yes, enter Total Receip	pts here)	\$		
Subpart 2: (Party Con Were there purchases or sign associated with thi	fadv	ees, Municipal Candidates and Political Comn vertising space in a program book or on a adraiser?	or on a Sign and completed No	urchases of Advertis		ipace in a F	rogram Book
Subpart 3: (Town Con Did your committee sel athering held within th	l foo	d or beverage at a fair or similar mass te with this fundraiser?	OYes (<i>If yes</i> , enter Total Receipt	ots here.)	\$		
SUBTOTAL Sect	ion I	1-Subpart 1 (All Committees) Total Receipts fro	om Sale of Donated Items — Th	nis Page 0		_	
	Ē	SUBTOTAL Section	on L1—Subpart 3 <i>(Town Committee.</i> pts from Food Purchases — Th	es ONLY)			
			TOTAL of additional Section L	1 Pages 0			
		TOTAL OF ALL RECEI	PTS FROM SMALL PURC Line 16a, Column A of Summary Pa	CHASES 0		-	

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Section P. ADDITIONAL PAGE 1____ of 3____

NAME OF COMM	ATTEE (Provide Complete Name as Registered with Filing Reposit	ory)		TYPE OF REPORT		
Friends of Lame	ond			04/10/2023		
	P. Expens	es Paid by Committe	ee			
Name of Payee				Date of Payment	Method	l of Payment:
Leisha's Bakeria	1			2/12/2023	⊙ Ch	eck # <u>1501</u>
Street Address		Lo				bit Card OEFT
		City			State	Zip Code
7 Lafayette Circ	le	Bridgeport			כד	06604
Purpose of Expenditure	e Description		Event #	¥		Amount
by code) FOOD	Space rental and food for meet & greet				273.0	00
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below"	is checked	d)	7 2/3:	30
(if applicable)	O None of the below (does not involve another candidate or	107		•	1	
	Coordinated with reimbursement sought (joint expend		endent			
_	Coordinated without reimbursement sought (in-kind co			A OB OC OD		
lame of Payee	· · · · · · · · · · · · · · · · · · ·			Date of Payment	Method	of Payment:
oshua Gee, J. G	ee Photography		1:	2/20/2023		eck # <u>1502</u>
treet Address		Lac		<u> </u>	O Deb	
		City			State	Zip Code
612 North Aver	nue, #C6 	Bridgeport			СТ	06604
urpose of Expenditure	Description		Event #		T^{-}	Amount
y code) A-OTH	Photography				l	
xpenditure #					200.0)0
f applicable)	Type of Expenditure (Itemization in Addendum P Required to	455	s checked))		
	None of the below (does not involve another candidate or o					
	Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	0-0-0-		
ame of Payee	O see see see see see see see see see se	Organiz		OBOCOD Date of Payment	Methodio	f Payment:
onstant Contac	.4		- 1	-	O Chec	•
Onstant Contac	.t		- !	2/13/2023	O Debi	
reet Address		City			State	Zip Code
601 Trapelo Roa	ad	Waltham			МА	02451
rpose of Expenditure	Description	·· ·	Event #		 	Amount
A-WEB	Email service					
penditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below" i	is checked		37.22	<u>'</u>
applicable)	None of the below (does not involve another candidate or	•		•		
	Coordinated with reimbursement sought (joint expendit	ture) O Indepe	ndent		1	
	Coordinated without reimbursement sought (in-kind co			OB OC OD		
me of Payee		•		ate of Payment	Method of	f Payment;
uta Juice			12	2/22/2023	O Chec	k#
				., 22, 2023	O Debit	t Card OEFT
eet Address		City			State	Zip Code
000 Lafayette Bo	pulevard	Bridgeport			ст	06604
pose of Expenditure	Description	•	Event #			Amount
FNDR	Food		02212	023A		
					186.40	l
penditure #	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below" is	checked)			
	None of the below (does not involve another candidate or co	ommittee)				
	O Coordinated with reimbursement sought (joint expenditu	re) O Indepen	_			
	O Coordinated without reimbursement sought (in-kind cont	ribution) Organiza	ation OA	OB OC OD		
		CURTOTAL Castion B	This n	606 63		-
III W		SUBTOTAL Section P —	- 1 MIS P8	186 1030.02		

Section P. ADDITIONAL PAGE 72 of 3

NAME OF COMM	HTTEE (Provide Complete Name as Registered with	Filing Repository)	TYPE OF REPOR	T
Friends of Lame	ond		04/10/2023	
	P	. Expenses Paid by Co	ommittee	
Name of Payee			Date of Payment	Method of Payment:
Squarespace In	c		2/23/2023	OCheck #
Street Address	· · · · · · · · · · · · · · · · · · ·	City	<u> </u>	O Debit Card OEF State Zip Code
8 Clarkson Stree	e t	New York		NY 10014
Purpose of Expenditure (by code) WEB			Event #	Amount
	Website hosting			24.46
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum None of the below (does not involve anoth Coordinated with reimbursement sought Coordinated without reimbursement sou	ner candidate or committee)	Independent OrganizationOA OB OC	
Name of Payee			Date of Payment	Method of Payment Check #
D Bank			2/28/2023	O Debit Card OEFT
Street Address		City		State Zip Code
1000 Lafayette B	Boulevard	Bridgeport		CT 06604
Ourpose of Expenditure by code) BANK	Description		Event #	Amount
BANK	Bank fees			3.00
if applicable)	Type of Expenditure (Itemization in Addendum None of the below (does not involve anothe Coordinated with reimbursement sought Coordinated without reimbursement sough	r candidate or committee) (joint expenditure)	Independent Organization A B C C	Method of Payment
Constant Contac	<u>t</u>	<u>.</u>	3/13/2023	O Check #O Debit Card OEFT
reet Address 601 Trapelo Roa	ad	City Waltham		State Zip Code MA 02451
irpose of Expenditure	Description		Event #	Amount
A-WEB	Email service			
xpenditure # capplicable)	Type of Expenditure (Itemization in Addendum None of the below (does not involve anothe Coordinated with reimbursement sought Coordinated without reimbursement sought	er candidate or committee) (joint expenditure)	Independent OrganizationOA OB OC	37.22 D _D
ame of Payee			Date of Payment	Method of Payment:
quarespace Inc			3/23/2023	O Check #
cet Address		City		O Debit Card O EFT State Zip Code
Clarkson Street		New York		NY 10014
rpose of Expenditure code) WEB	Description Website hosting		Event#	Amount
penditure # applicable)	Type of Expenditure (Itemization in Addendum II None of the below (does not involve another Coordinated with reimbursement sought (candidate or committee)	below" is checked) Independent	
	Coordinated without reimbursement sough	100	Organization OA OB OC O	0

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Section P. ADDITIONAL PAGE 3 of 3

	MITTEE (Provide Complete Name as Registered with Filing R	epository)	TYPE OF REPO	ORT
Friends of Lam	ond		04/10/2023	
	P. Exp	enses Paid by Com	mittee	X TO SERVE
Name of Payee JL Custom App	arel LLC		Date of Payment 2/21/2023	Method of Payment Check #1503 Debit Card DEFT
Street Address 350 Main Street	t	City Bridgeport		State Zip Code CT 06604
Purpose of Expenditure (by code) PRNT	Postcards and flyers		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Req None of the below (does not involve another candio Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-l	date or committee) expenditure)	independent Organization OA OB OC	390.00
Vame of Payee			Date of Payment	Method of Payment:
TD Bank			3/312023	O Check #
Street Address		City		O Debit Card OEFT State Zip Code
1000 Lafayette B	Boulevard	Bridgeport		CT 06604
Purpose of Expenditure by code)			Event #	Amount
by code) BANK	Bank fees			3.00
- CP	Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-ki		rganization OAOBOC	
		City	Date of Payment	Method of Payment: Check # Debit Card DEFT State Zip Code
ame of Payee		City Waltham	Date of Payment	Check # Debit Card OEFT
	Description	'	Event #	Check # Debit Card OEFT
reet Address rpose of Expenditure y code)	Type of Expenditure (Itemization in Addendum P Requirement Sought (joint expenditure) One of the below (does not involve another candid Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kin-kin-kin-kin-kin-kin-kin-kin-kin-k	waltham wired unless "None of the belate or committee) spenditure)	Event #	Check # Debit Card
reet Address	Type of Expenditure (Itemization in Addendum P Requirement None of the below (does not involve another candidated Coordinated with reimbursement sought (joint expenditure).	waltham wired unless "None of the belate or committee) spenditure)	Event # fow" is checked) independent	Check # Debit Card OEFT State Zip Code Amount Method of Payment: O Check #
rpose of Expenditure y code) spenditure # applicable; sme of Payee	Type of Expenditure (Itemization in Addendum P Requirement None of the below (does not involve another candidated Coordinated with reimbursement sought (joint expenditure).	waltham wired unless "None of the belate or committee) spenditure)	Event # fow" is checked) independent rganization OA OB OC	Check # Debit Card
reet Address rpose of Expenditure code) rpenditure # applicable) me of Payee eet Address	Type of Expenditure (Itemization in Addendum P Requirement None of the below (does not involve another candidated Coordinated with reimbursement sought (joint expenditure).	Waltham wired unless "None of the bed ate or committee) spenditure) ind contribution)	Event # fow" is checked) independent rganization OA OB OC	Check # Debit Card OEFT State Zip Code Amount Method of Payment: O Check # O Debit Card OEFT
rpose of Expenditure y code) spenditure # applicable)	Type of Expenditure (Itemization in Addendum P Requestion of the below (does not involve another candid Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kine)	Waltham wired unless "None of the beloate or committee) spenditure) ind contribution) City City Cred unless "None of the beloate or committee) enditure) enditure)	Event # low" is checked) Independent reganization OA OB OC OB OC OB OC OB OC	Check #