SEEC FORM 20 Bryland James 2015

Section B ADDITIONAL PAGE _____ of ____

IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Marilyn for Mayor					April 10 filing				
A. Total Contributions from (See instructions for definition of Sm				nis Period ONLY OTAL SECTION A	\$				
		B. Itemized Co	ontrib	utions from Indivi	iduals	ist in			
Last Name			Pi	irst				MI	
Rutigliano				Michele				A.	
Residential Street Address 52 Stemway	Rd.		City	Trumbull		State	Zip	Code 06611	
Principal Occupation	ara I	Professional		Name of Employer Trumbuli F	Public School				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	do	contribution is in excess of \$400 pes contributor or business he/she alued at more than \$5,000?				ty, An	Amount of Contribution \$100.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No		nch or	branches	te contractor?				
Method of Contribution:				Date Received	Aggregate Contributions	\dashv			
☐ Cash ☐ Personal Check	t Card	☐ Payroli Deduction ☐ Money	y Order	3/16/2023					
Last Name			Fü					МІ	
Saccente				Kenneth					
Residential Street Address 524	Ridg	geview Rd.	City	Orange		State	Zip (06477	
Principal Occupation Legislati	ve S	taff		Name of Employer State of Co	nnecticut			· -	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	do	contribution is in excess of \$400 es contributor or business he/she ued at more than \$5,000?					Amount of Contribution \$50.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or l	branches	te contractor?				
Method of Contribution:		51 BO 1 ST.		Date Received	Aggregate Contributions	-			
☐ Cash ☐ Personal Check	Card	☐ Payroll Deduction ☐ Money	Order	3/21/2023					
Last Name Sainvile			Fin	Rouchon				MI	
Residential Street Address) Le	wis St.	City	 Bridgeport		State	Zip C	06604	
Principal Occupation				Name of Employer		<u> C </u>			
	udei	nt		N/A				1	
s contributor a lobbyist, spouse, Prodependent child of a lobbyist? No	doe	ontribution is in excess of \$400 to se contributor or business he/she ued at more than \$5,000?				y, Am		Contribution 0.00	
is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or b	ranches	e contractor? Yes No Legislative				
Method of Contribution:				Date Received	Aggregate Contributions	7			
Cash Personal Check Credit/Debit	Card I	☐ Payroll Deduction ☐ Money	Order	2/7/2023		\perp			
		SUBT	OTAI	L Section B — This l	Page \$200.	00			
		TOTAL	of ad	ditional Section B Pa	ages				
TOTAL OF	ALL (CONTRIBUTIONS FROM (Enter total on Line 1.		VIDUALS (Sections A mn A of Summary Page 7					

Section B ADDITIONAL PAGE 53 of ____

NAME OF COMMITTEE (Provide Complete N	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Marilyn for Mayor				April 10 filing					
A. Total Contributions from (See instructions for definition of Small			this Period ONLY TOTAL SECTION A	\$					
						_			
	B. Itemized Co		butions from Indiv	iduals					
Last Name Samson			First Brosset				МІ		
Residential Street Address 70 Peppe	eridge Circle	City	Stratford		State		Code 6614		
Principal Occupation Auto Mechanic			Name of Employer Wiz Auto			_			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/sho		sociated with have a contract	•	ty, An	Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mo			Date Received	No		\$ 50.	00		
Last Name		F	First	1	<u> </u>		мі J.		
Santos			John		1	Tat a			
Residential Street Address 9 Captains H	ill Rd.	City	Monroe		State	Zip C	06468		
Principal Occupation Retired			Name of Employer	ired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?						Amount of Contribution \$50.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	r branches	te contractor? Yes No					
Method of Contribution:			Date Received	Aggregate Contributions	7				
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order	2/6/2023						
Last Name Scott		F	Denise				MI		
Residential Street Address		City	Defilise		State	Zip C	ode		
26 Cutter Dr.	Apt. B		Bridgeport		СТ		06608		
Principal Occupation Advocate/EAducati	ion		Name of Employer ConC	ANN/BOE					
s contributor a lobbyist, spouse, Yes 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?				, Am		Contribution		
s this contribution associated with an very sevent reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a s If yes, indicate which bran of government the contrac	och or	branches	contractor? Yes No		Ψι	,0.00		
Method of Contribution:			Date Received	Aggregate Contributions	7				
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Order	2/20/2023						
	SUBT	OTA	L Section B — This	Page \$200.00					
	TOTAL	of a	dditional Section B P	ages					
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page 7						

SEEC FORM 20 Burbot James y 2015

Section B ADDITIONAL PAGE 54 of

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Marilyn for Mayor					April 10 filing				
A. Total Contributions from (See instructions for definition of Small				this Period ONLY STOTAL SECTION A	s		_		
		B. Itemized Co	ontr	ibutions from Indivi	iduals		HIE		
Last Name Sellers				Lillian					MI
Residential Street Address 2 Valley Rd.			City	Westport		Sta	- 1	Zip C	6880
Principal Occupation Cyber Secu	urity	Program Managee	•	Name of Employer Citi					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 as contributor or business he/she ued at more than \$5,000?				ity,			Contribution 0.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	or branches	Legislative	~			
Method of Contribution: Cash Personal Check Credit/Debit C	Card [☐ Payroll Deduction ☐ Money	y Ordo	Date Received 2/20/2023	Aggregate Contributions				İ
Last Name Shafer				First Julian					MI
Residential Street Address 49 Sydney St.			City	Bridgeport		Stat	- 1	Zip C	ode 06606
Principal Occupation Teacher				Name of Employer Danbury Put	olic Schools				
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?	does	ontribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?				ty,	Amount of Contribution \$25.00		
	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	_ No		•	⊅ ∠5).00
Method of Contribution:		of government the contract	Ct 18 W	Date Received	Aggregate Contributions	\dashv			
_	ard [Payroll Deduction Money	Orde	a 3/27/2023					
Last Name Skeyers-	Tho	mas	F	Shirley					R.
Residential Street Address 8 Horseshoe H			City	Bethany		State		Zip Co	6524
Principal Occupation Attorney				Name of Employer CGA					
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does	ntribution is in excess of \$400 t contributor or business he/she in ad at more than \$5,000?				y, <i>A</i>		t of 0	Contribution
s this contribution associated with an event reported in Section L1? If yes, list Event #	řes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or	branches	No				
Method of Contribution: Cash Personal Check Credit/Debit Ca		Dougall Deduction	رب. -	0/04/0000	Aggregate Contributions	7			ľ
Cash Dersonal Check Credit Deoit Ca	and L	Payron Deduction Limitately	Orger	0/2 1/2020				_	
				AL Section B — This I		5.00)		
TOTAL OF A	II C			dditional Section B Pa					
IOIALOFA	LL C	ONTRIBUTIONS FROM (Enter total on Line 1:		DIVIDUALS (Sections A lumn A of Summary Page To					

Section B ADDITIONAL PAGE 55

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Λ	1
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NAME OF COMMITTEE (Provide Complete Name as Registered with F		TYPE O	REPORT		3				
Marilyn for Mayor				April 1	0 filing				
A. Total Contributions from Small Contribu (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$					
B. I	temized Con		itions from Indivi	iduals			1912		
Slap Slap		Pin	Derek					мī М .	
Residential Street Address 51 Fairlee Rd.	c	City V	Vest Hartford			State	Zip	Code 06107	
Principal Occupation Non Profit VP and S	State Senate	ог	Name of Employer Village for	Childre	en and F	amili	es		
	business he/she is		didate for a chief executive intention in the contract with have a contract Yes No			``	250.0	of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor No If yes, indi		ch or b		_	No No				
Method of Contribution: □ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction	action Money O	Order	Date Received 3/27/2023	Aggregate (Contributions				
Last Name Sniffen		First	Scott					МІ	
Residential Street Address 1432 Old Waturbury Rd. Suite	1	ity	Southbury			State CT		Code 06488	
Principal Occupation Producer/Director			Name of Employer Sniffen Produc	ctions					
	business he/she is		idate for a chief executive ated with have a contract Yes No				Amount of Contribution \$100.00		
event reported in Section L1? No If yes, indi	a principal of a sta icate which brancl ment the contract i	h or br			No				
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction]	Date Received 2/7/2023	Aggregate C		1			
Last Name Soltis		First	ohn					МІ	
Residential Street Address 93 Ellsworth Street Apt. 210	Cir	Br	idgeport			State	Zip C)6605	
Principal Occupation Librarian	•	1	Name of Employer Bridgepo	rt Publi	c Library	,			
	ousiness he/she is a		date for a chief executive ted with have a contract to Yes No			, Am		Contribution	
event reported in Section L1? No If yes, indic	principal of a state cate which branch nent the contract is	or bra		contractor?	No]			
Method of Contribution:		Г		Aggregate Co		1			
	SUBTO	TAL	Section B — This I	Page	\$650	.00			
	TOTAL of	f add	itional Section B Pa	ages					
TOTAL OF ALL CONTRIBUTI			IDUALS (Sections A n A of Summary Page To	-					

Section B ADDITIONAL PAGE 56 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Marilyn for Mayor					April 10 filing				
A. Total Contributions from (See instructions for definition of Sma				his Period ONLY TOTAL SECTION A	\$				
	W) I	B. Itemized Co	ntril	butions from Indivi	duals		更以		
Last Name		•	F	rirst				MI	
Spiller			la	Karen		Ta		A.	
Residential Street Address	T~==	. Unit a	City	Boston		State	Zı	ip Code	
1 Mount Pleasant	ıen	. Unit 3		Name of Employer		IVIA		03119	
Educator					sity of New Har	npshi	re		
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?				_	Amount of Contribu \$200.00		
is this contribution associated with an Yes Event reported in Section L1? No Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative									
If yes, list Event #		of government the contract	ct is wi	Date Received	Aggregate Contributions	-			
_ 10	Card	☐ Payroll Deduction ☐ Money	Order	1					
Last Name				ist				МІ	
Stewart				Jeffrey				C.	
Residential Street Address			City			State	Ζip	Code	
34 Lansing Ave				Trumbull		CT		06611	
Principal Occupation				Name of Employer					
Manager				Stew's Infu	used Catering,	LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 to contributor or business he/she		ciated with have a contract			ount 6	of Contribution	
s this contribution associated with an		ls contributor a principal of a	state co	Yes No	e contractor?	-/ ·	•		
<u> </u>	No	If yes, indicate which bran	ach or	branches	No				
Method of Contribution:		_		1	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard [Payroll Deduction Money		2/10/2023					
ast Name			Fir					MI	
Southerland Residential Street Address		-		Douglas		Canan	1 7:-	Code	
14 Petticoat Ln			City TI	rumbull		State	1 *	Code D6611	
Principal Occupation Ref	ired	1		Name of Employer					
		•		Retired					
s contributor a lobbyist, spouse, Yes r dependent child of a lobbyist? No	does	ontribution is in excess of \$400 to a contributor or business he/she is ed at more than \$5,000?				, Amo		of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Section L1. Section L1.									
Method of Contribution: Cash Personal Check Credit/Debit Co	ard [Payroll Deduction	Order	Date Received 1/29/2023	Aggregate Contributions				
		SUBT	OTAI	L Section B — This I	Page \$300	0.00			
	13797	TOTAL	of ad	ditional Section B Pa	nges				
TOTAL OF A	LL C	CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page To					

Section B ADDITIONAL PAGE 57 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Marilyn for Mayor				Apri	l 10 filing				
A. Total Contributions from (See instructions for definition of Small)			this Period ONLY STOTAL SECTION A	\$					
	B. Itemized Co		ibutions from Indivi	iduals		i en		No III III	
Last Name Swan	<u>-</u>		Tom					МІ	
Residential Street Address 155 Star	ndish Rd.	City	Coventry			State	Zip	06238	
Principal Occupation Execut	ive Director		Name of Employer CCAG						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	reported in Section L1? No If yes, indicate which branch or branches				7	•			
Method of Contribution: Cash Personal Check Credit/Debit 6	Card Payroll Deduction Money	y Orde	Date Received 3/31/2023	Aggrega	te Contributions				
Last Name Tesoro	······································		First Vicki					мі А .	
Residential Street Address 133 Be	echwood Ave.	City		•	·	State CT		Code 611	
First Selectman Name of Employer Town of Trumbull									
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Am	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 No If yes, indicate which brai of government the contrac	nch o	r branches		● No]			
Method of Contribution: Cash Personal Check Credit/Debit C	ard Payroll Deduction Money	Order	0/44/0000	Aggregat	e Contributions]			
Last Name Thomas	 S	F	Shirley					S.	
Residential Street Address	eauvue Terr.	City	Bridgeport			State CT	Zip	06606	
Principal Occupation Contra	ctor		Name of Employer 777 Cleani	ng ar	nd Home Ir	npro	vem	ent	
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?					Am		Contribution 0.00	
s this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract	ch or	branches	contrac	No				
Method of Contribution: Cash Personal Check Credit/Debit Co	ard □ Payroll Deduction □ Money	Order	2/40/2022	Aggregate	e Contributions				
	SUBT	OTA	AL Section B — This I	Page	\$400.	00			
	TOTAL	of a	dditional Section B Pa	nges					
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1.		OIVIDUALS (Sections A lumn A of Summary Page To						

SEEC FORM 20 Revised James y 2015

Section B ADDITIONAL PAGE 57 of ____

NAME OF COMMITTEE (Provide Complete N		TYPE OF REPORT		
Marilyn for Mayor		_	April 10 filing	
A. Total Contributions from (See instructions for definition of Sma		ved this Period ONLY SUBTOTAL SECTION A	\$	
	B. Itemized Co	ontributions from Indivi	duals	
Last Name Swan		Fürst Tom		MI
Residential Street Address 155 Stal	ndish Rd.	Coventry		State Zip Code CT 062:
Principal Occupation Execut	ive Director	Name of Employer CCAG	·	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			\$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	e contractor? Yes Legislative No	7 100.00		
Method of Contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction Money	Date Received 3/31/2023		
Last Name Tesoro		First Vicki		МІ А.
Residential Street Address	echwood Ave.	City Trumbull		State Zip Code CT 06611
Principal Occupation First Selecting	nan	Name of Employer Town of Tru	mbull	
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribu
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a selection of government the contract of government of gov		e contractor? Yes No]
Method of Contribution:	Card □ Payroll Deduction □ Money	Date Received	Aggregate Contributions	1
Last Name Thoma	S	First Shirley		S.
Residential Street Address 105 B	eauvue Terr.	Bridgeport Bridgeport		State Zip Code CT 06606
Principal Occupation Contra	ctor	Name of Employer 777 Cleani	ng and Home In	nprovement
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?			Amount of Contribu
s this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s If yes, indicate which bran of government the contract		contractor? Yes No	
Method of Contribution: Cash Personal Check Credit/Debit C	ard □ Payroll Deduction □ Money	2/40/2022	Aggregate Contributions	
	SUBT	OTAL Section B — This l	Page \$400.	00
	TOTAL	of additional Section B P	nges	
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1.	INDIVIDUALS (Sections A 3, Column A of Summary Page T		

SEEC FORM 20 British Jensey 2015

Section B ADDITIONAL PAGE 58 of ____

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			II. Heares
Marilyn for Mayor				April 10 filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY OTAL SECTION A	\$			
	B. Itemized Co	ntrib	outions from Indivi	duals		Rio	
Last Name		F	irst				МІ
Thomas	··_·		Deon				<u>M</u> .
Residential Street Address 105 Beauvue	Terr.	City	Bridgeport		State	Zip	06606
Principal Occupation Contractor			Name of Employer 777	Cleaning and H	lome	lmp:	rovement
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ly, Am		of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches				_ No		Ψ	200.00
If yes, list Event #	of government the contrac	t is wit		☐ Legislative	4		
Method of Contribution: Cash Personal Check Credit/Debit C	Card Payroll Deduction Money	Order	Date Received 3/17/2023	Aggregate Contributions			
Last Name Thompson-Bennet		Fir	Donna				MI
Residential Street Address 45 East Eton		City	Bridgeport		State		Code 06606
Principal Occupation			Name of Employer		101		
Director			NPLI				
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				/, Amo		Contribution
•	No If yes, indicate which bran	ich or t	oranches	_ No			
If yes, list Event # Method of Contribution:	of government the contrac	t is wit		Aggregate Contributions	4		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Order	2/13/2023	199-09-10			
Last Name Thorston		Fire					МІ
Thorton			Магу				E.
Residential Street Address		City			State	Zip C	
40 Sturbridge L	.n.		Trumbull		CT	<u> </u>	06611
Principal Occupation Retired			Name of Employer Retired				
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				Amo		Contribution 3200.00
s this contribution associated with an vent reported in Section L1? If yes, list Event #	res Is contributor a principal of a st If yes, indicate which brancof government the contract	ch or b	ranches	contractor? Yes No			
Method of Contribution:				Aggregate Contributions	1		
Cash Personal Check Credit/Debit Ca	rd □ Payroll Deduction □ Money (Order	1/29/2023				
	SUBT	OTAL	Section B — This P	age \$50	0.00		
	TOTAL	of ado	ditional Section B Pa	ges			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A - nn A of Summary Page To				

Section B ADDITIONAL PAGE __59 __ of ____

IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Marilyn for Mayor				April 10 filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY FOTAL SECTION A	\$			
	B. Itemized Co	ntril	butions from Indivi	iduals		100	
Last Name Tisdale		F	First				MI
Residential Street Address		lozz	Maria		To		L.
18 Butternut I	Ln.	City	Trumbull		State	Zup	06611
Principal Occupation			Name of Employer				
Reti			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, An		of Contribution \$50.00
-	Yes Is contributor a principal of a No If yes, indicate which brain	nch or	branches	No			
If yes, list Event # Method of Contribution:	of government the contrac	t is wi	Date Received	Legislative Aggregate Contributions	4		
☐ Cash ☐ Personal Check	ard Payroll Deduction Money	Order		riggiogale Controlle			
Last Name Tisdale		Fi	Preston		•		МІ
Residential Street Address		City			State	Zip	Code
18 Butternut Ln.			Trumbull		СТ		06611
Principal Occupation Attorney			Name of Employer Kosk	off, Koskoff & E	3eide	_ 	
or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?				y, Am		f Contribution
s this contribution associated with an vent reported in Section L1?	o If yes, indicate which bran	ch or	branches	_ No			
If yes, list Event #	of government the contrac	t is wi	. 	Aggregate Contributions	-		
☐ Cash ☐ Personal Check	rd □ Payroll Deduction □ Money	Order	3/25/2023				
ast Name Torres		Fir					MI
esidential Street Address	lo	ity		·	State	Zip (Code
18 Gene	ral Wooster Rd.	D	erby		СТ	1 .	6418
rincipal Occupation			Name of Employer				
Ex	recutive Director		Bridgeport C	aribe Youth Le	aders	3	
r dependent child of a lobbyist? 💮 No 🖟	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?					ount of	Contribution
this contribution associated with an vent reported in Section L1? Yes, list Event #		h or b	ranches	No]		
Method of Contribution:							
Cash Personal Check Credit/Debit Card	d □ Payroll Deduction □ Money C	rder	3/9/2023				
	SUBTO	TAI	L Section B — This P	age \$1,1	150.0	0	
			ditional Section B Pa				
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 13,		VIDUALS (Sections A min A of Summary Page To				

Section B ADDITIONAL PAGE 60 of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Marilyn for Mayor			April 10 filing			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	s			
B. Itemized C	ontri	ibutions from Indiv	iduals	(All)	1	# # # # # # # # # # # # # # # # # # #
Last Name Traber		First				Mi
	Jan.	Robert			1=:	J.
Residential Street Address 110 Hale Terr.	City	Bridgeport		State	Zig	06610
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a c	candidate for a chief executive sociated with have a contract Yes	ve officer of a municipality t with said municipality	ity, A		of Contribution
Is this contribution associated with an Yes Is contributor a principal of		contractor or prospective sta		-		
event reported in Section L1? No If yes, indicate which broof government the control of government the control			☐ Legislative No	'		
Method of Contribution:		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check	y Orde	1/30/2023				
Last Name Vermont	I	Regina				МІ
Residential Street Address	City			State	Zip	Code
155 Magnolia St.		Bridgeport		СТ	0	6610
Principal Occupation		Name of Employer				
Educator		Bridgeport P	ublic Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Some valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	y, An	\$50.	f Contribution
is this contribution associated with an Yes Is contributor a principal of a veent reported in Section L1? No If yes, indicate which bre	inch oi	r branches	_ No		400 .	
If yes, list Event # of government the contra Method of Contribution:	ect is w	Date Received	Legislative Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	0/40/0000	- Sprogato Controllo			
ast Name	F	irst				MI
Vermont		Terrance				Α.
Residential Street Address	City			State	Zip (
155 Magnolia St.		Bridgeport		СТ		06610
rincipal Occupation		Name of Employer				
Eligability Services Specialist		Dept. of Socia	al Services			
s contributor a lobbyist, spouse, r dependent child of a lobbyist?				y, Am		Contribution 5.00
s this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a section L1? If yes, indicate which branches	nch or	ontractor or prospective state branches	No	1	-	
If yes, list Event # of government the contract Aethod of Contribution:	ı is Wil		LI Legislative Aggregate Contributions	-		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	l I	\$75.00			
SUBT	ОТА	L Section B — This l	Page	\$175	.00	
TOTAL	of ac	dditional Section B Pa	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page To				

Section B ADDITIONAL PAGE 60 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Marilyn for Mayor	April 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$			
			· · ·	
B. Itemized Contributions from Indivi	duals			
Traber First Robert			мі J.	
Residential Street Address 110 Hale Terr. City Bridgeport		State Z	ip Code 06610	
Principal Occupation Name of Employer Retired Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 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?	officer of a municipality with said municipality	1.00	of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state. If yes, indicate which branch or branches	contractor? Yes No			
Method of Contribution: □ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 1/30/2023	Aggregate Contributions			
Vermont First Regina			МІ	
Residential Street Address 155 Magnolia St. City Bridgeport		1 -)6610	
Principal Occupation Educator Bridgeport Pu	blic Schools	•		
s contributor a lobbyist, spouse, r 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 w valued at more than \$5,000?	officer of a municipality, rith said municipality	Amount of Contribution \$50.00		
s this contribution associated with an vent reported in Section L1? Is contributor a principal of a state contractor or prospective state If yes, list Event # No No Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	No			
	ggregate Contributions	1		
vermont First Terrance	·		мі А .	
esidential Street Address 155 Magnolia St. City Bridgeport		State Zip	O6610	
Eligability Services Specialist Name of Employer Dept. of Socia	l Services			
contributor a lobbyist, spouse, dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive of does contributor or business he/she is associated with have a contract with valued at more than \$5,000?	officer of a municipality, th said municipality		f Contribution 25.00	
this contribution associated with an ent reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state of If yes, indicate which branch or branches of government the contract is with:	ontractor? Yes No Legislative			
ethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 3/28/2023	ggregate Contributions \$75.00			
SUBTOTAL Section B — This Pa	age \$	175.00		
TOTAL of additional Section B Pag	ges			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + (Enter total on Line 13, Column A of Summary Page Total)	B) als)			

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Section B ADDITIONAL PAGE 61 of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Marilyn for Mayor				April 10 filing				
A. Total Contributions from Sm (See instructions for definition of Small Co			this Period ONLY TOTAL SECTION A	\$				
	B. Itemized Co	ontri	butions from Indiv	iduals	Mi -			
Last Name Voicy		"—————————————————————————————————————	First Garry				МІ	
Residential Street Address		City			State	Zir	p Code	
2600 Park	Ave.		Bridgeport		СТ		06604	
Principal Occupation Social Worker			Name of Employer Private					
or dependent child of a lobbyist? No d	contribution is in excess of \$400 oes contributor or business he/she		ociated with have a contract		ty, A		of Contribution	
Is this contribution associated with an event reported in Section L1?				e contractor?	-	φυ	0.00	
If yes, list Event #A	of government the contract		_					
Method of Contribution:			Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check	☐ Payroll Deduction ☐ Money							
Last Name Watanbe		F	^{irst} William				K.	
Residential Street Address 1740 Broadway 15th		City	New York		State		Code 10019	
Principal Occupation			Name of Employer		1141			
Atto	rney		The Watanbe	Law Firm, LL0	2			
or dependent child of a lobbyist? No do	contribution is in excess of \$400 t es contributor or business he/she stud at more than \$5,000?					Amount of Contribution \$200.00		
Is this contribution associated with an event reported in Section L1? Yes	Is contributor a principal of a s	ich or	branches	No		,	.55	
If yes, list Event #	of government the contrac	t is wi		Legislative Aggregate Contributions	-		1	
	☐ Payroll Deduction ☐ Money	Order	2/19/2023	- 198-1911 COURTORING				
Last Name Washington		Fi					мі	
Residential Street Address			<u>Diana</u>		La.		L	
80 Springdale S		City	Bridgeport		State	Zip (06606	
Principal Occupation			Name of Employer		CI		10000	
Retired			Retired					
τ dependent child of a lobbyist? 🌑 No 📗 doe	ontribution is in excess of \$400 to s contributor or business he/she is ued at more than \$5,000?	o a can s assoc	ididate for a chief executive ciated with have a contract w	officer of a municipality	, Am		f Contribution	
s this contribution associated with an vent reported in Section L1?	this contribution associated with an ent reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches							
Method of Contribution:	0		Date Received A	Aggregate Contributions	1			
Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money C	Order	3/25/2023					
	SUBTO	OTA	L Section B — This P	Page \$350).00			
	TOTAL	of ad	ditional Section B Pa	ges				
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 13)		VIDUALS (Sections A · mn A of Summary Page To					

SEEC FORM 20 Revised Accessey 2015

Section B ADDITIONAL PAGE 62 of ____

NAME OF COMMITTEE (Provide Complete	Name a	s Registered with Filing Repository)			TY	PE OF REPORT			
Marilyn for Mayor					Ap	ril 10 filing			
A. Total Contributions from (See instructions for definition of Sm				this Period ONLY BTOTAL SECTION A	\$	-			
	W T	B. Itemized Co	ontr	ibutions from Indivi	idua	ls			
Last Name Weeks				First Brad					МІ
Residential Street Address 5 Twin Pines Dr	•		City	Wallingfo	ord		State	_ I `	06492
Principal Occupation Governmen	t Re	elations		Name of Employer Rome, Smit	h, L	utz and Kov	valsk	 .i	<u> </u>
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?					у, Ап		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch c	or branches	_	No No		•	100.00
Method of Contribution: Cash Personal Check Credit/Debit	Card	☐ Payroll Deduction ☐ Mone	y Orde	Date Received 3/30/2023	Aggre	gate Contributions			
Last Name Volcy				First Garry	•				MI
Residential Street Address 2600 Park /	۹ve.		City	Bridgeport			State CT	Zip	Code 06604
Principal Occupation Social Work	ег			Name of Employer Private					
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	doe	ontribution is in excess of \$400 s contributor or business he/she ued at more than \$5,000?					1	ount of \$50.	f Contribution
s this contribution associated with an vent reported in Section L1?	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches		No]		
Method of Contribution:				Date Received		rate Contributions	1		
Cash Personal Check Credit/Debit C	Card [Payroll Deduction Money	Orde	2/20/2023		\$100.00			
ast Name Weeks			F	Karen					K.
tesidential Street Address 5 Twin Pines [Dr.		City	Wallingford			State CT	Zip C	06492
rincipal Occupation Government Relations				Name of Employer	nith	Lutz and K	owal	cki	
contributor a lobbyist, spouse, dependent child of a lobbyist?	If co	ontribution is in excess of \$400 to contributor or business he/she	o a ca	ndidate for a chief executive	office	r of a municipality,			Contribution
	valu	ed at more than \$5,000?		☐ Yes ● No			-	\$1	50.00
	No	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or	branches	_	No			
fethod of Contribution: Cash Personal Check Credit/Debit C	aml [Payroll Deduction	Onder	1 1	Aggreg	ate Contributions			
				L Section B — This F	Эдое	\$350.0			
	VE			dditional Section B Pa		\$350.0	<u></u>		
TOTAL OF A	LL C	CONTRIBUTIONS FROM (Enter total on Line 1:		IVIDUALS (Sections A					
						1			

Section B ADDITIONAL PAGE 63

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AT.
VI.

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Marilyn for Mayor			April 10 filing			
A. Total Contributions from (See instructions for definition of Small		ived this Period ONLY SUBTOTAL SECTION A	\$			
	B. Itemized C	ontributions from Indivi	duals			
Last Name Whaley		Andre		S.		
Residential Street Address 181 Wessels	3	City Bridgeport				
Principal Occupation Self employed/ti	ilting service	Name of Employer Mobile R	egistration Serv	ices of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	r .	0 to a candidate for a chief executive is associated with have a contract				
Is this contribution associated with an event reported in Section L1? If yes, list Event #	' , ' –	a state contractor or prospective state anch or branches	e contractor? Yes No	\$200.00		
Method of Contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction Mone	Date Received	Aggregate Contributions	1		
Last Name Wiggs		First Jerri	•	МІ		
Residential Street Address 96 Robert St.		City Bridgeport	i i	State Zip Code CT 06606		
Principal Occupation Retired		Name of Employer Retired		•		
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No		to a candidate for a chief executive is associated with have a contract with the con		Amount of Contribution \$50.00		
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		No			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C		Date Received	Aggregate Contributions			
ast Name Wilkinson	·	First	-7 1.··	MI		
tesidential Street Address 340 west Fram	nklin St.	Richmond Richmond	1	State Zip Code 23221		
rincipal Occupation Acac	demdic Center Director	Name of Employer Yale Univer	sity			
s contributor a lobbyist, spouse, Yes r dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution \$500.00		
this contribution associated with an vent reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac		No			
Acthod of Contribution: Cash Personal Check Credit/Debit Co	-10	Date Received	ggregate Contributions			
	SUBT	OTAL Section B — This P	age \$750.	00		
	TOTAL	of additional Section B Pa	ges			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1.	I INDIVIDUALS (Sections A - 13, Column A of Summary Page To				

Section B ADDITIONAL PAGE 64 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Marilyn for Mayor		April 10 filing			
A. Total Contributions from Small Contributors-Receivise (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$			
B. Itemized Co	ntributions from Indivi	duals			
Last Name Williams	First		М. р.		
Residential Street Address	Chaunte				
146 Ohio Ave.	Bridgeport	į	CT Zip Code CT 06610		
Principal Occupation Social Worker	Name of Employer Advanced Be	ehavioral Health	1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400			Amount of Contribution \$25.00		
	state contractor or prospective state nch or branches	e contractor? Yes No	423.00		
Method of Contribution: ☐ Cash ☐ Personal Check	Date Received	Aggregate Contributions	-		
Last Name	First		I MI		
Williams	Jaclyn		М.		
Residential Street Address 850 Pacific St. 557	City Stamford	ľ	Zip Code		
Principal Occupation Project Management	Name of Employer Spectrum		<u>, , , , , , , , , , , , , , , , , , , </u>		
s contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 t	'		Amount of Contribution		
or dependent child of a lobbyist? No does contributor or business he/she invalued at more than \$5,000?	is associated with have a contract v	vith said municipality	\$100.00		
s this contribution associated with an reported in Section L1? If yes, list Event # Yes Is contributor a principal of a servent reported in Section L1? If yes, list Event #		No			
Method of Contribution:		Aggregate Contributions	1		
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order 3/30/2023				
ast Name Williams	Johnnie		MI		
desidential Street Address 147 Sixth St.	Bridgeport	1	State Zip Code CT 06607		
rincipal Occupation	Name of Employer				
Blades Dept.	Sikorsky				
contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution \$50.00		
vent reported in Section L1? No If yes, indicate which branch	_	●No	Ψ30.00		
(fyes, list Event # of government the contract		ggregate Contributions			
Cash ☐ Personal Check					
SUBTO	OTAL Section B — This P	age \$17	5.00		
TOTAL	of additional Section B Pa	ges			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13)	INDIVIDUALS (Sections A - , Column A of Summary Page To				

Section B ADDITIONAL PAGE ___65 of __

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Marilyn for Mayor				April 10 filing			
A. Total Contributions from (See instructions for definition of Sma			d this Period ONLY JBTOTAL SECTION A				
	B. Itemized	d Cont	ributions from Indiv	iduals		E -6.340 -77-36	
Last Name Williams			First Joy			C.	
Residential Street Address	- ·	Ci	<u> </u>		State	Zip Code	
440 Savanna	ah Pl.		McDonough		GA	30253	
Principal Occupation			Name of Employer		1		
Retired			Retired				
Is contributor a lobbyist, spouse, Son dependent child of a lobbyist?			a candidate for a chief executive associated with have a contract Yes		ty, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<u> </u>	h branch	e contractor or prospective state or branches	te contractor? Yes			
Method of Contribution:	65 64 9		Date Received	Aggregate Contributions	\dashv		
☐ Cash ☐ Personal Check	Card Payroll Deduction	Money Or	der 3/26/2023				
Last Name Williams			First Kiami			MI S.	
Residential Street Address 322 Wayne St.		City	Bridgeport		State	Zip Code 06606	
Principal Occupation	perations Director		Name of Employer Storehouse	e Project	1		
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$\frac{3}{4}\$ does contributor or business he valued at more than \$5,000?				/, Amor	ant of Contribution	
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Yes Is contributor a principal No If yes, indicate which of government the co	h branch		e contractor? Yes		·	
Method of Contribution:			Date Received	Aggregate Contributions	1		
Cash Personal Check Credit/Debit Co	ard Payroll Deduction M	loney Ord	ler 3/25/2023				
ast Name Williams			Marsha Marsha			MI	
esidential Street Address		City			State	Zip Code	
147 Sixth St.			Bridgeport Name of Employer		СТ	06607	
Retired			Retired				
contributor a lobbyist, spouse, dependent child of a lobbyist?	If contribution is in excess of \$4 does contributor or business her valued at more than \$5,000?	400 to a costs	candidate for a chief executive sociated with have a contract v	officer of a municipality vith said municipality	, Amou	nt of Contribution \$50.00	
f yes, list Event #	Is contributor a principal of If yes, indicate which of government the cor	branch o		No			
ethod of Contribution: Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Mo	oney Orde		Aggregate Contributions			
	SU	втот	AL Section B — This F	Page \$125.0	00		
	тот	'AL of	additional Section B Pa	iges			
TOTAL OF A	LL CONTRIBUTIONS FRO		DIVIDUALS (Sections A column A of Summary Page To				

Section B ADDITIONAL PAGE 66 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Marilyn for Mayor				April 10 filing	April 10 filing			
A. Total Contributions from (See instructions for definition of Sma			his Period ONLY OTAL SECTION A	\$	·			
	B. Itemized Co	ntrib	outions from Indivi	iduals	. 0		ug i justi	
Last Name Williams		F	Patricia				C.	
Residential Street Address 320 Wayne	St.	City	Bridgeport		State		Code 06606	
Principal Occupation Retired	<u> </u>		Name of Employer Retired					
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she		ciated with have a contract		ty, An		of Contribution	
event reported in Section L1?	Yes Is contributor a principal of a lifyes, indicate which brain	nch or l	branches	_ No		Ψ.	00.00	
If yes, list Event # Method of Contribution:	of government the contrac	t is wit	Date Received	☐ Legislative Aggregate Contributions	4			
☐ Cash ☐ Personal Check	Card Payroll Deduction Money	Order	3/25/2023	Aggregate Conditional				
Last Name Williams		Fir	Sarrete				В.	
Residential Street Address 24 wincheste	ľ	City	Norw	vich	State		06360	
Principal Occupation Attorney			Name of Employer UnitedHealth	care Insurance	Co.			
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she in valued at more than \$5,000?				/, Am		Contribution	
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract	ch or b	oranches .	_ No		·		
Method of Contribution:	or Bossimisms are dollars.			Aggregate Contributions	┨			
Cash Personal Check Credit/Debit C	ard Payroll Deduction Money	Order	2/3/2023					
ast Name Williamson		Fire	Kathy				MI	
esidential Street Address	Village Ln.	City	Bridgeport		State	Zip C	06606	
rincipal Occupation Retired	•		Name of Employer Retired					
contributor a lobbyist, spouse, dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a cand	lidate for a chief executive ated with have a contract w	officer of a municipality with said municipality	Amo		Contribution 25.00	
this contribution associated with an ent reported in Section L1? If yes, list Event #	Is contributor a principal of a state of government the contract	h or br	anches	contractor? Yes No				
lethod of Contribution:		T	Date Received	Aggregate Contributions	1			
Cash Personal Check Credit/Debit Ca	rd □ Payroll Deduction □ Money C	order	2/6/2023					
	SUBTO	TAL	Section B — This P	age \$225.0)0			
	TOTAL	of add	litional Section B Pa	ges				
TOTAL OF A	LL CONTRIBUTIONS FROM 1 (Enter total on Line 13,	Colum	TDUALS (Sections A - an A of Summary Page To	+ B) otals)				

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Section B ADDITIONAL PAGE 67 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Marilyn for Mayor	April 10 filing
A. Total Contributions from Small Contributors-Received this P (See instructions for definition of Small Contributor) SUBTOTA	eriod ONLY L SECTION A \$
B. Itemized Contributio	ns from Individuals
Last Name Wilson Tr	racey M.
Residential Street Address 251 Ridgewood Rd. City W	/est Hartford CT Cip Code CT 06107
Principal Occupation Nan Retired	ne of Employer Retired
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	e for a chief executive officer of a municipality, Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contract of If yes, indicate which branch or branch of government the contract is with:	
	Received 2/10/2023 Aggregate Contributions
Last Name Wilson	Donald
Residential Street Address 56 Fairview Ave. City Brid	geport State Zip Code CT 06606
	of Employer Notre Dame
s contributor a lobbyist, spouse, and dependent child of a lobbyist? 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?	for a chief executive officer of a municipality, with have a contract with said municipality Yes No Amount of Contribution \$100.00
s this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a state contractor of government the contract is with:	
Method of Contribution: Date I	Received Aggregate Contributions Aggregate Contributions
Winston First	Wayne MI
City 70 Berkshire Ave.	Trumbull State Zip Code CT 06611
rincipal Occupation Name Tech	of Employer Custom Computer Systems
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate does contributor or business he/she is associated walued at more than \$5,000?	
this contribution associated with an vent reported in Section L1? Yes, list Event # Section L1? Yes Ves Ves, indicate which branch or branche of government the contract is with:	
fethod of Contribution: Cash	eccived Aggregate Contributions 2/22/2023
SUBTOTAL Sect	tion B — This Page \$400.00
TOTAL of addition	nal Section B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDU. (Enter total on Line 13, Column A o	

Section B ADDITIONAL PAGE 68 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Marilyn for Mayor				April 10 filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY FOTAL SECTION A	\$			
	B. Itemized Co	ontril	butions from Indiv	iduals			
Last Name		I	First			MI	
_			Melanie				
Residential Street Address 24 Merritt Ave. a		City	Woodbridge		State	^{Zip Code} 06525	
Principal Occupation Store Manager			Name of Employer Home Depot				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	1	nch or	ontractor or prospective stat	e contractor? ☐ Yes ☐ No		400.00	
Method of Contribution:	or government the contract	CI 15 WI	Date Received	Aggregate Contributions	\dashv		
_	ard Payroll Deduction Money	Order	0.10.4.100.00	1.000.000.000			
Last Name			rst			Mi	
Yolen			Susan			L.	
Residential Street Address		City			State	Zip Code	
267 McKinley Ave.		N	lew Haven		СТ	06515	
Principal Occupation	Retired		Name of Employer Retired				
or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	to a can	ididate for a chief executive ciated with have a contract	officer of a municipality with said municipality	.	ount of Contribution	
s this contribution associated with an vent reported in Section L1? N N N N		nch or i	branches	_ No		,,,,,,	
Method of Contribution:	or government the contrac	71 15 WIL	Date Received	Aggregate Contributions	\dashv		
☐ Cash ☐ Personal Check	rd Payroll Deduction Money	Order	3/26/2023				
ast Name		Fir	st			MI	
Zimmerman			Elaine			1	
esidential Street Address 155 Filbert		City	Hamden		State CT	Zip Code 06517	
rincipal Occupation			Name of Employer	<u> </u>			
Administrator			Office of	f Regional Ope	ration	S	
r dependent child of a lobbyist? 🌎 💮 No 🖟 c	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a can s assoc	didate for a chief executive isted with have a contract w	officer of a municipality, vith said municipality	Amoi	unt of Contribution	
this contribution associated with an vent reported in Section L1? No. 17 yes, list Event #	s Is contributor a principal of a st	ch or b	tractor or prospective state	contractor?		\$100.00	
fethod of Contribution:				Aggregate Contributions	7		
Cash Personal Check Credit/Debit Care	d □ Payroll Deduction □ Money C	Order	3/1/2023				
	SUBTO	OTAI	Section B — This P	age \$200.0	0		
	TOTAL	of ad	ditional Section B Pa	ges			
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 13)		VIDUALS (Sections A nn A of Summary Page To				

SEEC FORM 20 Revised James 2015

Section B ADDITIONAL PAGE 69 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repository)			TYPE OF REPORT	- 1-1		
Marilyn for Mayor				April 10 filing			
A. Total Contributions from Small Contributions (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$			
	Itemized Co		utions from Indiv	iduals		SEL	En all
Last Name Barr		Fin	Tony				J.
Residential Street Address 141 Pennsylvania Ave.		City	Bridgeport		State	Zi	ip Code 06610
Principal Occupation Retired			Name of Employer Retired				
	or business he/she		didate for a chief executive intended with have a contract Yes No		ity, Aı	mount \$25	of Contributio
event reported in Section L1? No If yes, in	or a principal of a s dicate which bran nment the contract	ich or b		_ No			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Ded	uction Money	Order	Date Received 2/10/2023	Aggregate Contributions			
Last Name Blanding		First	Mattie	!	1		MI
Residential Street Address 235 Jefferson St.	C	City	Bridgeport		State CT	Zip	O6607
Principal Occupation Retired			Name of Employer Retired				
	r business he/she is		idate for a chief executive ited with have a contract. Yes No		ly, An		of Contribution 50.00
vent reported in Section L1? No If yes, in	r a principal of a st dicate which branc nment the contract	ch or br		e contractor? Ye			
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Dedu	ction Money C		2/10/2023	Aggregate Contributions			
ast Name Bradley		First	Dennis				МІ
esidential Street Address 583 Clinton Avenue	Ci	ity Bri	idgeport		State CT	Zip	^{Code} 06604
Attorney		1	Name of Employer BLG				
contributor a lobbyist, spouse,	business he/she is	a candi associa	date for a chief executive ted with have a contract v	officer of a municipality	y, Am		f Contribution \$100.00
vent reported in Section L1? No If yes, indi	a principal of a sta- icate which branch ment the contract i	h or bra		contractor? Yes			
lethod of Contribution: Cash	_	D		Aggregate Contributions	7		
- Madrial Care - Madrial Care - Maryon Penna	I DESCRIP	18.2	Section B — This F	'age	\$175.	.00	<u> </u>
		G GS	itional Section B Pa				
TOTAL OF ALL CONTRIBUT (Enter			DUALS (Sections A of Summary Page To				_

SEEC FORM 20 Berind January 2015

Section B ADDITIONAL PAGE ______ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				T	TYPE OF REPORT			
Marilyn for Mayor				A	pril 10 filing			
A. Total Contributions from (See instructions for definition of Sma			this Period C BTOTAL SECT					_
	D Itamia	rod Cont	ributions fron	Individua	nla	=	2 0	
Last Name	B. Itemiz	zea Conti	First	1 Individu	418	- 600	ТМІ	3.14
Bradley			Karina					
Residential Street Address 528 Cli	inton Avenue	Cit	Bridgepo	ort		State CT	Zip Code 0660	4
Principal Occupation Salon O	wner	· •	Name of Employ	Coulor Bo	outique			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is a				100	ount of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a princi No If yes, indicate wi of government th	ipal of a state hich branch	contractor or prosp or branches		No No	7	100.00	
Method of Contribution:	-		Date Received	Agg	regate Contributions	7		
Cash Personal Check Credit/Debit	Card Payroll Deduction	☐ Money On	der 2/10/2	023				
Last Name Harrell			First Kyle				MI A	
Residential Street Address		City	Bethany			State	Zip Code	
8 Horseshoe Hill Rd.						СТ	0652	:4
Principal Occupation N/A			Name of Employ	nemploy	ed			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of does contributor or business valued at more than \$5,000	s he/she is as				, Amo	unt of Contr	
	Yes Is contributor a princi No If yes, indicate who of government the	hich branch	or branches	ective state con	No No	7	\$50.0	U
Method of Contribution:			Date Received		egate Contributions	1		
Cash Personal Check Credit/Debit C	Card Payroll Deduction	Money Ord	er 2/10/2	023			_	
Last Name Harrell			First Vanessa				F.	
Residential Street Address 8 Horsesho	e Hill Rd.	City	Bethany	,		State	Zip Code 0652	24
Principal Occupation Student			Name of Employe	N/A				
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of does contributor or business valued at more than \$5,000?	s he/she is as:				, Amo	unt of Contri \$50.0	
s this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a princip No If yes, indicate whi of government the	ich branch o	r branches	_	ractor? Yes No egislative			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard □ Payroll Deduction □	lMoney Orde	Date Received	Aggre	gate Contributions	1		
		SUBTOT	AL Section B -	– This Page	\$200	0.00		
	TO	OTAL of	additional Secti	ion B Pages				
TOTAL OF A	LL CONTRIBUTIONS 1 (Enter total on		DIVIDUALS (Se olumn A of Summa					

SEEC FORM 20 Berbed Juneary 2015

Section B ADDITIONAL PAGE ______ of _____

NAME OF COMMITTEE (Provide Complete Name	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	=7.		100	
Marilyn for Mayor				April 10 filing				
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY DTAL SECTION A	\$				
	B. Itemized Co	ntrib	utions from Indivi	duals	210			
Last Name		Fir					MI	
Lee			John			1=-	M.	
Residential Street Address 30 Beacon St.		City	Bridgeport		State	Zip	Code 06605	
Principal Occupation Financial Li	istener		Name of Employer Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am		of Contribution	
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or b	ntractor or prospective stat	e contractor? Yes		•		
Method of Contribution:			Date Received	Aggregate Contributions	\neg			
_	ard Payroll Deduction Money	Order	2/10/2023					
Last Name		Firs	at .				MI	
Residential Street Address		City			State	Zip (Code	
Principal Occupation			Name of Employer					
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Ame	ount o	f Contribution	
Is this contribution associated with an event reported in Section L1?	les Is contributor a principal of a If yes, indicate which brain	state con	tractor or prospective stat	e contractor?				
If yes, list Event #	of government the contract			☐ Legislative				
Method of Contribution:	<u>.</u>		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check	rd Payroll Deduction Money	Order						
Last Name	•••	First	t ·				MI	
Residential Street Address		City			State	Zip (Code	
Principal Occupation	· · · · · · · · · · · · · · · · ·		Name of Employer					
or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				r, Amo	unt of	Contribution	
is this contribution associated with an event reported in Section L1? No. 1f yes, list Event #	in continue principul of a c	ch or br	anches	contractor?				
Method of Contribution:		- 1	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	rd □ Payroll Deduction □ Money	Order						
	SUBT	OTAL	Section B — This l	Page \$50.00)			
	TOTAL	of add	litional Section B Pa	ages				
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 1.		IDUALS (Sections A on A of Summary Page T					

Section B ADDITIONAL PAGE 72 of ____

NAME OF COMMITTEE (Provide Complete N	E OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Marilyn for Mayor					April 10 filing	April 10 filing			
A. Total Contributions from (See instructions for definition of Sma				this Period ONLY TOTAL SECTION A	s				
		B. Itemized Co		butions from Indivi	iduals	32 309			
Lemy]	First Gerard				MI	
Residential Street Address 230 Vincelette St.			City	Bridgeport		State		06606	
Principal Occupation Driver				Name of Employer Dunbar Pat	tient Transport	ation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doc	contribution is in excess of \$400 es contributor or business he/she ued at more than \$5,000?				ty, An		of Contribution	
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a If yes, indicate which brai	nch or	ontractor or prospective stat	_ No	- 1			
Method of Contribution	g I	of government the contract		Date Received	Aggregate Contributions	\dashv			
Last Name	Card (Payroll Deduction Money		irst				МІ	
McLendon Residential Street Address				June ————————		1.	T=:		
93 King St	t.		City	Bridgeport		State	Zip	Code 06605	
Principal Occupation				Name of Employer					
		r Assistant		Bpt. BOE					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	entribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?	o a car is asso	ciated with have a contract to Yes No	officer of a municipality		30.0	Contribution	
	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	branches	No.	1			
Method of Contribution:		8	- 10 111		Aggregate Contributions	-			
Cash Personal Check Credit/Debit Co	ard 🗆	Payroll Deduction Money	Order	2/10/2023					
ast Name			Fir					МІ	
Thomas Lesidential Street Address				Geri		I a	Test of		
8 Horseshoe Hill F	₹ d.		City	Bethany		State CT	Zip C	06524	
rincipal Occupation Legal Manage	r			Name of Employer Frontier Com	munications				
s contributor a lobbyist, spouse, Yes r dependent child of a lobbyist? No	does	ntribution is in excess of \$400 to contributor or business he/she is ad at more than \$5,000?				, Amo		Contribution 00.00	
	es No	Is contributor a principal of a st If yes, indicate which brand of government the contract	h or b	ranches	No				
Method of Contribution:					Aggregate Contributions	1			
Cash Personal Check Credit/Debit Ca	urd 🗆	Payroll Deduction	Order	2/10/2023		<u></u>			
		SUBTO	OTAI	L Section B — This F	age		\$1	80.00	
		TOTAL	of ad	ditional Section B Pa	ges				
TOTAL OF AI	LL C	ONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page To					

Section B ADDITIONAL PAGE ______ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT					
Marilyn for Mayor					Ap	ril 10 filing				
A. Total Contributions from (See instructions for definition of Sma				his Period ONLY TOTAL SECTION A	\$					
	S.T	B. Itemized Con	ntri	butions from Indivi	dua	ls	wy I		1 1 22	
Last Name Rogers			1	First Ruth					G.	
Residential Street Address 309 Terrace Ave.			City	West Haven			State	Zig	Code 06516	
Principal Occupation Ret	irec	1		Name of Employer Retired	<u> </u>					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	de	contribution is in excess of \$400 to be contributor or business he/she alued at more than \$5,000?					у, Ап		of Contribution	
Is this contribution associated with an event reported in Section Ll? If yes, list Event #	Yes	Is contributor a principal of a s	ch or	ontractor or prospective state	_	No No	7			
Method of Contribution:	Card	☐ Payroll Deduction ☐ Money	Order	Date Received 2/10/2023	Aggre	gate Contributions				
Last Name Scott			F	Jacqueline					MI	
Residential Street Address 566 Wiln	not	Ave.	City	Bridgeport			State	1 -	Code 6607	
Principal Occupation Social	Vo	rker		Name of Employer Recovery	Vetv	vork of Prog	rams	}		
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?	do	contribution is in excess of \$400 to es contributor or business he/she is ued at more than \$5,000?					, Am	Amount of Contribution		
event reported in Section L1?	Yes No	Is contributor a principal of a si	ch or	branches	_	No		фЭ	0.00	
If yes, list Event # A Method of Contribution: Cash Personal Check Credit/Debit C	ard	of government the contract Payroll Deduction Money C		th: Executive Date Received		gate Contributions	1			
Last Name		Draylon Doddodd Dinlondy		rst					MI	
Soares				John					A.	
Residential Street Address 329 Union Ave.		c	ity	Bridgeport			State CT	Zip	^{Code} 06607	
Principal Occupation				Name of Employer						
Retired	70	. 7		Retired	~~		1.0			
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	doe	ontribution is in excess of \$400 to se contributor or business he/she is used at more than \$5,000?					Ame		S50.00	
	res No	Is contributor a principal of a sta If yes, indicate which branc of government the contract	h or t	branches	_	actor? Yes No gislative			\$50.00	
Method of Contribution: Cash	ard [☐ Payroll Deduction ☐ Money O	rder	Date Received 2/10/2023	Aggreg	ate Contributions				
		SUBTO	TA	L Section B — This l	Page	\$	50.0	0		
		TOTAL	of ad	lditional Section B Pa	ages					
TOTAL OF A	LL (CONTRIBUTIONS FROM 1 (Enter total on Line 13,		IVIDUALS (Sections A umn A of Summary Page T						

Section B ADDITIONAL PAGE ______ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Marilyn for Mayor				April 10 filing			
A. Total Contributions from S (See instructions for definition of Small			this Period ONLY TOTAL SECTION A	s			·
				-			
	B. Itemized Co	ntri	butions from Indivi	iduals	O HIS	- 5	
Last Name		Ţ	First				МІ
Stewart			Donna				
Residential Street Address		City			State	Zi	ip Code
783 Garfield Ave.			Bridgeport		СТ	٠	06606
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				iy, A		of Contribution
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a No If yes, indicate which bran	nch or	branches	No		•	\$50.00
If yes, list Event # A	of government the contrac	Ct 18 W1	Date Received	Legislative	-		
Method of Contribution: Cash □ Personal Check Credit/Debit C	ard Payrolf Deduction Money	Order	2/10/2023	Aggregate Contributions			
Last Name Stewart		Fi	Pamela	25			MI
Residential Street Address 43 Asylum St.		City	Bridgeport		State	1 -	06610
Principal Occupation			Name of Employer		<u> </u>		
Retired			Retired				
s contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 t	o a car		officer of a municipality	v. A	mount (of Contribution
or dependent child of a lobbyist? No	does contributor or business he/she i valued at more than \$5,000?	s asso	ciated with have a contract v	with said municipality			\$100.00
	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	branches	No			
Method of Contribution:	8-			Aggregate Contributions	-		
Cash Personal Check Credit/Debit Ca	rd Payroll Deduction Money	Order					
ast Name		Fi	rst I				MI
esidential Street Address		City			State	Zip	Code
					СТ		
rincipal Occupation	. <u>.</u>		Name of Employer	<u></u>	_		
contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 to		1:1-4-6	.00	- 		
dependent child of a lobbyist?	does contributor or business he/she is valued at more than \$5,000?	B BSSOC	iated with have a contract w	officer of a municipality	A	nount o	f Contribution
this contribution associated with an vent reported in Section L1? Nyes, list Event #		h or b	ranches	No			
fethod of Contribution:	<u> </u>			Aggregate Contributions	7		
Cash Personal Check Credit/Debit Car	d Payroll Deduction Money C	Order					
	SUBTO	TAI	L Section B — This P	age	\$1!	50.00)
	TOTAL	of ad	ditional Section B Pa	ges			
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A · mn A of Summary Page To	- / i			

Section B ADDITIONAL PAGE _______ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Marilyn for Mayor				April 10 filing			
A. Total Contributions from (See instructions for definition of Sma			this Period ONLY STOTAL SECTION A	s			
	B. Itemized	Contr	ibutions from Indivi	iduals	200		
Last Name			First			MI	
Vermont			Terrance			A	١.
Residential Street Address		City			State	Zip Code	
155 Magnolia	St		Bridgeport		СТ	06	610
Principal Occupation Social Services	6		Name of Employer State of (CT			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$4				y, Ame	ount of Contril	bution
or dependent child of a lobbyist? No	does contributor or business he/ valued at more than \$5,000?	she is as	sociated with have a contract Yes No	with said municipality		\$50.00	}
Is this contribution associated with an	te contractor?		400.00				
event reported in Section L1? If yes, list Event #	No If yes, indicate which I of government the con			☐ Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash	Card ☐ Payroll Deduction ☐ Mo	ney Ord	_{er} 2/10/2023				
Last Name			First Joan			мі А .	
Hartley							
Residential Street Address		City	144 . 4		State	Zip Code 0670	B
500 Chase Parkway	<u> </u>		Waturbu	ıry	СТ	0070	0
Principal Occupation			Name of Employer State o	f CT			
<u>Legislator</u>				<u> </u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?					unt of Contrib 1,000.00	
			contractor or prospective stat			2/8/2023	
event reported in Section L1? If yes, list Event #	of government the con			☐ Legislative No	C	heck 141	19
Method of Contribution:			Date Received	Aggregate Contributions	_ r	efunded	
☐ Cash	Card Payroll Deduction Mon	ney Orde	_{.r} 2/8/2023				
Last Name		Ī	First			MI	
Baldwin			Barbara			_ A.	
Residential Street Address		City			State	Zip Code	\Box
65 Willow St.	<u>.</u>	<u> </u>	Bridgeport		CT	06610	<i>'</i>
Principal Occupation			Name of Employer	S			
Assistant for early learning	ng development		Alliance for C	Community Em	poweri	nent	
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$40 does contributor or business he/si valued at more than \$5,000?				132141	ant of Contrib \$100.00	ution
s this contribution associated with an	Yes Is contributor a principal of	a state c	ontractor or prospective state	contractor?	1		
event reported in Section L1? If yes, list Event #	No If yes, indicate which be of government the contra	ranch or	rbranches	■ No Legislative			
Method of Contribution:	of government die cond	I act is w		Aggregate Contributions	┨		
Cash Personal Check Credit/Debit C	Card Payroll Deduction Mon	ey Order	r				
	SUE	втот	AL Section B — This l	Page \$1,	150.00)	
	TOTA	L of a	additional Section B Pa	ages			
TOTAL OF A	ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A lumn A of Summary Page T			-	\neg
							- 1

Section B ADDITIONAL PAGE ________ of ______

NAME OF COMMITTEE (Provide Complete No	VAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Marilyn for Mayor				April 10 filing	April 10 filing				
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY OTAL SECTION A	\$					
	B. Itemized Co		utions from Indivi	iduals		1	, & Y - Mg		
Baldwin		F	Samuel				T.		
Residential Street Address 65 Willow St.		City	Bridgeport		State	Zip	06610		
Principal Occupation Public Wo	orks		Name of Employer Town of Stra	atford					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, Am		f Contribution		
Is this contribution associated with an event reported in Section L1? Byes, list Event #	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or l	branches	e contractor?					
Method of Contribution: Cash Personal Check Credit/Debit C	Card Payroll Deduction Money	y Order	Date Received 2/20/2023	Aggregate Contributions					
Last Name Barnes		Fir	Lorraine				MI		
Residential Street Address 1235 Huntington Tp	ke. Apt. 308	City	Trumbull		State	Zip (Code 06611		
Principal Occupation Retired			Name of Employer Retired			-			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	\$50	Contribution		
	Is contributor a principal of a If yes, indicate which brat of government the contract	nch or t	oranches	No					
Method of Contribution:			Date Received	Aggregate Contributions	┨		1		
	ard Payroll Deduction Money		2/20/2023						
Last Name Boyer		Firs	Reine			ı	C.		
Residential Street Address 1415 Chopsey Hill I		City B	Bridgeport		State	Zip C	ode 06606		
Principal Occupation Attorney			Name of Employer Fairfield Cou	nty Law Group	, LLC				
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?					unt of \$50.	Contribution		
Is this contribution associated with an event reported in Section L1? No If yes, list Event #B Is contributor a principal of a state contractor or prospective state contractor?									
Method of Contribution: Cash Personal Check Credit/Debit Car	rd Payroll Deduction Money	Order	Date Received 2/20/2023	Aggregate Contributions					
	SUBT	OTAL	Section B — This I	Page \$150.00					
	TOTAL	of ado	ditional Section B Pa	iges					
TOTAL OF AI	LL CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A nn A of Summary Page To						

Section B ADDITIONAL PAGE _______ of _____

NAME OF COMMITTEE (Provide Complete Na.	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Marilyn for Mayor				April 10 filing				
A. Total Contributions from S (See instructions for definition of Small			this Period ONLY STOTAL SECTION A	\$				
	7 7 1 10	11,1						
Low No.	B. Itemized Co	ontr	ibutions from Indiv	iduals			Lyes	
Bradshaw			Michelle				^{мі} М .	
Residential Street Address 8 Beechwood Drive)	City	North Haven		State		06473	
Principal Occupation Technical Clerk	(Name of Employer South Ce	ntral Regional \	 Vate	r Auf	thority	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			•	ty, Ar		of Contribution	
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch o	contractor or prospective stater branches	te contractor? Yes				
Method of Contribution:	ard Payroll Deduction Money		Date Received	Aggregate Contributions				
Last Name Caple		1	First Lori	l			A.	
Residential Street Address 343 Chamberlain Ave).	City	Bridgeport		State	1 -	Code 06606	
Principal Occupation Retired			Name of Employer Retired		10.			
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am		of Contribution	
s this contribution associated with an vent reported in Section L1? If yes, list Event #		nch o	r branches	No				
Method of Contribution: Cash Personal Check Credit/Debit Cash	rd □ Payroll Deduction □ Money	Order	Date Received	Aggregate Contributions	7			
ast Name		F	irst I				MI	
Celli			Joseph					
tesidential Street Address 1042 Broad St. #504		City			State		Code	
			Bridgeport		CT	0	6604	
rincipal Occupation Radio Host			Name of Employer WPKN	Radio				
r dependent child of a lobbyist? 💮 No 🖟	If contribution is in excess of \$400 to does contributor or business he/she in valued at more than \$5,000?				, Am		Contribution	
this contribution associated with an vent reported in Section L1? No. 15 yes, list Event #		ch or	branches	No	1	**		
tethod of Contribution: Cash Personal Check Credit/Debit Care	d □ Payroll Deduction □ Money (Order	2/10/2023	Aggregate Contributions				
	SUBT	OTA	L Section B — This I	Page \$250.	00			
	TOTAL	of a	dditional Section B Pa	ıges				
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 13		IVIDUALS (Sections A umn A of Summary Page To					

SEEC FORM 20 Revised James y 2015

Section B ADDITIONAL PAGE 78 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Marilyn for Mayor				April 10 filing				
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY OTAL SECTION A	\$				
			-					
No. of the Control of	B. Itemized Co	ntrib	outions from Indivi	duals	00%	M	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Last Name		F	irst				MI	
Clemons			Barbara				W.	
Residential Street Address		City	5		State	1 1	Code	
695 Wood Ave.			Bridgeport		СТ	T_{c}	06604	
Principal Occupation Retired			Name of Employer Retired					
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a car	ndidate for a chief executiv	e officer of a municipali	ty, Ame	ount (of Contribution	
or dependent child of a lobbyist? No	does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract Yes No	with said municipality	\$	100	0.00	
Is this contribution associated with an event reported in Section L1?								
If yes, list Event # B	of government the contrac			☐ Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit C	Card Payroll Deduction Money	Order	2/20/2023					
Last Name Clemons		Fu	Denise				мі L.	
Residential Street Address		City			State	Zip	Code	
64 Bancroft Ave.			Bridgeport		СТ		06604	
Principal Occupation			Name of Employer		1			
Educator			St. Ma	ark's Daycare (enter			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Amo	Amount of Contribution \$25.00		
	es Is contributor a principal of a							
event reported in Section L1? If yes, list Event #	No If yes, indicate which brase of government the contract			☐ Legislative No				
Method of Contribution:			Date Received	Aggregate Contributions	┨			
☐ Cash	ard □ Payroll Deduction □ Money	Order	2/20/2023					
Last Name		Fin					мі	
Delgado		-	Frank					
Residential Street Address		City			State	Zip C		
83 Bonnie View I	DR.		Trumbull		CT	06	611	
Principal Occupation			Name of Employer					
Consultant			Self e	mployed				
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?					unt of 75.0	Contribution	
s this contribution associated with an	es Is contributor a principal of a si	ate con		contractor?	┨			
event reported in Section L1?	Io If yes, indicate which bran-	ch or b	ranches	No	1			
If yes, list Event # B	of government the contract	is with		Legislative Aggregate Contributions	-			
_	rd Payroll Deduction Money	Order	2/20/2023					
	SUBT	OTAI	L Section B — This I	Page \$2	200.00			
	TOTAL	of ad	ditional Section B Pa					
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page To					

SEEC FORM 20 Rayland January 2015

Section B ADDITIONAL PAGE 78 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Marilyn for Mayor				April 10 filing				
A. Total Contributions from St (See instructions for definition of Small (his Period ONLY OTAL SECTION A	\$				
	B. Itemized Co	ntrib	outions from Indivi	duals		11.7	i i	1000
Last Name		Fi	irst					МІ
Clemons			Barbara					W.
Residential Street Address		City	Bridgeport		- 1	State	Zip (
695 Wood Ave.					<u></u>	СТ		6604
Principal Occupation Retired			Name of Employer Retired					
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400					Amor	ant of	f Contribution
or dependent child of a lobbyist? No	does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract Yes No	with said municipalit	У	\$	100	.00
event reported in Section L1?	Yes Is contributor a principal of a s	ich or	branches		Yes No			
If yes, list Event # B	of government the contract	t 18 W11	Date Received	Legislative Aggregate Contribution		1		
Method of Contribution: Cash Personal Check Credit/Debit Car	rd Payroll Deduction Money	Order		Aggregate Contribution				
Last Name		Fü	ršt					МІ
Clemons		ı	Denise					L.
Residential Street Address		City	Bridgenort		S	tate	Zip C	ode
64 Bancroft Ave.			Bridgeport			CT	·	06604
Principal Occupation			Name of Employer		_			-
Educator			St. Ma	ark's Daycare	Се	nter		
or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?				* 1	Amount of Contribution \$25.00		
Is this contribution associated with an event reported in Section L1?					Yes No			
If yes, list Event #	of government the contrac			☐ Legislative				
Method of Contribution:			Date Received	Aggregate Contributions	'			
Cash Personal Check Credit/Debit Care	d Payroll Deduction Money		2/20/2023					
Last Name		Fin	** Frank					MI
Delgado	·	<u></u>			<u> </u>		7:- C	- 1-
Residential Street Address 83 Bonnie View D		City	Trumbull			cT	Zip Co 06	6611
Principal Occupation Consultant	" "		Name of Employer					
Consultant			Self e	mployed				
or dependent child of a lobbyist? No d	f contribution is in excess of \$400 to loes contributor or business he/she is valued at more than \$5,000?						nt of (75.0	Contribution)O
Is this contribution associated with an event reported in Section L1?								
If yes, list Event #	of government the contract			☐ Legislative	"			
Method of Contribution:				Aggregate Contributions				
Cash Personal Check Credit/Debit Card	Payroll Deduction Money (Order	2/20/2023					
SUBTOTAL Section B — This Page \$20					\$20	0.00		
	TOTAL	of ad	ditional Section B Pa	ages				
TOTAL OF ALI	L CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page T					

SEEC FORM 20 Rayland January 2015

Section B ADDITIONAL PAGE ______ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filia	ng Repository)		TYPE OF REPORT	5 PH 8	1000
Marilyn for Mayor			April 10 filing		
A. Total Contributions from Small Contribute (See instructions for definition of Small Contributor)		ved this Period ONLY SUBTOTAL SECTION A	\$		
B. Ite	mized Co	ntributions from Indivi	duals	r med	
Geter		First Sunny			G.
Residential Street Address 354 Merritt St.		City Bridgeport		State	Zip Code 06606
Principal Occupation Retired		Name of Employer Retire	ed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor or bu valued at more than \$:	isiness he/she i	to a candidate for a chief executive is associated with have a contract Yes No	officer of a municipality with said municipality		ont of Contribution
event reported in Section L1? No If yes, indica		tate contractor or prospective state ich or branches t is with;	contractor? Yes No	7	
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction	on	Order Date Received 2/20/2023	Aggregate Contributions		
Houle		Adrienne	•		C.
Residential Street Address 1385 Chopsey Hill Rd.	c	Bridgeport		State 2	Zip Code 06606
Principal Occupation President and CE	0	Name of Employer Greater Bpt.	Community En	terprise	es, Inc.
contributor a lobbyist, spouse, r dependent child of a lobbyist? No If contribution is in exc does contributor or busivalued at more than \$5,	iness he/she is	a candidate for a chief executive associated with have a contract w	officer of a municipality, ith said municipality		nt of Contribution
vent reported in Section L1? No If yes, indicate	rincipal of a state which branc	ate contractor or prospective state ch or branches is with:	No		,
Aethod of Contribution:			ggregate Contributions	†	
Cash Personal Check Credit/Debit Card Payroll Deduction	□ Money O	2/18/2023			
Jones		First			D.
eidential Street Address 280 Beardsley St.	Cit	Bridgeport	1		06607
Assistant Principal		Name of Employer City of Brid	geport		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excededee contributor or busing valued at more than \$5.0	ness he/she is a	a candidate for a chief executive of associated with have a contract with the second results and the second results are second results.	fficer of a municipality, th said municipality		of Contribution \$100.00
this contribution associated with an ent reported in Section L1? Yes, list Event # B	which branch	e contractor or prospective state co	No		
ethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		Date Received Ag	gregate Contributions		
	SUBTO	TAL Section B — This Pa	ge \$1,200.00		
	TOTAL of	f additional Section B Pag	es		
TOTAL OF ALL CONTRIBUTION (Enter total	S FROM IN i on Line 13, (NDIVIDUALS (Sections A + Column A of Summary Page Tota	B)		

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Section B ADDITIONAL PAGE ____80 ___ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,	MMITTEE (Provide Complete Name as Registered with Filing Repository)				10 11		
Marilyn for Mayor			April 10 filing	April 10 filing			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$				
				_			
		butions from Indiv	iduals		1477		
Last Name Laurent		David				MI	
Residential Street Address 14 Blueberry Ln.	City	Monro	e	State	Zip	Code 06468	
Principal Occupation Proprietor		Name of Employer Laurent In:	surance Agenc	y, LL(C		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One of the contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a ca e is assa	andidate for a chief executive ociated with have a contract	ve officer of a municipality	* -	30 unt o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # B Yes Is contributor a principal of a lifyes, indicate which brown of government the contributor approximately a lifyes, indicate which brown of government the contributor approximately ap	anch or	ontractor or prospective state	te contractor?	- 1			
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Mone		Date Received	Aggregate Contributions	\dashv			
Last Name		7 2/20/2023 irst	:			Тмі	
Lazar		Beth				1111	
Residential Street Address 1241 Main St. Apt. 728	City	Bridgeport		State	Zip C	6604	
Principal Occupation Retired	<u> </u>	Name of Employer 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 car	ndidate for a chief executive ciated with have a contract	officer of a municipality	y, Amo		Contribution	
s this contribution associated with an vent reported in Section L1? B Yes No If yes, indicate which bra of government the contra	nch or	branches	No		•		
Acthod of Contribution:	ot to wit		Aggregate Contributions	┥			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	2/20/2023					
Lee	Fir	Charlene	·			MI	
esidential Street Address 587 Vincelette St.	City	Bridgeport	-	State	Zip Co	6606	
incipel Occupation MSSW		Name of Employer					
		Self employ					
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is assoc	iated with have a contract w	officer of a municipality vith said municipality	Amo	unt of 6 \$50	.00	
this contribution associated with an ent reported in Section L1? B Yes No Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or b	ranches	No				
ethod of Contribution:		Date Received	Aggregate Contributions	1			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	2/20/2023					
SUBT	OTAI	L Section B — This P	age \$300	0.00			
		ditional Section B Pa					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1:		VIDUALS (Sections A - mn A of Summary Page To					

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Section B ADDITIONAL PAGE 81 of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) St	d this Period ONLY UBTOTAL SECTION A	\$	
· · · · · · · · · · · · · · · · · · ·	tributions from Individ	duals	
Last Name Maher	Cecilia		MIQ.
47 Sturges Ridge Rd.	Wilton		State Zip Code CT 06897
Principal Occupation State Senator	Name of Employer	Stae of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			, Amount of Contribution \$75.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a sta If yes, indicate which brancl of government the contract i	h or branches	contractor? Yes Legislative No	
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Money O	0/40/0000	Aggregate Contributions]
Last Name McDowell	Pirst Carleen		м: М .
Residential Street Address 95A Yarmich Dr.	Bridgeport		State Zip Code CT 06606
Principal Occupation Retired	Name of Employer Retired		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?			Amount of Contribution \$50.00
s this contribution associated with an vent reported in Section L1? If yes, list Event # B Yes No If yes, indicate which branch of government the contract is	or branches	No	
Method of Contribution:	Date Received A	ggregate Contributions	1
Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Money Ord			
ast Name	First Eva		мi J.
MCLOUD tesidential Street Address City			State Zip Code
2675 Park Ave. Unit 27	Bridgeport		CT 06604
Retired	Name of Employer Retired		
r dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a does contributor or business he/she is as valued at more than \$5,000?	candidate for a chief executive of a sociated with have a contract with the contract	fficer of a municipality, th said municipality	Amount of Contribution \$100.00
this contribution associated with an vent reported in Section L1? B Yes Is contributor a principal of a state If yes, list Event # B Yes No If yes, indicate which branch of government the contract is	or branches	No	
fethod of Contribution: Cash	Date Received Ag	gregate Contributions 200.00	
SUBTOI	AL Section B — This Pa	age \$225.00	
TOTAL of	additional Section B Pag	ges	
TOTAL OF ALL CONTRIBUTIONS FROM IN (Enter total on Line 13, C	DIVIDUALS (Sections A + column A of Summary Page Total	B) als)	

Section B ADDITIONAL PAGE 82 of ____

99	
QZ	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Marilyn for Mayor			April 10 filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A					
B. Itemized Co	ntrib	utions from Indiv	iduals	13 S	差 高井		
Last Name Morgan	Fir					_{мі} Е.	
Residential Street Address	City	Selena		State	Zip C		
230 hickory St.		Bridgeport		СТ		6610	
Principal Occupation Teacher		Name of Employer Bridgepo	rt Public Schoo	ols			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400		iated with have a contract		ly, Am		Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, indicate which branches in Section L1?	nch or b	tractor or prospective state	_ No			\$200.00	
If yes, list Event # Of government the contrac Method of Contribution:	T 18 WITH	Date Received	Aggregate Contributions	_			
☐ Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	2/21/2023					
Last Name Morris	First	Bruce	•			мі V.	
Residential Street Address	City			State	Zip Co		
315 Ely Ave.		Norwalk		СТ	06	854	
Principal Occupation		Name of Employer Ticks	et Network				
Division of Public Affairs s contributor a lobbyist, spouse,							
or dependent child of a lobbyist? No does contributor or business he/she is valued at more than \$5,000?				/, Amo		Contribution 200.00	
s this contribution associated with an Yes Is contributor a principal of a si vent reported in Section L1? No If yes, indicate which bran	ich or br	anches	No No				
If yes, list Event # B of government the contract Method of Contribution:		Date Received	Legislative Aggregate Contributions	-			
Cash Personal Check Credit/Debit Card Payroll Deduction Money C	Order	02/18/2023					
ast Name	First	<u></u>	·		N	<u>(1</u>	
Moss		David				R.	
esidential Street Address 661 Lakeside Drive	City	Bridgeport		State	Zip Cod Of	6606	
Retired	7	Name of Employer Retired					
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidas associat	date for a chief executive ted with have a contract v	officer of a municipality with said municipality	1	unt of C	ontribution	
this contribution associated with an vent reported in Section L1? Yes No Is contributor a principal of a statement reported in Section L1? Yes No If yes, indicate which brance	h or bra	actor or prospective state	No	1			
If yes, list Event # B of government the contract is tethod of Contribution:			Legislative	-			
Cash Personal Check Credit/Debit Card Payroll Deduction Money O)rder	2/20/2023					
SUBTO	TAL	Section B — This P	age \$12	50.00			
TOTAL	of addi	itional Section B Pa	ges				
TOTAL OF ALL CONTRIBUTIONS FROM I (Enter total on Line 13,		DUALS (Sections A of Summary Page To			<u> </u>		

Section B ADDITIONAL PAGE 83 of ____

NAME OF COMMITTEE (Provide Complete N	lame as Registered with Filing Repository)			TYPE OF REPORT					
Marilyn for Mayor			April 10 filing						
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$						
	B. Itemized C		from Indiv	iduals		Į.			
Neisher		First Ala	ın				MI		
Residential Street Address 272 Fleming L	n.	Fairfield	I		State		Code)6824		
Principal Occupation Attorney			Employer Self						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				ty, Am		of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	anch or branches		_ No	·				
Method of Contribution:	Card Payroll Deduction Mone	Date Rec		Aggregate Contributions					
Last Name Oleynick		First Fr	ank				MI		
Residential Street Address 1164 Brooklawn	Ave,	City Bridger	oort		State		06604		
Principal Occupation Coach/Directo	or	Name of	Employer Futur	e Stars Accade	my				
is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?							Amount of Contribution		
		Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches					\$100.00		
Method of Contribution: Cash Personal Check Credit/Debit C	ard □ Payroll Deduction □ Money	Date Reco		Aggregate Contributions	1				
Last Name Reid		First Diant	ha				мі С.		
Residential Street Address 212 South Main St.		City	/alk		State CT	Zip C	06854		
Principal Occupation Retired		Name of I	Employer etired						
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		have a contract v		·		Contribution		
s this contribution associated with an vent reported in Section L1? If yes, list Event #	S Is contributor a principal of a state contractor or prospective state contractor?								
Method of Contribution:	ard Payroll Deduction Money	Date Rece		Aggregate Contributions	1				
	SUBT	OTAL Section	n B — This I	Page \$12	200.00	0			
	TOTAL	of additional	Section B Pa	ages					
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1								

Section B ADDITIONAL PAGE 84 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Marilyn for Mayor			April 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
- District							
	B. Itemized Co		utions from Indivi	iduals		Lan	
Last Name Reid		l'r.	Janeen			МІ	
Residential Street Address 399 Main St.		City	lorwalk		State	Zip Code 06851	
Principal Occupation			Name of Employer				
Executive	e Director		Full Circle	Youth Empower	∍rmen	t	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or b	ntractor or prospective state	te contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions	1		
	Card ☐ Payroll Deduction ☐ Money	y Order	2/15/2023				
Last Name Reid-Jones		Fin	Lorraine			MI S.	
Residential Street Address		City			State	Zip Code	
59 Bluebird Dr.		l	Naugatuck		CT	06770	
Principal Occupation Social Worker			Name of Employer Family and	d Children's Age	ency		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400		didate for a chief executive	e officer of a municipality	_ _	unt of Contributio	
or dependent child of a lobbyist? No	does contributor or business he/she valued at more than \$5,000?	is assoc	iated with have a contract	with said municipality	\$	100.00	
	Yes Is contributor a principal of a If yes, indicate which brat of government the contract	nch or b	oranches	e contractor? Yes No Legislative			
Method of Contribution:	01 801011111111111111111111111111111111		Date Received	Aggregate Contributions	┥		
Cash Personal Check Credit/Debit C	ard Payroll Deduction Money	Order	2/15/2023				
Last Name		Firs			_	MI	
Richardson			Jacqueline			M.	
Residential Street Address 10-12 Summer St.		City	Derby		State	2ip Code 06418	
Principal Occupation	·		Name of Employer				
Building Insp	pector		City of Bri	dgeport			
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?					ant of Contribution \$100.00	
	Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or br	ranches	No			
Method of Contribution:				Aggregate Contributions	1		
Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Money	Order	2/20/2023		<u> </u>		
	SUBT	OTAL	Section B — This l	Page \$1	200.00	0	
	TOTAL	of add	ditional Section B Pa	ages			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1:		VIDUALS (Sections A nn A of Summary Page T				

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Section B ADDITIONAL PAGE 85 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Marilyn for Mayor			April 10 filing	pril 10 filing		
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY OTAL SECTION A	s		
	B. Itemized Co	ntrib	outions from Indivi	duals	3 1917	
Stevens	-	F	Dewitt	•		MI
Residential Street Address 5 Old Rock Ct.	•	City	Norwalk		State	Zip Code 06850
Principal Occupation Pastor			Name of Employer Macedonia	Church		
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution
,	Yes Is contributor a principal of a : No If yes, indicate which brain of government the contract	nch or	ntractor or prospective state branches	c contractor? Yes No		1,000.00
Method of Contribution:	ard □ Payroll Deduction □ Money		Date Received	Aggregate Contributions		
Last Name Tisdale	***************************************	Fü	Jeffrey			^{мі} В.
Residential Street Address 647 Lakeside Dr.		City Brid	lgeport		State CT	Zip Code 06606
Principal Occupation Realtor/Insurance Advi	sor		Name of Employer Re/Max, Mutu	al of Omaha		
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?					unt of Contribution
	les Is contributor a principal of a solo If yes, indicate which bran of government the contract	ich or l	branches	No No		
Method of Contribution: ☐ Cash Personal Check Credit/Debit Ca	rd □ Payroll Deduction □ Money	Order	Date Received 2/20/2023	Aggregate Contributions]	
Last Name Vaccaro		Fin	Donald			 Л.
Residential Street Address 325 Clark Hill Ro		City	South Glaston	bury	State CT	Zip Code 06073
Principal Occupation CEO			Name of Employer Ticket Netv	vork	<u>. </u>	
or dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				,	ont of Contribution ,000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative						
Method of Contribution: Cash Personal Check Credit/Debit Car	rd Payroll Deduction Money (Order	Date Received // 1/23/2023	Aggregate Contributions		
	SUBT	OTAI	L Section B — This F	Page \$3,	,000.0	00
	TOTAL	of ad	ditional Section B Pa	iges		
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page To			

SEEC FORM 20 Noviced January 1015

Section B ADDITIONAL PAGE _____ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Marilyn for Mayor	April 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	S			
	_			
B. Itemized Contributions from Indivi	duals	1		
Vaccaro First Jeff			W.	
298 Clark Hill Rd. City South Glastonbury	/	State CT	Zip Code 06073	
Principal Occupation Security Name of Employer	ech Network			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		1 10 10 1	ant of Contribution 1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective state of government the contract is with: Yes Is contributor a principal of a state contractor or prospective state of government the contract is with:	e contractor? Yes No			
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 1/31/2023	Aggregate Contributions			
Vendette First Thomas			^{мі} Т.	
Residential Street Address 29 Otis St. City Stratford		State CT	Zip Code 06615	
Principal Occupation Retired Retired Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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		Amou	nt of Contribution \$50.00	
Is this contribution associated with an Section L1? If yes, list Event # B Yes Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	No		V = 2.22	
	Aggregate Contributions			
ast Name Volcy First Garry			МІ	
Residential Street Address 2600 Park Ave. City Bridgeport		State :	Zip Code 06604	
Principal Occupation Social Worker Self				
s contributor a lobbyist, spouse, r dependent child of a lobbyist? 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 v valued at more than \$5,000?			of Contribution	
s this contribution associated with an vent reported in Section L1? If yes, list Event # B Yes If yes, indicate which branch or branches of government the contract is with: Executive	No		***************************************	
	Aggregate Contributions \$100.00			
SUBTOTAL Section B — This I	Page \$1,100	.00		
TOTAL of additional Section B Pa				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page To				

Section B ADDITIONAL PAGE ____87 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	ory)	TYPE OF REPORT	Γ			
Marilyn for Mayor		April 10 filing	April 10 filing			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	ceived this Period O SUBTOTAL SECTION					
B. Itemized	Contributions from	Individuals	1 37			
Last Name Walker	First Reginald				F.	
Residential Street Address 810 Seaview Ave. #4	Bridgeport		Stat C7	_ I `	06607	
Community Liason - Police Dept.	Name of Employ	of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?	\$400 to a candidate for a chief e/she is associated with have a Yes	executive officer of a municip contract with said municipalit	ality,		of Contribution	
Is this contribution associated with an Yes Is contributor a principal	of a state contractor or prospen branch or branches ontract is with:	ctive state contractor?	Yes No	*		
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ M	Date Received 3/10/20	Aggregate Contribution	is			
Last Name Williams	First Keith				мі Е.	
Residential Street Address 92 Waterman St.	City	ort	State	_ `	06607	
Principal Occupation Retired	Name of Employe Retire					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?					of Contribution 50.00	
event reported in Section L1? No If yes, indicate which	of a state contractor or prosper		Yes No			
If yes, list Event # B of government the co	Date Received	Aggregate Contribution	5			
☐ Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ M	oney Order 2/20/20	23				
Last Name Williams	First Tracey				MI	
Residential Street Address 848 Briarwood Ave.	City Bridgeport		State		06604	
Principal Occupation Counselor	Name of Employer Recove	ry Network of Prog	ırams			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor or business he valued at more than \$5,000?				\$25	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # B Yes Is contributor a principal of fyes, indicate which of government the contributor approach is the section L1?		tive state contractor?	res No	ΨΖΟ	.00	
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Mo	Date Received 2/18/20	Aggregate Contributions	'			
su	JBTOTAL Section B —	- This Page	\$17	5.00		
тот	AL of additional Secti	on B Pages				
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L	OM INDIVIDUALS (Secine 13, Column A of Summar	tions A + B) y Page Totals)				

Section B ADDITIONAL PAGE 87 of ____

NAME OF COMMITTEE (Provide Complete Name as Reg	gistered with Filing Repository)	B		TYPE	OF REPORT	144	400	
Marilyn for Mayor				Apri	l 10 filing			
A. Total Contributions from Small ((See instructions for definition of Small Contributions)			is Period ONLY OTAL SECTION A	\$			_	
THE PERSON NAMED IN COLUMN	B. Itemized Con	ntrib	utions from Indivi	duals		107	4	1,48 1,
Last Name Walker		Fü	Reginald					F.
Residential Street Address 810 Seaview Ave.		City	Bridgeport			State	Zip	06607
Principal Occupation Community Liason -	Police Dept.		Name of Employer City of Brid	lgepo	ort			
or dependent child of a lobbyist? No does co	ribution is in excess of \$400 t ontributor or business he/she is at more than \$5,000?							of Contribution
Is this contribution associated with an event reported in Section L1? No No No	s contributor a principal of a st If yes, indicate which bran of government the contract	ch or b	oranches	_	ctor?			
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ F	Payroll Deduction Money	Order	3/10/2023	Aggreg	ate Contributions			
Last Name Williams		Fin	Keith					мі Е.
Residential Street Address 92 Waterman St.		City	Bridgeport		·	State CT	1 '	06607
Principal Occupation Retired			Name of Employer Retired					
or dependent child of a lobbyist? No does co	ibution is in excess of \$400 to intributor or business he/she is at more than \$5,000?					, Amo		Contribution 0.00
Is this contribution associated with an event reported in Section L1? No If yes, list Event # B	contributor a principal of a st If yes, indicate which bran- of government the contract	ch or b	ranches		No No			
Method of Contribution:	ayroll Deduction	Order	Date Received 2/20/2023		te Contributions			
Last Name Williams		Firs	Tracey					MI
Residential Street Address 848 Briarwood Ave.	C	city	Bridgeport	•		State CT	Zip (06604
Principal Occupation Counselor			Name of Employer Recovery Ne	tworl	of Progra	ms		
or dependent child of a lobbyist? No does con	ibution is in excess of \$400 to ntributor or business he/she is at more than \$5,000?	a cand	lidate for a chief executive ated with have a contract v	officer with said	of a municipality I municipality		unt of	Contribution
event reported in Section L1? No **If yes, list Event # B	contributor a principal of a sta If yes, indicate which branc of government the contract	h or br is with:	ranches	☐ Leg	islative No] `	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Pa	syroll Deduction Money C	- 1	2/18/2023	Aggregat	te Contributions			
	SUBTO	TAI	Section B — This l	Page	\$	175.0	00	
	TOTAL	of ado	ditional Section B Pa	ages				
TOTAL OF ALL CO	NTRIBUTIONS FROM (Enter total on Line 13,		VIDUALS (Sections A nn A of Summary Page T					

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Section B ADDITIONAL PAGE _____ of ____

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NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYP	E OF REPORT			811
Marilyn for Mayor				Apr	il 10 filing			
A. Total Contributions from Sn (See instructions for definition of Small C			his Period ONLY OTAL SECTION A	\$				
	B. Itemized Co	ntrib	outions from Indivi	idual				
Last Name Bargot		Fi	Seon					мі А .
Residential Street Address 636 West Jackso	on St.	City	Bridgeport			State		ip Code 06604
Principal Occupation Attorney	·		Name of Employer State	of C	onnecticut			
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					y, Ar		of Contribution
	Is contributor a principal of a lifyes, indicate which brain of government the contract	nch or l	branches	_	ector?			
Method of Contribution:	d □ Payroll Deduction □ Money	Order	Date Received 3/17/2023	Aggreg	ate Contributions			
Last Name Graham		Fir	t Tanya	<u> </u>		'		мі М .
Residential Street Address 44 Richardson St.		City	Bridgeport			State	Ι.	06604
Principal Occupation Administrative Assis	tant		Name of Employer Bridgeport Ho	spita	al			
or dependent child of a lobbyist? No d	f contribution is in excess of \$400 t loes contributor or business he/she alued at more than \$5,000?					1		of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #		nch or t	oranches		No No			
Method of Contribution:	Payroll Deduction Money		Date Received 3/17/2023		te Contributions			
Last Name Smith	***	Firs	Sheldon					мі О.
Residential Street Address 75 Richard Blvd.	(City	Shelton			State		06484
Principal Occupation Home Improve	ment Contractor		Name of Employer Self employ	/ed				
r dependent child of a lobbyist? No de	contribution is in excess of \$400 to be contributor or business he/she is alued at more than \$5,000?					, Am		of Contribution
s this contribution associated with an event reported in Section L1? No No No	Is contributor a principal of a st If yes, indicate which brance of government the contract	ch or b	ranches: Executive	□ Leg	●No islative		Ψ	7100.00
Method of Contribution: Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money (Order	3/17/2023	Aggrega	te Contributions			
	SUBT	OTAI	Section B — This l	Page	\$600.	00		
	TOTAL	of add	ditional Section B Pa	ages				
TOTAL OF ALI	CONTRIBUTIONS FROM (Enter total on Line 13)		VIDUALS (Sections A nn A of Summary Page T					

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Section B ADDITIONAL PAGE 88 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	na of	W =	
Marilyn for Mayor			April 10 filing			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$			
B. Itemized Co	ontrib	utions from Indivi	duals			
Last Name	F	irst	.		MI	
Bargot		Seon			A.	
Residential Street Address 636 West Jackson St.	City	Bridgeport		State	Zip Code 06604	
Principal Occupation		Name of Employer	of Connections			
Attorney			of Connecticut			
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 car is asso	ndidate for a chief executive ciated with have a contract Yes	e officer of a municipality with said municipality		unt of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a No If yes, indicate which bra	nch or	branches	e contractor? Yes Legislative No			
If yes, list Event # of government the contra	ict is wi	Date Received	Aggregate Contributions	┥		
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Mone;	y Order	21121222				
Last Name	Fü		<u></u>		МІ	
Graham		Tanya			M.	
Residential Street Address	City			State	Zip Code	
44 Richardson St.		Bridgeport		CT	06604	
Principal Occupation		Name of Employer				
Administrative Assistant		Bridgeport Ho	spital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400	to a can	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality		Amount of Contribution \$400.00	
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	nch or	branches	e contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions	1		
☐ Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/17/2023				
Last Name	Fir				MI	
Smith	- -	Sheldon			О.	
Residential Street Address	City	Shelton		State	Zip Code 06484	
75 Richard Blvd.			<u> </u>	СТ	00404	
Principal Occupation		Name of Employer Self employ	red			
Home Improvement Contractor	<u> </u>		. <u> </u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive ciated with have a contract Yes No	with said municipality	Amou	snt of Contribution \$150.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						
Method of Contribution:		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/17/2023				
SUBT	OTA	L Section B — This l	Page \$600.	00		
TOTAL	of ad	ditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDI	VIDUALS (Sections A mn A of Summary Page 7	+ B) Totals)			

Section B ADDITIONAL PAGE _____ of ___

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White Of Committee the Complete Figure & August 1997			TYPE OF REPORT			
			April 10 filing			
	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A					
	P. W	-481	Company To Mind	31		S
Last Name	B. Itemizea Co	entribi Fü	utions from Indivi	iduais	im	I MI
Barkley			Thayer			
Residential Street Address 281 Thorm	- Street	City	Bridgeport	<u> </u>	State	Zip Code 06606
	le Sueet				СТ	1 00000
Principal Occupation Financial Analyst			Name of Employer Glencore	e, Ltd		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400		didate for a chief executiv	e officer of a municipalit	y, Amo	ount of Contribution
or dependent child of a lobbyist? No	does contributor or business he/she valued at more than \$5,000?		☐ Yes ●No		_	\$100.00
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or b	oranches	te contractor?		
If yes, list Event #	or Roscumient me courte	Ct 15 Wile	Date Received	Aggregate Contributions	\dashv	
_	Card Payroll Deduction Money	y Order	3/19/2023	\$250.00		
Last Name	· .	Firs	_			MI
Benson			Dana			A.
Residential Street Address		City	Easton		State	Zip Code 06612
34 Pond Rd.		<u> </u>	Name of Employer		СТ	00012
Principal Occupation Investment Bar	nker /		Weild & Co	•		
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a cand		<u> </u>	/. Amo	unt of Contribution
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?				ı	300.00
	Yes Is contributor a principal of a in If yes, indicate which brain of government the contract	nch or b	ranches	te contractor? Yes No	- 1	
Method of Contribution:			Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Co	ard □ Payroll Deduction □ Money		3/19/2023			
Last Name Boyer		Firs	Reine			MI
Residential Street Address	1	City B	ridgeport		State	Zip Code 06606
Principal Occupation 1415 Chopsey	/ Hill Rd.		Name of Employer		СТ	_ 00000
Attorney			Self			
s contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 t	to a cand	_	officer of a municipality	, Amor	unt of Contribution
or dependent child of a lobbyist? No	does contributor or business he/she i valued at more than \$5,000?					\$500.00
	Is contributor a principal of a s No If yes, indicate which bran of government the contract	ich or br	ranches	No] `	
Method of Contribution:				Aggregate Contributions	1	
Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Money	Order	3/19/2023	\$550.00		
	SUBT	OTAL	Section B — This	Page	\$900.	.00
	TOTAL	of add	ditional Section B P	ages		
TOTAL OF A	LL CONTRIBUTIONS FROM					
	(Dater wait on Line 1.	s, coun	nn A of Summary Page T	Usur3)		

Section B ADDITIONAL PAGE 91 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	nitory)	TYPE OF REPORT			
Marilyn for Mayor		April 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A					
	d Contributions from Indiv	iduals			
Last Name Brown	First Nya		MI		
Residential Street Address 39 Post St.	Bridgeport		CT Zip Code 06610		
Principal Occupation Promoting Team	Name of Employer Team Foo	cus			
	f \$400 to a candidate for a chief executive he/she is associated with have a contract Yes		Amount of Contribution \$100.00		
	al of a state contractor or prospective states branch or branches contract is with:	te contractor? Yes Legislative No			
Method of Contribution: Cash □ Personal Check Credit/Debit Card □ Payroll Deduction □ N	Date Received Money Order	Aggregate Contributions			
Last Name d'Haiti	Pierre		MI		
Residential Street Address 134 Soundview Ave.	Bridgeport		State Zip Code CT 06606		
Principal Occupation Student Affairs	Name of Employer Housatonic	Community Coll	lege		
	\$400 to a candidate for a chief executive te/she is associated with have a contract Yes No		Amount of Contribution \$50.00		
	l of a state contractor or prospective states the branch or branches contract is with:	e contractor? Yes No	\$50.55		
Method of Contribution: ■ Cash □ Personal Check Credit/Debit Card □ Payroll Deduction □ M	Date Received Anney Order 3/19/2023	Aggregate Contributions]		
ast Name Fleming	First Bertha		MI		
Residential Street Address 55 Grove St. Unit 206	City Windsor Locks		State Zip Code CT 06096		
rincipal Occupation Administration	Name of Employer VOWBO				
	S400 to a candidate for a chief executive e/she is associated with have a contract under the contract of Yes No		Amount of Contribution \$100.00		
s this contribution associated with an vent reported in Section L1? If yes, list Event # D Yes Is contributor a principal If yes, indicate which of government the co		No			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		Aggregate Contributions			
SU	UBTOTAL Section B — This]	Page	\$250.00		
	FAL of additional Section B Pa				
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L	ROM INDIVIDUALS (Sections A Line 13, Column A of Summary Page T		<u> </u>		

Section B ADDITIONAL PAGE 92 of ____

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing Repository)		Dewall Later	TYPE OF REPORT	10	-		
Marilyn for Mayor			April 10 filing	April 10 filing				
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$				
	B. Itemized Co		utions from Indivi	duals		100 H	- 42	
Last Name Harrison		Pi	Anthony				L.	
Residential Street Address 275 Wilmot Ave.		City	Bridgeport		State	Zip	06607	
Principal Occupation Supervisor C	ustomer Service		Name of Employer UPS					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am		of Contribution	
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or b	ntractor or prospective state	e contractor?		Ť		
Method of Contribution:	ard Payroll Deduction Money		Date Received 3/19/2023	Aggregate Contributions				
Last Name Jackson		Fire	Toshirea				Ň.	
Residential Street Address 30 Lincold		^{City} Bri	dgeport		State	Zip	Code 06606	
Principal Occupation Manager			Name of Employer BusinessRe	elated, Inc.				
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribution \$100.00		
	Is contributor a principal of a If yes, indicate which bra of government the contract	nch or b	oranches	No No		, , ,	3.00	
Method of Contribution: Cash Personal Check Credit/Debit Ca	rd Payroll Deduction Money			Aggregate Contributions	7			
Last Name Hariston		Firs	Keenesha				MI	
Residential Street Address 55 Calvert PL.		City	Bridgeport		State CT	Zip (Code 06606	
Principal Occupation			Name of Employer					
Supervisor	70 . 11 .1 .1 .1		Youth Con		Т.			
or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?					unt of 100.	f Contribution	
s this contribution associated with an event reported in Section L1? Myes, list Event #		ch or br	anches	contractor? Yes No Legislative				
Method of Contribution: Cash ☐ Personal Check Credit/Debit Car	rd □ Payroll Deduction □ Money		Date Received 3/19/2023	Aggregate Contributions]			
	SUBT	OTAL	Section B — This I	Page \$7	00.00)		
	TOTAL	of add	litional Section B Pa	ıges				
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 1:		VIDUALS (Sections A nn A of Summary Page To					

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Section B ADDITIONAL PAGE 92 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Repository)		RATE MATERIAL	TYPE OF REPORT			
Marilyn for Mayor			April 10 filing	April 10 filing			
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A						
B. Item	nized Cont		itions from Indiv	iduals			
Last Name Harrison		Firs	Anthony				L.
Residential Street Address 275 Wilmot Ave.	Cit	В	Bridgeport		State		p Code 06607
Principal Occupation Supervisor Customer Service	е		Name of Employer UPS			_	
	iness he/she is a		didate for a chief executive ated with have a contract	•	ty, A		of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, indicate	incipal of a stat	or br	tractor or prospective stat	e contractor? Yes		,	,
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	_	1	Date Received 3/19/2023	Aggregate Contributions	7		
Last Name Jackson		First		<u></u>			N.
Residential Street Address 30 Lincold Blvd.	City		lgeport		State	Zip	Ocode 06606
Principal Occupation Manager			Name of Employer BusinessRe	elated, Inc.			
is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor or busin valued at more than \$5,0	ess he/she is a				у, А		of Contribution
is this contribution associated with an Yes Is contributor a print reported in Section L1? No If yes, indicate of government	which branch	or br		e contractor? Yes	•	ΨΙΟ	0.00
Method of Contribution:	the contract is		Date Received	Aggregate Contributions	-		
Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction	☐ Money Ord	ier	3/19/2023		\perp		
ast Name Hariston		First	Keenesha			-	МІ
Residential Street Address 55 Calvert PL.	City		ridgeport		State	Zip	^{Code} 06606
rincipal Occupation		1	Name of Employer				
Supervisor s contributor a lobbyist, spouse,	F - F - F - F - F - F - F - F - F		Youth Con				
r dependent child of a lobbyist? No does contributor or busine valued at more than \$5,00	ess he/she is as					\$100	OO
s this contribution associated with an very state contractor or prospective state contractor? If yes, list Event # D Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative							
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	☐Money Orde	I	3/19/2023	Aggregate Contributions			
	SUBTOT	AL	Section B — This I	age \$7	00.0	00	
	TOTAL of	addi	itional Section B Pa	nges			
TOTAL OF ALL CONTRIBUTION: (Enter total			DUALS (Sections A n A of Summary Page To				

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Section B ADDITIONAL PAGE 93 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	TYPE OF REPORT	ORT			
Marilyn for Mayor		April 10 filing			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	eceived this Period ONLY SUBTOTAL SECTION A	S			
	d Contributions from Indiv	iduals			
Lewis	First Diane		MI		
Residential Street Address 69B Congress St.	City Hartford		CT Zip Code 06614		
Principal Occupation Case Manager	Name of Employer Building Tr	ades Training In	stitute		
	S400 to a candidate for a chief executive he/she is associated with have a contractor Yes		Amount of Contribution \$100.00		
	l of a state contractor or prospective sta h branch or branches contract is with:	te contractor? Yes No	7,00.00		
Method of Contribution: Cash □ Personal Check Credit/Debit Card □ Payroll Deduction □ Method of Contribution:	Money Order Date Received 3/19/2023	Aggregate Contributions	1		
Last Name Lockhart	First Lori		МІ		
Residential Street Address 7 Acadia Ln.	City Shelton		State Zip Code CT 06484		
Principal Occupation Realator	Name of Employer William Ra	vis Real Estate			
	S400 to a candidate for a chief executive/she is associated with have a contract Yes No		Amount of Contribution \$200.00		
	of a state contractor or prospective stath branch or branches ontract is with:	te contractor? Yes No]		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Method of Contribution Metho	Date Received 3/19/2023	Aggregate Contributions	1		
ast Name Moore	First Domcne		MI		
Residential Street Address 55 Calvert PL.	City Bridgeport	ľ	State Zip Code CT 06606		
rincipal Occupation Counselor	Name of Employer Star Lear	ning the Way			
	400 to a candidate for a chief executive /she is associated with have a contract Yes No		Amount of Contribution \$100.00		
this contribution associated with an vent reported in Section L1? D Yes No If yes, indicate which of government the corr		No			
Acthod of Contribution: Cash	oney Order 3/19/2023	Aggregate Contributions			
su	JBTOTAL Section B — This	Page \$400	.00		
	AL of additional Section B Pa				
TOTAL OF ALL CONTRIBUTIONS FR. (Enter total on Li	OM INDIVIDUALS (Sections A ine 13, Column A of Summary Page T				

Section B ADDITIONAL PAGE ____94 of ____

NAME OF COMMITTEE (Provide Complete No.	ame as Registered with Filing Repository)	We did not be	TYPE OF REPORT		E I	
Marilyn for Mayor				April 10 filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	s			
	B. Itemized C	ontril	outions from Indiv	iduals		3	NAME OF
Last Name Pierce		F	Keith	-			MI
Residential Street Address 377	Grand St.	City	Bridgeport		State	1.	06604
Principal Occupation			Name of Employer Bridgepo	ort of Education			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a ca e is asso	ndidate for a chief executive ciated with have a contract	re officer of a municipalit with said municipality	y, An		of Contribution \$60.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which be of government the contri	anch or	branches	_ No			
Method of Contribution: Cash □ Personal Check Credit/Debit C	Card Payroll Deduction Mone	y Order	Date Received 3/19/2023	Aggregate Contributions	7		
Last Name Quickmire		Fin	Cheri				J.
Residential Street Address 41 Prospect PI.		City	East Haven		State		Code 6512
Principal Occupation Executive Director			Name of Employer Comon Cause	e in CT			
s contributor a lobbyist, spouse, Yes r dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Am		Contribution
	Is contributor a principal of a If yes, indicate which bra of government the contra	inch or t	oranches	No	1	•	
Method of Contribution:	urd □ Payroll Deduction □ Money		. 	Aggregate Contributions	1		
ast Name Ringwood		Fire	Eric				В.
csidential Street Address 110B Olive St.		City	New Haven		State CT	Zîp C	06511
rincipal Occupation Non Profit			Name of Employer Chapel Haver	n			
dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	hidate for a chief executive ated with have a contract w	officer of a municipality, with said municipality	Amo		Contribution
this contribution associated with an vent reported in Section L1? No. 17 yes, list Event #		ich or bi	ranches	No			
lethod of Contribution: Cash	d □ Payroll Deduction □ Money	- 1	3/19/2023	Aggregate Contributions			
Composit Car					<u> </u>		
			Section B — This P).00 —		
TOTAL OF AL	L CONTRIBUTIONS FROM	INDIN	Iitional Section B Pa /IDUALS (Sections A	+ B)			
	(Enter total on Line 1.	s, Colun	nn A of Summary Page To	rtals)			

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Section B ADDITIONAL PAGE 95 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	itory)	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						
Marilyn for Mayor			April 10 filing					
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)		this Period ONLY STOTAL SECTION A	\$					
B. Itemized	i Contri	ibutions from Indiv	iduals					
Rudd Rudd		Rosa Rosa				MI		
Residential Street Address 15 Redwood PI.	City	Bridgeport		State		Code 06606		
Principal Occupation Corporate Events Planner		Name of Employer Smith & Nep	hew					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?				y, An		of Contribution		
	h branch o	contractor or prospective stater branches	e contractor? Yes No		Ψ	30.00		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction M		Date Received	Aggregate Contributions					
Last Name Smith-Wright	I	Jacqueline	ı			мі L.		
Residential Street Address 129 Pitt St.	City	ridgeport		State	Zip C	06606		
Principal Occupation Retired		Name of Employer Retired	i i					
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Vocation is in excess of S does contributor or business he valued at more than \$5,000?				/, Am	ount of	Contribution		
s this contribution associated with an veent reported in Section L1? If yes, list Event # D	n branch or		No No]				
Method of Contribution: Cash		Date Received	Aggregate Contributions	1				
ast Name Stephensen	F	irst Mona				мі Ү.		
Lesidential Street Address 125 Minerva St.	City	erby	"	State CT	Zip C			
Account Analyst	,	Name of Employer Dooney & Bu	ıckley, Inc.					
contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/ valued at more than \$5,000?				Amo		Contribution		
s this contribution associated with an vent reported in Section L1? No No No Yes No Yes No Yes No Yes No Yes No Strict contractor or prospective state contractor? Yes No No Strict contractor or prospective state contractor? Yes No No Strict contractor or prospective state contractor? Yes No Strict contractor or prospective state contractor? Strict contractor or prospective state contractor or prospective state contractor?								
Acthod of Contribution: Cash	oney Order	Date Received 3/19/2023	Aggregate Contributions					
SU	ВТОТА	L Section B — This F	Page \$280	.00				
тот	AL of ad	iditional Section B Pa	iges					
TOTAL OF ALL CONTRIBUTIONS FRO		IVIDUALS (Sections A umn A of Summary Page To						

Section B ADDITIONAL PAGE 96 of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	70 - 28 - 3 - 1 - 1 -			
Marilyn for Mayor			April 10 filing				
A. Total Contributions from S (See instructions for definition of Small			this Period ONLY TOTAL SECTION A	\$			
	B. Itemized Co	ontri	butions from Indiv	iduals		1	
Last Name Tisdale			First Deborah				R.
Residential Street Address 647 Lakeside Dr.		City			State	Zij	p Code 06606
Principal Occupation Retir	red	•	Name of Employer Retired				·
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, A		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	ontractor or prospective state	te contractor?	- 1		
Method of Contribution:			Date Received	Aggregate Contributions	\dashv		
■Cash □ Personal Check Credit/Debit C	Card Payroll Deduction Mone	y Order	3/19/2023	\$600.00			
Last Name Torres		Fi	irst Eric	,			MI
Residential Street Address 100 Oakview D	r.	City	Trumbull		State	Zip	Code 06611
Principal Occupation			Name of Employer	· <u>-</u>	101	—	
Executive Dir	ector		Elevate Bridg	geport			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				у, Ап		of Contribution
	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	No		·	4 100.00
Method of Contribution:	or government the contrar		th: Executive Date Received	Aggregate Contributions	\dashv	•	
Cash Personal Check Credit/Debit Ca	rd □ Payroll Deduction □ Money	Order	3/19/2023				
ast Name		Fü	rst			_	MI
Residential Street Address		City			State	Zip	Code
rincipal Occupation			Name of Employer		<u> CT</u>	<u></u>	
r dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	o a can s assoc	adidate for a chief executive ciated with have a contract v	officer of a municipality	/, An	ount of	f Contribution
s this contribution associated with an vent reported in Section L1?		ch or b	oranches	contractor? Yes No Legislative			
Method of Contribution:	al Marcall Deducate May	04.	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Car	rd □ Payroll Deduction □ Money	Order					
	SUBT	OTAI	L Section B — This I	age \$20	00.00	<u> </u>	
		111	ditional Section B Pa				
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 1)		VIDUALS (Sections A mm A of Summary Page To				

Section B ADDITIONAL PAGE _____97 __ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Marilyn for Mayor				April 10 filing					
A. Total Contributions from (See instructions for definition of Sma			this Period ONLY TOTAL SECTION A	\$					
	B. Itemized C		butions from Indiv	iduals	The same	11-11	120		
Last Name		ľ	First Viola				MI		
Parker Residential Street Address		City	Viola		State	12:	p Code		
8 Sixth St.		1 1	Ansonia		СТ		06401		
Principal Occupation Retired			Name of Employer						
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	0 to a c	andidate for a chief executive	e officer of a municipality	tv. Ar	nount	of Contribution		
or dependent child of a lobbyist? No	does contributor or business he/sh valued at more than \$5,000?						25.00		
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a If yes, indicate which bra		r branches	No					
If yes, list Event #	of government the contra	ect is w		☐ Legislative	_				
Method of Contribution:			Date Received	Aggregate Contributions					
10 10	Card ☐ Payroll Deduction ☐ Mone	y Orde	1 3/29/2023	i					
Last Name Schneider		F	irst Robert				MI		
Residential Street Address		City			State	Zip	Code		
120 Royals Court			Trumbull		СТ		06611		
Principal Occupation			Name of Employer		10.				
Owner/Operator			Jimmys						
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400				y, Am	ount e	of Contribution		
or dependent child of a lobbyist? No	does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract Yes No	with said municipality		\$150.00			
event reported in Section L1?	Yes Is contributor a principal of a **If yes, indicate which bra**	nch or	branches	No					
If yes, list Event #	of government the contra	ct is wi	Date Received	Legislative Aggregate Contributions	-				
	Card Payroll Deduction Money	Order	1						
Last Name		Fi		·		-	MI		
Bradley			Dennis			_	A.		
Residential Street Address 671 River St.		City	Winchendon		State MA	1 .	Code 1475		
Principal Occupation			Name of Employer				<u> </u>		
Retired			Retired						
s contributor a lobbyist, spouse, Yes r dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amo		f Contribution		
s this contribution associated with an vent reported in Section L1? If yes, list Event #		ich or l	ntractor or prospective state branches	No	1	·			
Method of Contribution:	10s ns : 2 0s	٥.	1	Aggregate Contributions	7				
Cash Personal Check Credit/Debit C	ard □ Payroll Deduction □ Money	Order	3/22/2023			_			
	SUBT	ОТА	L Section B — This 1	Page \$675.	.00				
	TOTAL	of ad	lditional Section B Pa	ages					
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page To						

SEEC FORM 20 Revised James by 2015

Section B ADDITIONAL PAGE ___98 of ____

ve officer of a municipalit	State CT	Mi T. Zip Code 06611
riduals de Electrical Cor	СТ	Zip Code
de Electrical Cor	СТ	Zip Code
de Electrical Cor	СТ	Zip Code
ve officer of a municipalit	СТ	Zip Code
ve officer of a municipalit	СТ	1.
ve officer of a municipalit	ntracto	
ve officer of a municipality		ors
		ount of Contribution
te contractor?		, 100.00
Aggregate Contributions		_
		MI
	State CT	Zip Code 06611
ride Electrical C	ontra	ctors
e officer of a municipality with said municipality	, Amo	unt of Contribution \$500.00
● No		
Aggregate Contributions	1	
		C.
	State CT	Zip Code 06611
le Electrical Cor	itracto	ors
officer of a municipality, with said municipality		ant of Contribution
☐ Legislative]	
Aggregate Contributions		
Page \$1,20	0.00	
	ate contractor? Yes No Regregate Contributions Bride Electrical Core officer of a municipality twith said municipality the contractor? Yes No Legislative Aggregate Contributions Description of a municipality with said municipality with said municipality. Description of a municipality with said municipality with said municipality. Description of a municipality of contractor? Yes No Legislative Aggregate Contributions	state contractor? Yes No State CT Bride Electrical Contractor with said municipality, at with said municipality at with said municipality. Aggregate Contributions Aggregate Contributions State CT

Section B ADDITIONAL PAGE 99 of ____

NAME OF COMMITTEE (Provide Complete N	Name as Registered with Filing Repository	אי	TYPE OF REPORT	TYPE OF REPORT April 10 filing			
Marilyn for Mayor			April 10 filing				
A. Total Contributions from (See instructions for definition of Sma		eived this Period ONI SUBTOTAL SECTION					
	<u></u>						
	B. Itemized C	Contributions from In	dividuals				
Last Name DePass		First Trevor		E.			
Residential Street Address 72 walter Ln.		City		State Zip Code CT 06514			
Principal Occupation Retired		Name of Employer Retired		7-1 00014			
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$40	00 to a candidate for a chief exe	ecutive officer of a municipality	Amount of Contribution			
or dependent child of a lobbyist? No	does contributor or business he/si valued at more than \$5,000?	the is associated with have a co	otract with said municipality	\$150.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	1	a state contractor or prospective ranch or branches	e state contractor?	ψ130.00			
Method of Contribution: Cash Personal Check Credit/Debit (Card ☐ Payroll Deduction ☐ Mon	Date Received acy Order 3/19/2023	Aggregate Contributions				
Last Name	Care El Eston Docucción El Mon	First		Тмі			
McBride		Sandra		MI			
Residential Street Address 24 Ridg	jevale Pl.	City Bridgeport	·	State Zip Code CT 06610			
Principal Occupation Retired		Name of Employer	tired	•			
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	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 con-	cutive officer of a municipality, tract with said municipality No	Amount of Contribution \$1,000.00			
	Yes Is contributor a principal of a No If yes, indicate which be of government the contri		e state contractor? Yes tive Legislative				
Method of Contribution: Cash Personal Check Credit/Debit C	ard Payroll Deduction Mone	Date Received 3/28/2023	Aggregate Contributions	1			
ast Name		First		MI			
Morong esidential Street Address		Mary Lou		06605			
30 Beacon St.	_	Bridgeport		State Zip Code CT 06605			
Retired		Name of Employer Retire	d				
contributor a lobbyist, spouse, dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a cont	utive officer of a municipality, ract with said municipality No	Amount of Contribution \$100.00			
f yes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contract	ct is with: Executi	No				
lethod of Contribution: Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Money	Date Received 3/20/2023	Aggregate Contributions \$150.00				
	SUBT	ГОТАL Section В — ТІ	nis Page \$125	0.00			
	TOTAL	L of additional Section 1	3 Pages				
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line)	A INDIVIDUALS (Section 13, Column A of Summary Pa					

Section B ADDITIONAL PAGE 99 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	OF REPORT			
Marilyn for Mayor			April 10 filing				
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$			· ·	
	_		-				
		butions from Indiv	iduals				
Last Name DePass		Trevor				E.	
Residential Street Address 72 walter Ln.	City	Hamden		State	_ `	06514	
Principal Occupation Retired		Name of Employer Retired					
Is contribution a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?				ty, An		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 as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which is the indic	anch or	contractor or prospective state branches	e contractor? ☐ Yes	-	·	ψ 100.00	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money		Date Received	Aggregate Contributions				
Last Name McBride	Fi	Sandra				Mī	
Residential Street Address 24 Ridgevale PI.	City	Bridgeport	·	State		Code 06610	
Principal Occupation Retired		Name of Employer Retire	d	<u>, ,</u>			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract V	officer of a municipality	y, Ame		f Contribution	
s this contribution associated with an vent reported in Section L1? If yes, list Event # Is contributor a principal of a fyes, indicate which bra of government the contributors.	anch or	ontractor or prospective state branches	No No		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	-	 	Aggregate Contributions	7			
ast Name Morong	Fü	Mary Lou	<u></u>			мі 06605	
esidential Street Address 30 Beacon St.	City	Bridgeport		State CT	Zip C		
Retired	l	Name of Employer Retired		<u> </u>			
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$400	to a can	didate for a chief executive cated with have a contract w	officer of a municipality	1	ount of	Contribution	
this contribution associated with an ent reported in Section L1? Yes Is contributor a principal of a strength of the section L1? Yes Is contributor a principal of a strength of section L1? Yes Is contributor a principal of a strength of section L1?	nch or b	ranches	■No		-		
lethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money			Aggregate Contributions \$150.00	1			
SUBT	OTAI	L Section B — This P	age \$125	50.00			
		ditional Section B Pa					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1)		VIDUALS (Sections A - mn A of Summary Page To					

Section B ADDITIONAL PAGE 99 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	1550				
Marilyn for Mayor			April 10 filing					
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY OTAL SECTION A	\$				
	B. Itemized Co	ontrib	utions from Indiv	iduals				
Last Name DePass		F	Trevor				E.	
Residential Street Address 72 walter Ln.		City	Hamden		State	1.	Code 06514	
Principal Occupation Retired			Name of Employer Retired					
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she		ciated with have a contract		y, An		of Contribution	
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a No If yes, indicate which bra			te contractor?		\$	\$150.00	
If yes, list Event #	of government the contract	ct is wit		☐ Legislative	4			
Method of Contribution: ☐ Cash Personal Check Credit/Debit C	ard Payroll Deduction Money	Order	3/19/2023	Aggregate Contributions				
Last Name McBride		Fir	[™] Sandra				Mi	
Residential Street Address 24 Ridge	i	City E	Bridgeport		State	Zip (Code 06610	
Principal Occupation Retired			Name of Employer Retire	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				, Am	Amount of Contribution \$1,000.00		
s this contribution associated with an Yevent reported in Section L1?	lo <i>If yes</i> , indicate which bran	nch or b	ranches	No	1			
Method of Contribution:	of government the contrac	I IS WIL	Date Received	Legislative Aggregate Contributions	-			
Cash Personal Check Credit/Debit Ca	rd □ Payroll Deduction □ Money	Order	3/28/2023					
ast Name		Firs	Mary Lou				MI	
Morong Residential Street Address			Iviary Lou			1	06605	
30 Beacon St.		City	Bridgeport		State	Zip C	6605	
Principal Occupation Retired			Name of Employer Retired					
r dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she ivalued at more than \$5,000?					ount of	Contribution	
s this contribution associated with an vent reported in Section L1? If yes, list Event #		ch or br	anches	contractor? Yes No				
Method of Contribution:				Aggregate Contributions	1			
Cash Personal Check Credit/Debit Car	d Payroll Deduction Money (Order	3/20/2023	\$150.00				
	SUBT	OTAL	Section B — This I	Page \$125	50.00			
	TOTAL	of add	litional Section B Pa	iges				
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 13		IDUALS (Sections A nn A of Summary Page To					

Section B ADDITIONAL PAGE 101 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	pository)			TYPE OF REPORT	OF REPORT			
Marilyn for Mayor				April 10 filing			of Contribution 100.00 MI E. 6604 Contribution 00.00	
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)			s Period ONLY OTAL SECTION A	\$				
B. Itemiz	zed Con	tribu	tions from Indivi	duals	- 15 et .			
Last Name Jenkins		Firs	Tyler			MI	I	
Residential Street Address 687 Elm St.	C	City	New Haven		State CT	Zip Code		
Principal Occupation Musician			Name of Employer New Have	en Symphony				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is				y, Amo			
	ipal of a str hich branc	ch or br	ractor or prospective stat	e contractor?				
Method of Contribution:			Date Received	Aggregate Contributions	7			
Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐	☐Money (Order	2/10/2023		ŀ			
Last Name	-	First						
Janensch			Gail					
Residential Street Address 3030 Park Avenue Apt. 12	IC:	ity Brid	geport		State	Zip Code 0660)4	
Principal Occupation		1	Name of Employer					
Retired			Retired					
is contributor a lobbyist, spouse, or dependent child of a lobbyist? No lif contribution is in excess of does contributor or business valued at more than \$5,000	s he/she is				, Amo	unt of Con \$200.0		
s this contribution associated with an wrent reported in Section L1? If yes, list Event # Section L1? No If yes, indicate who of government the	hich branc	h or br		e contractor? Yes No				
Method of Contribution:		Ī	Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐	Money O		3/11/2023	\$400.00				
Ferguson		First	Shaique			MI	A.	
Cesidential Street Address 144 Golden Hill St.	Ci	ty	Bridgenert		State	Zip Code		
		1,	Bridgeport Name of Employer		СТ	<u> </u>		
Trincipal Occupation Legal Assistant		ı İ		Skyers & Harrel	, LLC			
s contributor a lobbyist, spouse, r dependent child of a lobbyist? No Yes does contributor or business valued at more than \$5,000?	s he/she is					unt of Con \$100.00		
s this contribution associated with an vent reported in Section L1? If yes, list Event # No	ich branch	n or bra s with:	☐ Executive	☐ Legislative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money O		2/10/2023	Aggregate Contributions				
	SUBTO	TAL	Section B — This l	Page \$400	.00			
To	OTAL o	f addi	itional Section B Pa	ages				
TOTAL OF ALL CONTRIBUTIONS (Enter total on			IDUALS (Sections A n A of Summary Page T					

Section B ADDITIONAL PAGE 102 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	ory)	TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	ceived this Period ONLY SUBTOTAL SECTION A	\$	
	Contributions from Indivi	duals	
Last Name Brown	First Terry		L.
Residential Street Address 112 Lansing St.	Bridgeport		State Zip Code CT 06606
Principal Occupation Receptionist	Name of Employer Hair Salon	1	
	400 to a candidate for a chief executiv /she is associated with have a contract Yes No		y, 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 If yes, indicate which of government the contributor approximately the section L1?		e contractor? Yes Legislative No	7
Method of Contribution: Cash Personal Check	Date Received	Aggregate Contributions	-
Last Name Pierre-Louis	First Abigael		MI
Residential Street Address 410 Hollister Ave.	Bridgeport Bridgeport		State Zip Code CT 06607
Principal Occupation Food Server	Name of Employer Self		
	100 to a candidate for a chief executive she is associated with have a contract to Yes No		Amount of Contribution
s this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of If yes, indicate which of government the contributor as principal of government the contributor as principal of If yes, list Event #		_ No	
Method of Contribution: ■ Cash □ Personal Check Credit/Debit Card □ Payroll Deduction □ Mon	0/00/0000	Aggregate Contributions	-
ast Name Parisi	First Stephen		МІ
tesidential Street Address 151 Astoria Ave.	City Bridgeport		State Zip Code CT 06604
rincipal Occupation Custodial	Name of Employer Fairfield Scho	ools	
	00 to a candidate for a chief executive he is associated with have a contract w		Amount of Contribution \$100.00
vent reported in Section L1? No If yes, indicate which be of government the cont	ract is with:	■ No Legislative]
Aethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mon	0/04/0000	Aggregate Contributions	
SUI	BTOTAL Section B — This F	age \$	300.00
	AL of additional Section B Pa	- P. (1997)	
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	OM INDIVIDUALS (Sections A e 13, Column A of Summary Page To		

SEEC FORM 20 Beviol January 2015

Section B ADDITIONAL PAGE ______ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	YPE OF REPORT			
Marilyn for Mayor				April 10 filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY OTAL SECTION A	\$			
	B. Itemized Co	ntrik	outions from Indivi	duals			
Last Name Pina		F	Tanisha				мī М.
Residential Street Address		City			State	Zip	Code
14 Concord St.			Stratford		СТ	\perp	06614
Principal Occupation Accounts Pay	rahle		Name of Employer WC McBride	Electrical Conf	racto	rs	
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400	to a ca	ndidate for a chief executiv	e officer of a municipalit	y, Am	ount (of Contribution
or dependent child of a lobbyist? No	does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract Yes No	with said municipality		\$10	00.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes Legislative No		Ψ.	50.00
Method of Contribution:			Date Received	Aggregate Contributions	7		
Cash Personal Check Credit/Debit C	ard Payroll Deduction Money	Order	3/2/2023				
Last Name		Fi	virginia				MI
Parisi Residential Street Address		000			State	7:-	Code
151 Astoria Ave.		City B	ridgeport		CT	1.	06604
Principal Occupation			Name of Employer				
Retired			Retired	7			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					\$100.00	
Is this contribution associated with an Yevent reported in Section L1?	es Is contributor a principal of a If yes, indicate which bra			e contractor? Yes			
If yes, list Event #	of government the contract	t is wit		Legislative	4		
Method of Contribution: Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Money	Order	Date Received 3/21/2023	Aggregate Contributions			
Last Name		Fir	<u> </u>			—	МІ
Morton			Robert				L.
Residential Street Address 1146 Brooklawn A		City	idgeport		State	Zip (Code 06604
Principal Occupation			Name of Employer				
Funeral Director/E	mbalmer		Morton's Moi	rtuary, Inc.			
s contributor a lobbyist, spouse,	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					200	Contribution
s this contribution associated with an veent reported in Section L1? If pes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or b	ranches	contractor? Yes No] ,	Φ1, U	00.00
Method of Contribution:	or Bo to imment and ooming	7.5		Aggregate Contributions	1		
Cash Personal Check Credit/Debit Cas	rd Payroll Deduction Money	Order	3/29/2023				
	SUBT	OTAI	L Section B — This l	Page \$	1200.0	00	
	TOTAL	of ad	ditional Section B Pa	ages			
TOTAL OF AI	LL CONTRIBUTIONS FROM (Enter total on Line 1.		VIDUALS (Sections A mn A of Summary Page T				

SEEC FORM 20 Restand James 2015

Section B ADDITIONAL PAGE 104 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Marilyn for Mayor				April 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	\$			
	B. Itemized Co	ontri	ibutions from Indivi	duals	LUE			
Last Name	****		First				MI	
McBride			Dwayne				K.	
Residential Street Address 252 Ro	osevelt Ave.	City	Stratford		State CT	, .	Code 16615	
Principal Occupation Retired			Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo		f Contribution	
event reported in Section L1?	Yes Is contributor a principal of a If yes, indicate which bra	anch o	contractor or prospective stater branches	_ No	7			
If yes, list Event #	of government the contra	ECT IS W	Date Received	Legislative Aggregate Contributions	-			
Method of Contribution: Cash Personal Check Credit/Debit	Card □ Payroll Deduction □ Mone	y Orde	2/20/2022	Aggregate Contributions				
Last Name Scott		ľ	First Charles				MI	
Residential Street Address		Icia:			Ctata	T-7 /	<u> </u>	
5 Williamson D	Or.	City	Waterbury		State	Zip (6710	
Principal Occupation Realator			Name of Employer Tri-State F	Realty				
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she				, Amo	unt of	Contribution	
	valued at more than \$5,000?		☐ Yes ● No		」 \$	150	.00	
s 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 contra	nch o	r branches	e contractor? Yes No				
Method of Contribution:	01 50 10110111 210 101111		Date Received	Aggregate Contributions	┪			
Cash Personal Check Credit/Debit C	Card Payroll Deduction Money	Order	3/17/2023					
ast Name Richardson		F	Jacqueline				мі М .	
Residential Street Address		City			State	Zip C	ode	
12 Summer St.			Derby		CT		06418	
rincipal Occupation			Name of Employer					
Inspector			City of B	ridgeport				
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				(-)(-)	unt of \$60.	Contribution .00	
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	branches	contractor? Yes No				
Method of Contribution: Cash Personal Check Credit/Debit C	ard Payroll Deduction Money	Order		Aggregate Contributions \$160.00				
	SUBT	OTA	L Section B — This I	Page \$560.0	0			
	TOTAL	of a	dditional Section B Pa	ages				
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1.		IVIDUALS (Sections A lumn A of Summary Page To					

Section B ADDITIONAL PAGE ______ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	TYPE OF REPORT					
Marilyn for Mayor			April 10 filing			
A. Total Contributions from Small Contributors-Reco	\$					
B. Itemized C	Contril	butions from Indivi	duals		į ×	
Greenfield	F	David				В.
Residential Street Address 430 Brinsbury Ave.	City	Stratford		State	1 1	Code 06614
Principal Occupation Contractor		Name of Employer				
		Self em	<u> </u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor or business he/si valued at more than \$5,000?				y, Am	ount o \$50	of Contribution O.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which is the If yes, indicate which is the If yes, indicate which is the If yes, indicate which is the If yes, indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is the If yes indicate which is th	ranch or	branches	e contractor? Yes Legislative No			
Method of Contribution: Cash □ Personal Check Credit/Debit Card □ Payroll Deduction □ Mon		Date Received	Aggregate Contributions	7		
Last Name	<u> </u>	irst				мі
White		Michael				,
Residential Street Address 436 Hope St.	City	Stamford		State	Zip C	^{Code} 6906
Principal Occupation Wine/Restaurant	•	Name of Employer Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?					unt of \$100	Contribution
Is this contribution associated with an Yes Is contributor a principal of event reported in Section L1? If yes, indicate which br			contractor? Yes	\neg	,	
If yes, list Event # of government the contr	act is wit			_		
Method of Contribution: Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	3/30/2023	Aggregate Contributions			
Last Name	Fir					МІ
McLendon		Christina				G.
Residential Street Address 93 King St.	City	Bridgeport		State	Zip C	™ 06605
Principal Occupation Student		Name of Employer N/A				
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No does contributor or business he/sho valued at more than \$5,000?					unt of	Contribution
s 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	nch or b	ranches	No]		
Method of Contribution:			Aggregate Contributions	7		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	3/30/2023				
SUB	TOTAI	L Section B — This F	age \$1	75.00		
TOTAL	L of ad	ditional Section B Pa	iges			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections A mn A of Summary Page To				

SEEC FORM 20 Revised James y 2013

Section B ADDITIONAL PAGE 106 of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Marilyn for Mayor	April 10 filing						
A. Total Contributions from S (See instructions for definition of Small	\$						
	B. Itemized Co	ntri	ibutions from Indivi	duals			
Last Name			First				MI
Nash			Tiffany				<u> </u>
Residential Street Address 1 Chestnut St	t. #413	City	Norwalk		State	Zip	06854
Principal Occupation			Name of Employer				
Executive Assis	27.70		Full Circle				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, A		of Contribution 0.00
event reported in Section L1?	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch o	or branches	e contractor? Ye	-		
If yes, list Event #	of government the contract	CI IS W	Date Received	Aggregate Contributions	\dashv		
	ard □ Payroll Deduction □ Money	Orde	er 3/28/2023		-		
Last Name]	Fürst	<u> </u>			МІ
Smith			Harmony				
Residential Street Address		City	187		State	Zip	Code
950 Elm St.			West Haven		СТ		06511
Principal Occupation			Name of Employer				
Administrator			Full Circle				
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, An		of Contribution 0.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a self-yes, indicate which brase of government the contract	nch o	r branches	● No			
Method of Contribution:	4. 80. (1		Date Received	Aggregate Contributions	┑		
Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Money	Orde	3/29/2023				
Last Name		F	Pirst				МІ
Dancy	<u>. </u>		Albert				R.
Residential Street Address 23B Allen O'Brien Dr.	ľ	City	Darien		State		Code 06820
Principal Occupation			Name of Employer				
Juvenile Programi	ng Director		Full Circle	Youth Empower	ermer	<u>nt</u>	
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?			•	y, An		f Contribution 50.00
Is this contribution associated with an contractor of prospective state contractor? Sevent reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Sevent reported in Section L1? No Sevent reported in Section L1? Sevent # Se							
Method of Contribution:			. I	Aggregate Contributions	7		
Cash Personal Check Credit/Debit Ca	rd Payroll Deduction Money	Order	3/29/2023				
	SUBT	OTA	AL Section B — This l	Page \$250.	00		
Taxari Ta	TOTAL	of a	dditional Section B Pa	ages			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1)		DIVIDUALS (Sections A lumn A of Summary Page T				

Section B ADDITIONAL PAGE ______ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Marilyn for Mayor				April 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$			_
	B. Itemized Co	ontrib	outions from Indivi	duals	. E.		2 June 1
Last Name Abreu-Valazquez		Fi	Idania				МП
Residential Street Address 382 Sum	merfield Avenue	City	Bridgeport		State		Code 06610
Principal Occupation Clinical Wor	rker DCF		Name of Employer Stae of C	СТ			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract	with said municipality			f Contribution
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	nch or l	branches h: Executive	☐ Legislative No			
Method of Contribution: Cash Personal Check Credit/Debit 6	Card □ Payroll Deduction □ Money	y Order	Date Received 3/28/2023	Aggregate Contributions			
Last Name Fisher		Fir	Sandra				МІ
Residential Street Address 373 Henry Ave.		City	Stratford		State	Zip C 06	614
Principal Occupation Retired	1		Name of Employer Retired				
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo		Contribution 5.00
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 braid of government the contract	nch or b	oranches	No No			
Method of Contribution: Cash Personal Check Credit/Debit C	ard Payroll Deduction Money	Order	Date Received 2/3/2023	Aggregate Contributions	7		
Last Name		Firs					MI
Jordan Residential Street Address		City	Michael		C1-4-	Tai- o	Α.
187 Towne H			lamden		State	Zip Co	6514
Principal Occupation Security Officer			Name of Employer Sikorsky				
s contributor a lobbyist, spouse, Yes r dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?					unt of 6	Contribution
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Is contributor a principal of a st No If yes, indicate which bran of government the contract	ch or br	ranches	No] *.	,000	.00
Method of Contribution: Cash Personal Check Credit/Debit Ca	urd □ Payroll Deduction □ Money (- 1	Date Received / 2/20/2023	Aggregate Contributions			
	SUBT	OTAL	Section B — This P	age \$1,035.0	00		
	TOTAL	of add	ditional Section B Pa	ges			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A · nn A of Summary Page To				

Section B ADDITIONAL PAGE _____108 of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Marilyn for Mayor				April 10 filing			
A. Total Contributions from Small Con (See instructions for definition of Small Contributor)	\$	\$					
	B. Itemized Co	ntril	outions from Indivi	duals			
Last Name		F	inst				MI
Needleman			Norman				
Residential Street Address 9 Foxboro Rd.		City	ssex		State	, ,	Code 06426
Principal Occupation Executive			Name of Employer				
			Tower Labs I				
or dependent child of a lobbyist? No does contrib			ndidate for a chief executive ciated with have a contract Yes				f Contribution
event reported in Section L1? No 1/3	ributor a principal of a sees, indicate which brase government the contract	nch or		e contractor? Yes	5	, ,	
If yes, list Event # 0f Method of Contribution:	Rosestituent nie conn sc	t is wi	Date Received	Aggregate Contributions	\dashv		
☐ Cash Personal Check Credit/Debit Card ☐ Payrol	ll Deduction	Order	4/00/0000	1.50.00			
Last Name Smith		Fi	Dana			_	E.
Residential Street Address		City			State	Zip C	ode
150 Logan St.		Bri	idgeport		СТ	0	06607
Principal Occupation			Name of Employer		1 -		
Mortician			Morton's Mor	tuary, Inc.			
or dependent child of a lobbyist? No does contribu			didate for a chief executive ciated with have a contract		y, Am		Contribution
event reported in Section L1? No If y	es, indicate which bran	ich or l		No	•		
If yes, list Event # of a Method of Contribution:	government the contrac	t is wit	h: Executive Date Received	Aggregate Contributions	\dashv		
☐ Cash ☐ Personal Check Credit/Debit Card ☐ Payroll	Deduction Money	Order	3/28/2023				
Last Name Capers		Fir	Diane				MI
Residential Street Address	l _e				l Cana	2:- 0:	
245 Burnsford Ave.		City	Bridgeport		State	Zip C	06606
rincipal Occupation Retired			Name of Employer Retired				
r dependent child of a lobbyist? No does contribute			didate for a chief executive inted with have a contract with have a contract with have a contract with the contract with		/, Ame		Contribution
vent reported in Section L1? No If ye.	butor a principal of a st s, indicate which branc overnment the contract	h or b		No			
Method of Contribution:	-			Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll	Deduction	Order	3/6/2023		<u> </u>		
	SUBTO	TAI	Section B — This I	Page \$2,0	000	. <u> </u>	
	TOTAL	of ad	ditional Section B Pa	iges			
TOTAL OF ALL CONTRI			VIDUALS (Sections A mn A of Summary Page To				

Section B ADDITIONAL PAGE 109 of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Marilyn for Mayor				April 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				s		_	
	B. Itemized Co		butions from Indivi	iduals		4 =	
Capers			Wayne				MI
Residential Street Address 245 Burnsford Ave	e.	City	Bridgeport		State	Zip	Code
Principal Occupation Project Manag		_	Name of Employer WC. McBrid	e Electrical Co		.⊥_ ors	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		andidate for a chief executiv	e officer of a municipali		ount 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 If yes, indicate which bra of government the contra	nch or	branches	e contractor?		•	33.33
Method of Contribution: Cash Personal Check Credit/Debit (Card Payroll Deduction Money	y Order	Date Received 3/6/2023	Aggregate Contributions	brack		
Last Name Capozziello	4	F	Russell				F.
Residential Street Address 469 Brooklawn Ave.		City	Fairfield		State	Zip C	Zode
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				·		Contribution 0.00
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 brau of government the contract	nch or	branches	No			
Method of Contribution: Cash Personal Check Credit/Debit Contribution:	ard Payroll Deduction Money	Order	Date Received 3/7/2023	Aggregate Contributions	1		
Last Name Evans	**	Fü					мі А .
Residential Street Address 649 Bethmour Rd		City	Bethany	··-	State	Zip C	ode 524
Principal Occupation Professor			Name of Employer Southern Con	necticut Unive	rsity		-
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?				, Amo		Contribution 500.00
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	oranches	contractor? Yes No			
Method of Contribution: Cash Personal Check Credit/Debit Ca	ard □ Payroll Deduction □ Money	Order	Date Received 3/12/2023	Aggregate Contributions			
	SUBT	OTA	L Section B — This F	Page \$2,0	00		
			lditional Section B Pa				
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page To				

Section B ADDITIONAL PAGE 110 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)	y)	TYPE OF REPORT		
Marilyn for Mayor	April 10 filing			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	\$			
	Contributions from Indivi	duals		
Last Name Fisher	Odis		MI	
Residential Street Address 373 Henry Ave.	City Stratford		State Zip Code CT 06614	
Principal Occupation Retired	Name of Employer Retired			
	00 to a candidate for a chief executive he is associated with have a contract		Amount of Contribution \$25.00	
	a state contractor or prospective state ranch or branches	No No		
Method of Contribution: Cash □ Personal Check Credit/Debit Card □ Payroll Deduction □ Mon	Date Received	Aggregate Contributions	1	
Last Name Fisher	First Jack		МІ	
Residential Street Address 557 Wilmot Ave.	City Bridge	port I	State Zip Code O6606	
Principal Occupation Retired	Name of Employer Retired			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate for a chief executive e is associated with have a contract w Yes No	officer of a municipality, rith said municipality	Amount of Contribution	
s this contribution associated with an vent reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a fyes, indicate which broad government the contributor approach to the section L1?		No	\$25.00	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received A	aggregate Contributions		
ast Name Harrison	Fust Sonia		D.	
esidential Street Address 75 Burritt Ave.	City Stratford	ļ.	2ip Code	
Coach & Training Manager	Name of Employer Parker Staffil	ng		
contributor a lobbyist, spouse, dependent child of a lobbyist? No Ves does 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 of is associated with have a contract will yes No	officer of a municipality, ith said municipality	Amount of Contribution \$50.00	
this contribution associated with an vent reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which brain of government the contraction.		ontractor? Yes No Legislative		
ethod of Contribution: Cash	0/00/0000	ggregate Contributions		
		2/00.0		
AND THE RESIDENCE OF THE PARTY	FOTAL Section B — This Page of additional Section B Page		0	
TOTAL OF ALL CONTRIBUTIONS FROM	1 INDIVIDUALS (Sections A +	В)		
(Enter total on Line)	13, Column A of Summary Page Tot	als)		

Section B ADDITIONAL PAGE 111 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Marilyn for Mayor	April 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$				
B. Itemized Contributions from Indivi	duals	2.7			
McBride First Sean			мі А .		
Residential Street Address 24 Ridgevale PI. City Bridgeport		State	Zip Code 06610		
Principal Occupation Revenue Analyst Name of Employer WC McBride	Electrical Cont	ractors	3		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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?	e officer of a municipality with said municipality	"	unt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of the state contractor or prospective state event reported in Section L1?	e contractor? Yes No	7 `	, 100.00		
Method of Contribution: Cash □ Personal Check Credit/Debit Card □ Payroll Deduction □ Money Order 3/7/2023	Aggregate Contributions	1			
Tisdale First Deborah	-		R.		
Residential Street Address 647 Lakeside Dr. City Bridgeport		State CT	^{Zip Code} 06606		
Principal Occupation Retired Name of Employer Retired					
s contributor a lobbyist, spouse, ar 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 we valued at more than \$5,000? Yes No	officer of a municipality vith said municipality	Amou	nt of Contribution		
s this contribution associated with an vent reported in Section L1? Is contributor a principal of a state contractor or prospective state If yes, list Event # No Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	No]	\$500.00		
	Aggregate Contributions	1			
ast Name Kolawole Julius	· ·	<u></u>	MI		
242 Warrington St. City Providence		State	Zip Code 02907		
Retired Retired Name of Employer					
contributor a lobbyist, spouse, dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive of does contributor or business he/she is associated with have a contract we valued at more than \$5,000?			at of Contribution		
s this contribution associated with an vent reported in Section L1? If yes, list Event # Valued at more man \$5,000? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative					
ethod of Contribution: Cash	ggregate Contributions				
SUBTOTAL Section B — This Pa	age	\$800	.00		
TOTAL of additional Section B Pag	ges				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + (Enter total on Line 13, Column A of Summary Page Total)					

Section B ADDITIONAL PAGE 112 of ____

NAME OF COMMITTEE (Provide Complete	Name e	as Registered with Filing Repository)			TYPE OF REPORT			
Marilyn for Mayor				April 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$				
		B. Itemized Co	onti	ributions from Indivi	duals		1	
Luporte				Richard				MI
Residential Street Address 1415 Chopsey Hill Rd.			City	, Bridgeport	,	State		p Code 06606
Principal Occupation Biomed Te	chr	nician	•	Name of Employer Trimed	x			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	de	contribution is in excess of \$400 pes contributor or business he/she alued at more than \$5,000?				y, Ai		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a	ınch (contractor or prospective state or branches	e contractor? Yes		Ψ	700.00
Method of Contribution:	Card	☐ Payroll Deduction ☐ Money		Date Received	Aggregate Contributions			
Last Name McMillian				First Willie	•			т.
Residential Street Address 224 Lyon T	err.		City	Bridgeport		State	Zip	O6604
Principal Occupation Contracto	r			Name of Employer MFXMS C	onstruction - M	gmt.		
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	doc	contribution is in excess of \$400 es contributor or business he/she ued at more than \$5,000?				, Am		of Contribution
s this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a If yes, indicate which brase of government the contract	nch o		No No	7	Ψ1,	300.00
Method of Contribution: Cash Personal Check Credit/Debit C	Card	☐ Payroll Deduction ☐ Money		Date Received	Aggregate Contributions	1		
ast Name Moore			Ī	Romane				MI
esidential Street Address 55 Calvert PL.			City	Bridgeport		State CT	1 '	Code 6606
rincipal Occupation Counselor		·		Name of Employer Start Living th	e Way			-
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fethod of Contribution: Cash Personal Check	ard [Payroll Deduction Money (Order	Date Received A	ggregate Contributions			
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		TOTAL	of a	dditional Section B Pa	ges			
TOTAL OF A	LL C	CONTRIBUTIONS FROM (Enter total on Line 13		IVIDUALS (Sections A +				

Section B ADDITIONAL PAGE 112 of ____

NAME OF COMMITTEE (Provide Complete)	Name as Registered with Filing Repository)		TYPE OF REPORT			
Marilyn for Mayor			April 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
	B. Itemized Co	ontributions from Indivi	duals			
Luporte		Richard			MI	
Residential Street Address 1415 Chopsey Hill Rd.		Bridgeport		State Zip Coo	606	
Principal Occupation Biomed Te	chnician	Name of Employer Trimed	x			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		to a candidate for a chief executive is associated with have a contract Yes		Amount of C		
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Last Name McMillian		First Willie		М	T.	
Residential Street Address 224 Lyon Te	err.	Bridgeport	J	State Zip Code CT O	6604	
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ast Name Moore		First Romane		Mi		
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r dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	to a candidate for a chief executive of its associated with have a contract was a Yes No	officer of a municipality, ith said municipality	Amount of Co		
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No.	SUBT	OTAL Section B — This P	age \$1,700	0.00		
	TOTAL	of additional Section B Pa	ges			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 13	INDIVIDUALS (Sections A + 3, Column A of Summary Page To				