SEEC FORM 20

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

Page 1	of 1	7
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Do Not Mark in This Space For Official Use Only

COVER PAGE

		COV	EK I	AGE					
1. NAME OF COMMITTEE			27,000				Ages		and the same of th
Marilyn for Mayor									
2. TREASURER NAME					920 - L		10	12-4	000000
First		МІ	Last					Suf	ffix
John		D.	Soltis						
3. TREASURER ADDRESS								- NECT	SWIP I
Street Address		- 1	City			State		Zip Code	
93 Ellsworth Street Apt. 210			Bridgeport			СТ		06605	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	only if Candida	ate Committee)	1			100	T NUMBER
(mm/dd/yyyy) 11/07/2023	Мауог						(i) ap	oplicable)	
7. CANDIDATE NAME (Complete only is	Candidate or Explorator	ry Committee)							
First		MI	Last		77	70		Suff	Лх
Marylyn 			Moore						
8. TYPE OF REPORT (Check One Box)			400		- 6 6				
O January 10 filing	7th day preced	ling primary	O 7t	h day preceding referendum		Initial Co.		ion or Dis	bursement
April 10 filing	O30 days follow	ing primary	O45	days following referendum	`	Amendme			
July 10 filing	O7th day preced	ing election	O De	eficit	_	ype of Re			6
October 10 filing	Ol2th day prece		O Termination		Ω.	_	И	, , ,	1
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in Nov	ing election			CHARLES D.	That AT	3 APR I	C'D FOR	BRIDGE
9. PERIOD COVERED					_ 2요 .	VO ES	-	Bes :	5
: Marie	Beginning Date	e		Ending Date	MONS. JR	enone	ည်း	SOLVE SOLVE	
•	01/17/2023		thru	03/31/2023	्रह्र ——	\$ 0	35		•
0. CERTIFICATION									
I hereby certify and state, under policiosure Statement for the per	enalties of false st riod covered is tr	ue, accurat	at all of the e and com	plete.	this Iten	nized Ca		gn Financ 10/2023	e
TREASURER OR DEPUTY TREASURE	R (SIGNATURE)	PR	INT NAME (OF SIGNER			DA	TE (mm/do	1/yyyy)
			100			5/ra			

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

SEEC FORM 20

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

SUMMARY PAGE TOTALS

SCHWIMM TRIGET	OTTES	<u> </u>
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Marilyn for Mayor	April 10 filing	
Wallythol Wayor	April 10 filing	
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$0.00	ES 63,477.00
13. Contributions Received from Individuals (Sections A and B)	63,47/10	\$63,477.00
14. Receipts from Other Committees (Sections C1 and C2)	\$3,800.00	\$3,800.00
15. Other Monetary Receipts (Sections D through K)	\$500.00	\$500.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$67,977.00 66,91700	\$67.977.00 65,977,00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$61,977.00	3619H 0096 917, 00
19. Expenses Paid by Committee (Section P)	\$5,078.55	\$5,078.55
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$62,898.45	\$62,898.45
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$73.86	\$73.86
?7. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
8. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$1,196.44	
8a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$1,196.44	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete No.	nne 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		ived this Period ONLY SUBTOTAL SECTION A	\$	
RCO-MICOSCORO CONTROL SOCIALISMO DE SANS			THE SECOND SHEET OF THE SECOND	
Last Name	B. Itemized C	ontributions from Indiv	iduals	l va
Morris		Gail		MI
Residential Street Address	<u>-</u>	City		State Zip Code
315 Ely Ave.		Norwalk		CT 05069
Principal Occupation		Name of Employer	<u>_</u>	
Retired		Retired		
s 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?	O to a candidate for a chief executive is associated with have a contract OYes ONo	re officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra		e contractor? Yes No Legislative	1
Method of Contribution: Cash Personal Check Credit/Debit C	ard OPayroll Deduction OMone	y Order 3/15/2023	Aggregate Contributions	
ast Name		First		MI
Gooden	<u>.</u>	Jasmyn		R.
lesidential Street Address 335 Evers St.		City Bridgeport		State Zip Code CT 06610
rincipal Occupation		Name of Employer		
Registered Nurse		Aya Healthcare		
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?	to a candidate for a chief executive is associated with have a contract Yes No	officer of a municipality, with said municipality	Amount of Contribution \$50.00
this contribution associated with an vent reported in Section L1? If yes, list Event #	ls contributor a principal of a If yes, indicate which bra of government the contra		⊘ No	, , , , , , , , , , , , , , , , , , , ,
Method of Contribution: Cash OPersonal Check OCredit/Debit Ca	rd Payroll Deduction Money	i i	Aggregate Contributions	
ast Name		First		MI
ooper	·	Waren		
45 Palisades Avenue		City Bridgeport		State Zip Code CT 06610
incipal Occupation		Name of Employer		7 00010
upervisor		Career Resources		
dependent child of a lobbyist? O No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution \$50.00
this contribution associated with an ent reported in Section L1? fyes, list Event #	Is contributor a principal of a s	tate contractor or prospective state ch or branches	contractor? Yes No	\$30.00
ethod of Contribution:		1	Aggregate Contributions	
Cash Personal Check Credit/Debit Car	d Payroll Deduction OMoney	Order 2/19/2023		
	SUBT	OTAL Section B — This F	age \$1,100.00	
	TOTAL	of additional Section B Pa	ges \$62,377.00	
TOTAL OF AL	L CONTRIBUTIONS FROM	INDIVIDUALS (Sections A	+ B) \$63,477.00	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Marilyn for Mayor								TYPE OF REPORT April 10 filing				
			C1. C	ontributio	ns	from O	ther Comm	ittee				
Name of Committe	ee						Name of Treasu	MODEST TO THE				
Together for	Tomorrow PAC						Lisa Kelly					
Address					Is	this contri	bution associated	d with	an Oyes ONo	Amou	nt of Contribution	
1898 Jennife	rs Dr.	_			ev	event reported in Section L1? If yes, list Event #			ıt#	\$300.00		
City			State	Zip Code	7	Date Recei			egate Contributions			
Guilford			СТ	06437		2/14/20	23	\$30	0.00			
Name of Committee							Name of Treasu	rer				
Ten Town PA	C						Christophe	r Y. N	larino			
Address					Is	this contribution associated with an Yes ONo			Amour	ıt of Contribution		
334 Fairview	Rd.				ev	ent reporte	d in Section L1? If yes, list		1#	\$1,000	0.00	
City			State	Zip Code	_	Date Receiv	/ed	Aggre	gate Contributions	7		
Westbrook			СТ	06498		03/10/23	3	\$1,0	00.00			
Name of Committee					_		Name of Treasure	er er				
Communicati	ion Workers Of Am	nerica Loc	al 1298				Louise M Gi	ibson	ı			
Address					Is t	his contrib	ution associated	with a	n O Yes O No	Amoun	t of Contribution	
40 Scott Rd.			Is this contribution associated with an Yes No event reported in Section L1? If yes, list Event #			•	\$500.00					
City	y State Zip Code			Zip Code	Date Received Aggregate Contributions				-			
Prospect	ture or	10	СТ	06712		3/27/202	23	\$500	0.00			
	C2.	Reimbu	rsements	or Surplu	s D	istribut	ions from c	ther	Committees			
Name of Committee							Name of Treasure			(T)		
Cabrera for the	e People						Sean P Grace	e			#	
Address					- 8	City				State	Zip Code	
352 Wintergre	10.11					Hamden				СТ	06514	
Date Received	Expenditure # (if applicable)	Payı	ment Type				77. 44. 47			Amou	nt of Receipt	
2/8/2023		OR	eimbursemer	t for shared exp	ense	: © Surp	plus Distribution	1		\$1,500	.00	
Description										7		
ame of Committee			-		-		Name of Treasurer	-				
ddress					Т	City				State	Zip Code	
ate Received	Expenditure #	Payr	ment Type		_	-		_		Amon	nt of Receipt	
	(у сфриссине)	0	Reimbursemo	ent for shared ex	cpens	se OSu	rplus Distributio	on .		Amoun	ii oi keceipi	
escription			- 12				12/18		——————————————————————————————————————			
				SURTOTA	AI	Section 4	C — This Pa	an.	\$3,300.00			
					GE IN		ection C Pag		\$500.00			
	TOTAL OF	CALLCO			1000	San Parket	ND RECEIP	TE C				
							ND RECEIP nmary Page Tol		\$3,800.00			
	179				3.7					100	-	

Marilyn for Mayor	Name as Registered with Filing Re				OF REPORT O filing			
	D Los	ne Doo	eived this Peri		Oliming			
Name of Lender	D. Lua	IIS REC	Source of Loan	ou		Date of Receipt		
				Candidate O Individe	ual Other Committee	E COMMONDE		
Street Address	City			State	Zip Code	Is there a Cosigner Guarantor of this lo Yes No		
Name of Cosigner/Guarantor (if applicable)			- SW2			Amount Received		
Street Address	City			State	Zip Code			
larne of Lender			Source of Loan:	Candidate (Individu	al Other	Date of Receipt		
treet Address	City			State	Committee Zip Code	Is there a Cosigner Guarantor of this loa O Yes O No		
ame of Cosigner/Guarantor (if applicable)						Amount Received		
treet Address	City	- 87	5	State	Zip Code			
arne of Lender		-	Source of Loan: OBank OC	andidate O Individua		Date of Receipt		
eet Address	City			State	Committee Zip Code	Is there a Cosigner Guarantor of this loa O Yes O No		
me of Cosigner/Guarantor (if applicable)						Amount Received		
reet Address	City			State	Zip Code			
			TOTAL SEC	TION D				
E. Receipts from En	itities other than Indi	viduals	or Other Con	nmittees <i>(Referen</i>	dum Committee	s ONLY)		
et Address			<u></u>	Date Received				
			20120-08-2	Date Received		Amount Received		
		State	Zip Code	Aggregate Contrib	utions			
e of Entity	<u> </u>	<u></u>						
et Address				Date Received		Amount Received		
		State	Zip Code	Date Received Aggregate Contribu	ations	Amount Received		
et Address		State	Zip Code		itions	Amount Received		
		State	Zip Code		itions	Amount Received		

I. MONETARY RECEIPTS (Sections A—K)

Marilyn for Mayo	TEE (Provide Complete Name as Reg	isiereu wiin i ning nepositoryj		TYPE OF REPORT
and the second second second				April 10 filing
			isiness Treasury (Busi	ness Entity Committees ONLY)
Date of Receipt	ls this transaction asso event reported in Sect		If yes, list Event #	Amount
ate of Receipt	Is this transaction asso event reported in Secti		If yes, list Event #	Amount
te of Receipt		Is this transaction associated with an event reported in Section L1? Yes If yes, list Event #		Amount
te of Receipt	Is this transaction associated in Section		If yes, list Event #	Amount
			TOTAL SECTION	NF
G. Amount	Transferred from Affilia	ted Labor Union o	Other Organization	Treasury (Organization Committees ONLY
e of Receipt		Date of Receipt		Date of Receipt
				}
	Amount	A	mount	Amount
		i		
				NAME OF THE OWNER OWNER OF THE OWNER OWNE
			TOTAL SECTION (G
			TOTAL SECTION O	G
	H. Personal Funds of	the Candidate Reco		
	H. Personal Funds of Method of payment:	the Candidate Reco		didate Committees ONLY) Amount
		the Candidate Reco	ived this Period (Can	didate Committees ONLY) Amount
24/2023	Method of payment:		ived this Period (Can	didate Committees ONLY) Amount
24/2023	Method of payment: Cash		ived this Period (Cana k Credit/Debit C	Amount \$500.00
0724/2023 of Receipt	Method of payment: Cash Method of payment:	Personal Chec	ived this Period (Cana k Credit/Debit C	Amount \$500.00
24/2023 of Receipt	Method of payment: Cash Method of payment: Cash Method of payment:	Personal Chec	k Credit/Debit C	ard \$500.00 Amount Amount Amount Amount Amount
of Receipt	Method of payment: Cash Method of payment: Cash	Personal Chec	k Credit/Debit C	ard \$500.00 Amount Amount Amount Amount ard Amount
of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash	Personal Chec	k O Credit/Debit C	ard \$500.00 Amount ard Amount Amount Amount Amount Amount
e of Receipt /24/2023 c of Receipt of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment:	Personal Chec	k O Credit/Debit C	ard \$500.00 Amount ard Amount Amount Amount Amount Amount

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

Revised January 2015	1: MONETART RECEIT 15 (Section			1 4gt / 01 1
NAME OF COMMITTEE (Provide Complete of Marilyn for Mayor	Name as Registered with Filing Repository)	_	OF REPORT	
wanyino wayo		Aller Marie Commission	10 filing	
Name of the short in	J. Interest from Deposits in Authorized Acco	St. 11 11 17 17 17 17 17		
Name of Institution		Date R	eceived	Amount
Street Address	City	State	Zip Code	
15- 20			Lip code	
Name of Institution		Date R	eceived	Amount
			K-10-16-10-10	
Street Address	City	State	Zip Code	
	TOTAL SECTI	ONJ		
K. Mi	scellaneous Monetary Receipts not Considered (Contrib	utions	
Name		D	ate of Transaction	Amount Receive
Street Address	City	State	Zip Code	
Description				
Name		Da	ite of Transaction	Amount Receive
treet Address	City	State	Zip Code	_
escription				
· · · · · · · · · · · · · · · · · · ·				
lame	000	Da	te of Transaction	Amount Received
reet Address	City	State	Zip Code	
escription				-
ame		Dat	e of Transaction	
Marin				Amount Received
reet Address	City	State	Zip Code	7
escription				-
	TOTAL SECTION K			
CURARANS	OF OTHER MONETARY RECEIPTS (Section	ns D th	rough K)	
SUMINIAK	OF OTHER MONETART RECEIPTS (Section			
otal Loans Received this Period (Section				32-09-0
otal Loans Received this Period (Section		+		
otal Loans Received this Period (Section tal Receipts from Entities other than In	n D) Idividuals or Other Committees (Section E)			
otal Loans Received this Period (Section otal Receipts from Entities other than In otal Amount Transferred from Affiliate	n D) Idividuals or Other Committees (Section E)	+		
otal Loans Received this Period (Section tal Receipts from Entities other than In tal Amount Transferred from Affiliate tal Amount Transferred from Affiliate	n D) Idividuals or Other Committees (Section E) d Business Treasury (Section F)	+		
otal Loans Received this Period (Section tal Receipts from Entities other than In tal Amount Transferred from Affiliate tal Amount Transferred from Affiliate	n D) Idividuals or Other Committees (Section E) Id Business Treasury (Section F) Id Labor Union or Other Organization Treasury (Section G Indidate Received this Period (Section H)	+ +		

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposite	ory)	TYPE OF REPORT		
Marilyn for Mayor			April 10 filing		
	Lı, Ev	ent Information			
Event # Date of Event Lett 2/10/2023 A	Fundraising event with light refreshmen	nts		Was this a fu	Indraising even
Location: Street Address Circlo Sportivo, Inc.	2500 Park Avenue	City Bridgeport		State CT	Zip Code 06604
Subpart 1: (All Come Was this event hosted	nittees) at a personal residence?	Yes (If yes, go to Section L5 Associated with a House purchases made by host(No	e Party and complete	e required info	rmation for any
Did this fundraiser inc of up to \$200 or items	lude goods or services donated by a business entity donated by an individual of up to \$100?	Yes (<i>If yes</i> , go to Section L4 and complete required in		ot Considered	Contributions
Was this fundraiser a twith purchases from an	ag sale, auction, or other sale of donated items individual of up to \$100?	OYes (If yes, enter Total Recei	pts here.)	\$	
Were there purchases of sign associated with th		mmittees other than Exploratory C OYes (If yes, go to Section L3 I or on a Sign and comple ONo	Purchases of Adverti		Program Book
Subpart 3: (Town Con Did your committee se gathering held within t	mmittees ONLY) Il food or beverage at a fair or similar mass he state with this fundraiser?	OYes (If yes, enter Total Recei	pts here.)	\$	
Event # Date of Event Letter 02/20/2023 B	Description Fundraising event			Was this a fun	ndraising event
Location Street Address Miss Thelma's Soulfo	ood Restaurant, 140 Fairfield Avenue	City Bridgeport	I	State	Zip Code 06604
Subpart 1: (All Commu Was this event hosted a	•	OYes (If yes, go to Section L5 In Associated with a House purchases made by host(s) No	Party and complete	required inform	
	ide goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section L4 I and complete required info		t Considered (Contributions
	g sale, auction, or other sale of donated items individual of up to \$100?	Yes (If yes, enter Total Receip No		\$	
Were there purchases of sign associated with this		mittees other than Exploratory Co O Yes (If yes, go to Section L3 Po or on a Sign and complet O No	urchases of Advertisi		'rogram Book
	mittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Receipt	s here.)	<u> </u>	
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items — The	is Page		
		ion L1—Subpart 3 <i>(Town Committees</i> ipts from Food Purchases — Thi			
		TOTAL of additional Section L1	Pages 1		
		IPTS FROM SMALL PURC	GROSS THIS SHAPE S		

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

NAME OF COMM	AITTEE (Provide Complete Na	me as Registered with Filing Repository)		TYPE OF REP	ORT		
Marilyn for Mayo	·	1		April 10 filin	g		
	L3. I	Purchases of Advertising	in a Prog	ram Book or on a Sign			
Name of Purchaser					O	hase Made By: Business Entity Individual/Sole I	Other Proprietorship
Street Address		Ci	ty		<u>, , , , , , , , , , , , , , , , , , , </u>	State	Zip Code
Date Received	Event #	Aggregate Purchases for A	All Events	Amount of Program Ad Purc	hase	Amount of Si	gn Purchase
Name of Purchaser					OB	ase Made By: Business Entity	Other
Street Address		Cit	у		TOI	State	Zip Code
Date Received	Event #	Aggregate Purchases for A	All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
Name of Purchaser	<u></u>	<u> </u>		1	Ов	ase Made By: usiness Entity ndividual/Sole P	Other roprietorship
Street Address		City	y			State	Zip Code
Date Received	Event #	Aggregate Purchases for A	ill Events	Amount of Program Ad Purch	ase	Amount of Sig	n Purchase
lame of Purchaser	<u> </u>				OB	se Made By: usiness Entity dividual/Sole Pr	Other oprietorship
treet Address		City		· ·		State	Zip Code
Date Received	Event #	Aggregate Purchases for Ai	ll Events	Amount of Program Ad Purch	ase	Amount of Sig	n Purchase
ame of Purchaser				L	OBu	se Made By: Isiness Entity dividual/Sole Pro	Other oprietorship
reet Address		City					Zip Code
ate Received	Event #	Aggregate Purchases for All	l Events	Amount of Program Ad Purcha	se	Amount of Sign	n Purchase
	SUBTOTAL Sect	ion L3 Total Purchases of Adve	ertising in F	Program Book — This Page			
	SUBTOT	AL Section L3 Total Purchases					
	VEAL OF ALL BURGE			additional Section L3 Pages			-
I	TIAL OF ALL PURCH	ASES OF ADVERTISING IN (Enter total on Line)		AM BOOK or ON A SIGN A of Summary Page Totals)			l

II. EVENT ACTIVITY (Sections L1-L5)

	TTEE (Provide Complete Nat	ne as Registered with Filing Re	epository)		TYPE OF REPORT			
Marilyn for Mayor				1	April 10 filin	g		
		L4. In-Kind Donat	ions Not Consi	dered Contribu	tions			
Name of Donor								
Street Address		-	City				State	Zip Code
								.,,
Donation Given By:	Description of Donation	-				Fair	Market V	alue of Dona
Business Entity	4							arac or Donn
O Individual	Date Received	Event#		Aggregate Value for	this Event			
Sole Proprietorship				4				
ame of Donor				* **		-	***	
. 7.17								
reet Address			City				State	Zip Code
0' P	To the second							
Onation Given By: Business Entity	Description of Donation					Fair	Market V	alue of Donat
) Olndividual	Date Received	Event #		Aggregate Value for	this Court	_		
Sole Proprietorship	Date Received	Event "		Aggregate Value for	IIII2 EACIK			
ame of Donor			***					
reet Address			City		77.70	_	State	Zip Code
onation Given By	Description of Donation					Fair I	Market Va	lue of Donati
Business Entity								
) Individual	Date Received	Event #		Aggregate Value for t	his Event	7		
Sole Proprietorship			16756					
ne of Donor						[3]		
eet Address	<u> </u>		Les					la a
et Address			City				State	Zip Code
ation Given By	Description of Donation							<u> </u>
Business Entity	1					Fair N	larket Va	lue of Donatio
Individual	Date Received	Event #		Aggregate value for the	s Event	-		
Sole Proprietorship								
		SU	BTOTAL Section	1 L4 — This Page				
		TO	TAL of additional	Section L4 Pages				
TO	`AL OF ALL IN-KINE							

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing)	Repository)		TYPE OF R	EPORT	
Marilyn for Mayor				April 10 fi	ling	
	L5. In-Kind Donations Not Consi	dered Contributions As	ssociated with a	House Pa	rty	
lame of Host			committee?	Supporting to Yes (a) Complete Itemi	No	one candidate
treet Address		City	<u>'</u>		State	Zip Code
escription of Donation				Fair Ma	arket Value	of Donation
vent #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events	this host candidate	1		
ame of Host			committee?	supporting n OYes O?	No	one candidate
reet Address		City		·	State	Zip Code
escription of Donation				Fair Ma	rket Value	of Donation
vent #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	—this host candidate	1		
me of Host			committee?	supporting m OYes ON omplete Itemiz	lo	ne candidate o
eet Address	· · · · · · · · · · · · · · · · · · ·	City	7 990,00		State	Zip Code
escription of Donation				Fair Ma	rket Value	of Donation
ent #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	this host candidate	l		
ne of Host		<u> </u>	Is this event s committee?		o	
et Address		City			State	Zip Code
cription of Donation	<u>-</u>	1		Fair Mar	ket Value	of Donation
nt #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	this host candidate			
		SUBTOTAL Section L5	5 This Page			
		TOTAL of additional Sec	tion L5 Pages			_
	L OF ALL IN-KIND DONATIONS NO TH A HOUSE PARTY (Enter total on	OT CONSIDERED CON' Line 22, Column A of Sumn	US NE LOCURATED TO ONCOUNTED OF THE VEHICLE			

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

Revised January 2015	III. MOMM	ONE TAKT KE	CEII 15 (Seci	ions M—O)		1 464 12 01 1
NAME OF COMMITTEE (Provide Comple	ete Name as Registered v	vith Filing Repository)		TYPE OF REPORT		
Marilyn for Mayor				April 10 filing		
		M. In-Kind Co	ntributions			-1, 1, 1
Name	81	\$12013903EM	7	21000000	-60.	
Street Address		3/100	City		State	Zip Code
Type of contributor OCommittee	Date Received	Aggregate Contributions	Description of In-Ka	nd Contribution		
OIndividual / Sole Proprietorship Oothe	er					
Is contributor a lobbyist, spouse, Q Ye	²⁰	in excess of \$400 to a cand			8 8	
or dependent child of a lobbyist? O No	valued at more th	or business he/she is associa an \$5,000?	OYes ONo	with said municipality		Market Value s Contribution
Is this contribution associated with an		ibutor a principal of a state		state contractor?	es	
event reported in Section L1? If ves, list Event #		es, indicate which branch or evernment the contract is with	_	e 🕜 Legislative	10	
Name	0.80	TOTALISE CHE COMPLETE IS WE	UL DEACCULTY	Cogisianie		_
Street Address			City	35.07	State	Zip Code
						.,
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kin	nd Contribution		
Individual / Sole Proprietorship Other			•			
	16	in excess of \$400 to a cand	idate for a chief executiv	e officer of a municipality	Fair 1	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	does contributor	or business he/she is associa	ated with have a contract	with said municipality	2.	Contribution
Is this contribution associated with an	valued at more th		O Yes O No		4	
event reported in Section L1?		outor a principal of a state co indicate which branch or		state contractor? Ye		
If yes, list Event #	of gov	ernment the contract is with	n:	OLegislative	3	
Name				-		
					-2: No.	
treet Address			City		State	Zip Code
				50		
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-King	d Contribution		
Individual / Sole Proprietorship Oother		300		- 12. 19km		-0 Or
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		in excess of \$400 to a candid or business he/she is associated				farket Value Contribution
or dependent child of a lobbyist?	valued at more that		O Yes O No		_ or this	Contribution
Is this contribution associated with an event reported listed in Section L1?		utor a principal of a state co		tate contractor? QYes		
If yes, list Event #		indicate which branch or l ernment the contract is with		O Legislative		
	0.00	CUPTOTAL	Section M — This Pa			
		SUBTOTALS	section (41 — 1 IIIS F a	ige .		
		TOTAL of addi	tional Section M Pag	ges		
TOTAL OF ALL IN-KIND CON	TRIBUTIONS (Enter total on Line 23, Colun	nn A of Summary Page T	otals)		
	N. Refun	dable Deposit to Te	elephone Compai	ny		
ast Name of Individual		First		MI	Date Deposit	Made
sidential Street Address		City		State Zip Code	1 4	mount of
						Deposit
me of Telephone Company					\dashv	
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4.42				State Zip Code		
eet Address		City		State Zip Code		
eet Address		City		Siate Zip Code		

SEEC FORM 20 Berthol January 2015

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

	AITTEE (Provide Complete Name as Registered with Filing Repo	sitory)		TYPE OF REPOR	T	
Marilyn for May				April 10 filing		
	P. Expe	nses Paid by Com	mittee			
Name of Payee Sportivo Club				2/13/2023	⊙ Ch	of Payment eck #1003 bit Card OEF
Street Address	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	City		177	State	Zip Code
2500 Park Aven	aue	Bridgeport			СТ	06606
Purpose of Expenditur (by code) FNDR	Description Hall Rental		Even A	u #	\$900	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind)	enditure)	Independent)A O B O C O	D	
Name of Payee				Date of Payment	Method o	of Payment:
Day Campaign				3/31/2023	O Che O Deb	
Street Address		City			State	Zîp Code
112 Bloomfield	Ave.	Windsor		2022	СТ	06095
Purpose of Expenditure (by code) WEB	Payment Processing Platform		Eveni	#	\$200	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Require None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind)	nditure) [ndependent)A OB OC O	D	
Name of Payee				Date of Payment		f Payment:
Day Campaign				3/31/2023	O Chec	
Street Address	3 23	City			State	Zip Code
12 Bloomfield A	Ave.	Windsor				
Purpose of Expenditure by code)	Description Credit Card Fee Charge		Event	#	\$1,16	Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Require None of the below Coordinated with reimbursement sought (joint expense Coordinated without reimbursement sought (in-kind)	nditure)	Independent	ed))A O B O C O	D	
lame of Payee		81.00		Date of Payment	Method of	
Inita Shipp				2/9/2023	O Debi	k#1002
treet Address		City			State	Zip Code
o Box 8184 Star	nford CT	Stamford			СТ	06905
urpose of Expenditure by code) PRNT	Description Marketing collaterals produced/printed		Event	ű	\$60.0	Amount
xpenditure # (applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expend) Coordinated without reimbursement sought (in-kind of	diture) O Ir	ndependent	d) A ОВ ОС О I		
		SUBTOTAL Section	n P — This	Page \$2,321.80		
		TOTAL of additional	Section P Pa	ages \$2,756.75		
	TOTAL OF ALL EX		COMMIT	TEE \$5.078.55	_	

Staples Ortline Street Address City N/A Purpose of Expenditure (by code) PRNT N/A Purpose of Expenditure (by code) PRNT N/A Purpose of Expenditure (by code) PRNT N/A Purpose of Expenditure (by code) Purpose of Faynes (Name of Fendor, Person or Entity who candidate paid directly) Date of Payment Event # Amount \$73.86 State Is reimbursement claimed O Yes No State Address City State Event # Amount Event # Amount O Yes No State Zip Code Event # Amount O Yes O No State Zip Code Event # Amount O Yes O No State Zip Code Event # Amount O Yes O No State Zip Code Event # Amount O Yes O No State Zip Code Event # Amount O Yes O No State Zip Code Event # Amount O Yes O No State Zip Code Event # Amount O Yes O No State Zip Code O Yes O No O Yes			TOTAL of additions	al Section Q Pages	
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Q. Campaign Expenses Paid by Candidate		f Vendor, Person or Entity who candida			Is reimbursement claimed
			Q. Campaign Expenses Paid b		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT April 10 filing			egisiereu wun ruing kepository)		

Marilyn for Mayo	or	iling Repository)		April 10 filing		
		es Incurred on Com	mittee Credit C			
Name of Issuing Ins		Type of Cred		414		
		O Visa	_	Discover OAmeri	can Expre	ss Other:
Name of Vendor, Person	a or Entity					0.000
	. o. E.i.i.y				Date of	Transaction
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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE	OF REPORT		
Marilyn for Mayo	r		April	10 filing		
	S. Expenses Incurred by Comi	mittee but Not Paid	During thi	s Period	the system	
Name of Creditor					Date Incurre	ed
Joan V. Hartley					2/8/202	3
Street Address		City			State	Zip Code
500 Chase Parkw	ay	Waterbury			СТ	06708
Purpose of Expenditure (by code) REF	Description Check deposited into the committee's check	ing account in error.	Event #		900 40	ount Incurred mate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continue)	Indepo	endent	ов Ос Ор		
Name of Creditor Marilyn Moore					2/1/2023	
Street Address		City Bridgeport			State CT	Zip Code 06604
666 Cleveland Ave		внодерог	Event #			
Purpose of Expenditure (by code) RMB	Campaign meeting - restaurant cost		Even			unt Incurred nate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required used None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind control of the	ure) Organi	endent	в Ос Ор	\$77.64	4
Name of Creditor	344.00	659			Date Incurred	
Marilyn Moore	10 100 mm m				2/3/2003	
Street Address 666 Cleveland Ave	.	City Bridgeport			State CT	Zip Code 06604
Purpose of Expenditure by code) RMB	Description Campaign meeting - restaurant cost		Event #		(Estin	unt Incurred nate or Actual)
Expenditure # (of applicable)	Type of Expenditure (Itemization in Addendum S Required under None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind control of the	Indepe	ndent	в Ос Ор	\$55.1 [^]	1
		SUBTOTAL Section S	S-This Page	\$1,132.75		
	TO	OTAL of additional Sect	tion S Pages	\$63.69		
FOTAL OF ALL E	XPENSES INCURRED BY COMMITTEE DURIN (Enter total on Lin	IG THIS PERIOD BUT ne 28, Column A of Summa		\$1,196.44		
	Previously reported Expe	nses Unpaid and still Ou	itstanding	0.00		
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Line	BY COMMITTEE BUT 28a, Column A of Summar	NOT PAID by Page Totals)	\$1,196.44		

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	ory)					PE OF R			
	T. Itemization of Reim	ıbu	rsement	s and Sec	cond	lary Pa	yees			
Last Name of Worker/Co		Fü					•	MI	Person o	Payment to Vendor, or Entity /2023
Name of Vendor, Person Staples	or Entity Paid by Committee Worker/Consultant						reported	to Reimburse in Section P: eck #1041	_	Worker/Consultant as
Street Address of Vendor Staples online	r, Person or Entity Paid by Committee Worker/Consultant		City N/A						State N/A	Zip Code N/A
Purpose of Expenditure (by code)	Description Printer cartridge					Event #			\$75.86	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind)	enditu	ure)	O Ind	depen	dent O	о в (
Last Name of Worker/Cor	nsultant	Firs	st					МІ	Date of F Person of	ayment to Vendor, r Entity
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant					-		n Section P	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City						State	Zip Code
Purpose of Expenditure (by code)	Description			·	E	Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind)	endītur	re)	O Ind	depen	dent O	O C) () () () ()		
Last Name of Worker/Con	ısultanı	Firs	șt .					MI	Date of P Person or	ayment to Vendor, Entity
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant							n Section P:	_	Vorker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City			· · · · ·			State	Zip Code
Purpose of Expenditure (by code)	Description			v	E	event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind of the coordinated)	nditure	re)	O Inde	epend	lent O	O C) O D		
		SU	UBTOTAI	L Section 7	г—	This Pag	e \$75.	86		
		тот	TAL of ad	ditional Se	ectio	n T Page	S	. <u>.</u>		
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE W	VOF	RKERS A	AND COM	NSU.	LTANT	S \$75.	86		

SEEC FORM 20 Revised James; 2015

Section P. ADDITIONAL PAGE 1____ of 2__

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repositor)	y)	=11-91	TYPE OF REPORT		
Marilyn for May	or			April 10 filing		
	P. Expenses	s Paid by Committee	e			
Name of Payee The Stress Facto	ry comedy club, Bridgeport (for The Gathering a	ınd Tap Tavern)		Date of Payment	Method of OCheck	k #
Street Address 167 State St.		City Bridgeport	- 1		State	Zip Code 06604
Purpose of Expenditure (by code)	Description Fundraising event with food		Event #	·	\$2,344	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) Ire) Indepen	ndent	A OB OC OD		
Name of Payee Stop and Shop				2/11/2023	Method of I O Check O Debit	c#Card OEFT
Street Address 760 Villa Ave.		City Fairfield			State CT	Zip Code 06825
Purpose of Expenditure (by code) FOOD	Description Meeting refreshments		Event #		\$12.71	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee)	dent	Ов О с Ов		
Name of Payee Staples Online			C	Date of Payment 3/19/2023	Method of F	#1041
Street Address		City N/A	-		State N/A	Zip Code N/A
Purpose of Expenditure by code) PRNT	Description Printer cartridge		Event #		\$75.86	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or concluded with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the control	ommittee) ure)	ndent) A Ов Ос Ор		
Name of Payee	CENTER			2/10/2023	Method of P Check Debit (#Card OEFT
Street Address 304 Boston Post	Rd.	Orange			State CT	Zip Code 06477
Purpose of Expenditure by code) MISC	Description Tablecloths	-	Event #		\$240.40	Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	mmittee)	dent _	Ов Ос Ов		
	s	UBTOTAL Section P —	This P	age \$2,673.02		

Section P. ADDITIONAL PAGE 1____ of 2___

NAME OF COMM	ITTEE (Provide Complete Name as Registered with Filing Reposito	ry)	TYPE OF REPOR	T	
Marilyn for May	or	April 10 filing	pril 10 filing		
	P. Expens	es Paid by Commit	tee		
Name of Payee The Stress Facto	ory comedy club, Bridgeport (for The Gathering		Date of Payment	Method of Payment: O Check # O Debit Card OEFT	
Street Address 167 State St.		City Bridgeport	<u> </u>	State Zip Code CT 06604	
Purpose of Expenditure (by code) FNDR	Description Fundraising event with food		Event #	Amount \$2,344.05	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	committee) ture)	pendent nizationOA OB OC C)D	
Name of Payee Stop and Shop			3/11/2023	Method of Payment O Check # O Debit Card O EFT	
Street Address 760 Villa Ave.		Fairfield		State Zip Code CT 06825	
Purpose of Expenditure by code) FOOD	Description Meeting refreshments		Event #	Amount \$12.71	
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or a Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	committee) ure)		D.	
ame of Payee		Olgan	Date of Payment	Method of Payment	
staples Online		Tein.	3/19/2023	Check #1041 Debit Card DEFT State Zip Code	
V/A		N/A		N/A N/A	
urpose of Expenditure by code) PRNT	Description Printer cartridge		Event #	Amount \$75.86	
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	committee)	pendent		
ame of Payee			Date of Payment	Method of Payment:	
AYLOR RENTAL	CENTER		2/10/2023	O Check #O Debit Card OEFT	
reet Address		City		State Zip Code	
04 Boston Post	Rd.	Orange		CT 06477	
rpose of Expenditure	Description Tablecloths		Event #	Amount \$240.40	
MISC				#240.40	

Section P. ADDITIONAL PAGE 1____ of _2_

NAME OF COMM	ITTEE (Provide Complete Name as Registered with Filing Reposito	(נמי	TYPE OF REPORT	
Marilyn for May	or	April 10 filing		
	P. Expense	es Paid by Committ	ee	
	ory comedy club, Bridgeport (for The Gathering		Date of Payment	Method of Payment Check # Debit Card DE
Street Address 167 State St.		City Bridgeport		State Zip Code CT 06604
Purpose of Expenditure by code) FNDR	Description Fundraising event with food		Event #	Amount \$2,344.05
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind co	committee)	is checked) endent izationOA OB OC O	
Name of Payee Stop and Shop			3/11/2023	Method of Payment: O Check # O Debit Card OEF
itreet Address 60 Villa Ave.		City Fairfield		State Zip Code CT 06825
urpose of Expenditure by code) FOOD	Description Meeting refreshments		Event #	Amount
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) ire)	•	
ame of Payee			Date of Payment	Method of Payment Check #1041
taples Online			3/19/2023	Debit Card OEF
reet Address		City N/A		State Zip Code N/A N/A
rpose of Expenditure y code) PRNT	Description Printer cartridge	1	Event #	Amount \$75.86
xpenditure # (applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind con	committee) ure)	·	
ame of Payee AYLOR RENTAL (CENTER		Date of Payment 2/10/2023	Method of Payment: O Check # O Debit Card OEFT
eet Address 04 Boston Post F	Rd.	Orange		State Zip Code CT 06477
pose of Expenditure code) MISC	Description Tablecloths	•	Event #	Amount \$240.40
penditure # pplicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee)	ŕ	
	Mary Maria C. Callerana del Caracción de Callera de Callera de Callera de Callera de Callera de Callera de Cal	UBTOTAL Section P	COST SALEST CONTRACTOR	

S	ŀ	ŀ	(FORM 2
				1015

Section P ADDITIONAL PAGE 2

of	2
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NAME OF COM	MITTEE (Provide Complete Name as Registered with Filing Repositor	(ער	TYPE OF REPORT		77.17
Marilyn fo	or Mayor				
	P. Expense	es Paid by Committee	e		
Name of Payee	Big Y		Date of Payment 2/10/2023	Method of Chec	k #
Street Address		City		State	Zip Code
355 Hawley		Stratford	Event #	СТ	06614
Purpose of Expenditu (by code) FOOD	Light refreshments	\$	Amount 53.73		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)	ure) 🔲 Indepen	-		
Name of Payee			Date of Payment	Method of 1	Payment:
Street Address	D Bank	Las	3/22/2023	☐ Check ☐ Debit	Card EFT
975 M adi	inan Ava	City		State	Zip Code
Purpose of Expenditure		Bridgeport	-	СТ	06605
by code) BNK	Returned Deposit Item Ch	arge	Event #	1	Amount 0.00
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	re) 🔲 Independ			
TD Bank			Date of Payment	Method of P	#
treet Address		City		State Debit C	Card DEFT Zip Code
975 Madis	on Ave.	Bridgeport		СТ	06606
urpose of Expenditure by code) BNK	Maintanance Fee		Event #		Amount
xpenditure # (applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	re) 🔲 Independ			0.00
ame of Payee			Date of Payment	Method of Pa	
reet Address		City	2	Debit C State	ard □ EFT Zip Code
rpose of Expenditure code)	Description]	Event #	A	mount
penditure # applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independe	•		
	SU	JBTOTAL Section P —	4000		
	тот	AL of additional Section	P Pages		
	TOTAL OF ALL EXPEN	ISES PAID BY COMN			

	MITTEE (Provide Complete Name as Registered with Filing Reposit	ory)	TYPE OF REPOR	T	
Marilyn fo					
Name of Decree	P. Expens	es Paid by Commit	tee		
Name of Payee	Big Y		Date of Payment 2/10/2023	☐ Chec	
Street Address 355 Hawley	v Ln.	City Stratford		State	Zip Code
Purpose of Expenditu (by code)			Event #		Amount 553.73
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expend) Coordinated without reimbursement sought (in-kind co	iture) 🔲 Indep	r		.00.70
Name of Payee	D Bank	- Organ	Date of Payment 3/22/2023	Method of Check	:#
Street Address 975 Mad	ison Ave.	City Bridgeport		State	Zip Code 06605
Ourpose of Expenditure by code) BNK	Returned Deposit Item Cl	narge	Event #		Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continued)	не) 🔲 Indepe			0.00
TD Bank		_ Organiz	Date of Payment	Method of P	#
treet Address 975 Madis	on Ave.	City Bridgeport		Debit C	Card DEFT Zip Code 06606
urpose of Expenditure y code) BNK	Maintanance Fee		Event #		Amount
xpenditure # (applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind con	are) Indepen			0.00
ame of Payee		L Organiz	Date of Payment	Method of Pa	
eet Address		City		State Debit C	ard DEFT Zip Code
pose of Expenditure code)	Description		Event #	A	mount
penditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)	-	

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

TOTAL of additional Section P Pages

Section L1. ADDITIONAL PAGE 1____ of ____

NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing Repos	sitory) TYPE OF R	EPORT		
Marilyn for Mayor		April 10 fil	ling		
	L1. E	vent Information			
Event # Date of Event Letter	Description		Wa	s this a fi	undraising eve
Mar 22, 2 E	Fundraising event with light refreshme	ents		• Yes	
Location: Street Address		City		State	Zip Code
Ralph "n" Riches, 155	Main St.	Bridgeport		СТ	06604
Subpart 1: (All Commi Was this event hosted at		OYes (If yes, go to Section L5 In-Kind Dor Associated with a House Party and purchases made by host(s) for food, b	complete requ	uired info	rmation for an
Did this fundraiser inclu of up to \$200 or items do	de goods or services donated by a business entionated by an individual of up to \$100?		nations not Co	onsidered	Contributions
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items individual of up to \$100?	OYes (If yes, enter Total Receipts here) No	\$		
were there purchases of sign associated with this	advertising space in a program book or on a fundraiser?	ommittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of or on a Sign and complete required No	Advertising S		Program Bool
Subpart 3: (Town Comu Did your committee sell gathering held within the	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Receipts here.) ONo	\$		
Event # late of Event Letter Aar 19, 2 D	Description Fundraising event with light refreshmen	nts		this a fun	ndraising even
ocation: Street Address		City		State	Zip Code
ne Gathering and Tap	Tavern, 155 State St.	Bridgeport		СТ	06604
ubpart 1: (All Committee Vas this event hosted at a		Yes (If yes, go to Section L5 In-Kind Dona Associated with a House Party and co purchases made by host(s) for food, bev No	omplete requi	red inform	Contributions mation for any
rid this fundraiser include f up to \$200 or items dor	e goods or services donated by a business entity nated by an individual of up to \$100?		itions not Con	isidered C	Contributions
as this fundraiser a tag s ith purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	Yes (If yes, enter Total Receipts here.) No	\$		
bpart 2: (Party Commi ere there purchases of a gn associated with this fu	Ittees, Municipal Candidates and Political Conduction dvertising space in a program book or on a undraiser?	nmittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of A or on a Sign and complete required in No	idvertising Sp iformation.)	pace in a P	Program Book
	ittees ONLY) ood or beverage at a fair or similar mass tate with this fundraiser?	OYes (If yes, enter Total Receipts here.) ONo	\$		
SUBTOTAL Section	L1-Subpart 1 (All Committees) Total Receipts f	from Sale of Donated Items — This Page			
	SUBTOTAL Sec	etion L1—Subpart 3 (Town Committees ONLY) eipts from Food Purchases — This Page	_		
		TOTAL of additional Section L1 Pages			
		EIPTS FROM SMALL PURCHASES in Line 16a, Column A of Summary Page Totals)			

Section L1. ADDITIONAL PAGE 1____ of ____

	E (Provide Complete Name as Registered with Filing Repositor	n)	TYPE OF REPORT		
Marilyn for Mayor			April 10 filing		
		ent Information			
Event # Date of Event Letter Mar 22, 2 E	Description Fundraising event with light refreshmen	ts		Was this a f	fundraising event
Location Street Address	destriction	City		State	Zip Code
Ralph "n" Riches, 155	Main St.	Bridgeport		СТ	06604
Subpart 1: (All Commi Was this event hosted a		OYes (If yes, go to Section L. Associated with a Houpurchases made by hos No	ise Party and complet	e required inf	ormation for any
	de goods or services donated by a business entity onated by an individual of up to \$100?	O Yes (If yes, go to Section L and complete required to No		not Considered	l Contributions
	sale, auction, or other sale of donated items individual of up to \$100?	Yes (If yes, enter Total Reco	eipts here.)	\$	
Subpart 2: (Party Comu Were there purchases of sign associated with this	mittees, Municipal Candidates and Political Com advertising space in a program book or on a fundraiser?	O Yes (If yes, go to Section L3 or on a Sign and comp	Purchases of Adverti		a Program Book
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	O Yes (If yes, enter Total Reco	eipts here.)	\$	
Event # Date of Event Letter Mar 19, 2 D	Description Fundraising event with light refreshments			Was this a fu	ndraising event?
Location: Street Address		City		State	Zip Code
The Gathering and Tap	Tavern, 155 State St.	Bridgeport		СТ	06604
Subpart 1: (All Committe Was this event hosted at a		Yes (If yes, go to Section L5 Associated with a Hous purchases made by host(e Party and complete	required infor	
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 and complete required in No		ot Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	Yes (If yes, enter Total Recei		\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this f	ittees, Municipal Candidates and Political Commidvertising space in a program book or on a fundraiser?		Purchases of Advertis		Program Book
	ittees ONLY) ood or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Receip	pts here.}	\$	
SUBTOTAL Section	L1—Subpart 1 (All Committees) Total Receipts fro	om Sale of Donated Items — T	his Page	1.5 - 0.5	
		on L1—Subpart 3 (Town Committed ipts from Food Purchases — Ti			
		TOTAL of additional Section I	1 Pages		
		IPTS FROM SMALL PURC Line 16a, Column A of Summary P			

Section L1. ADDITIONAL PAGE

(Enter total on Line 16a, Column A of Summary Page Totals) TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES TOTAL of additional Section L1 Pages Total Receipts from Food Purchases — This Page SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page ONO gathering held within the state with this fundraiser? \$ Yes (If yes, enter Total Receipts here.) Did your committee sell food or beverage at a fair or similar mass Subpart 3: (Town Committees ONLY) oN 🗿 or on a Sign and complete required information.) sign associated with this fundraiser? Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)
Were there purchases of advertising space in a program book or on a

Yes (If yes, go to Section L.3 Purchases of Advertising Space in a Program Book ON 🗿 \$ with purchases from an individual of up to \$100? Was this fundraiser a tag sale, auction, or other sale of donated items Yes (If yes, enter Total Receipts here.) ON (and complete required information.) of up to \$200 or items donated by an individual of up to \$100? Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions Did this fundraiser include goods or services donated by a business entity 0N **⊙** purchases made by host(s) for food, beverage and invitations.) Associated with a House Party and complete required information for any Yes (Myes, go to Section L5 In-Kind Donations not Considered Contributions Was this event hosted at a personal residence? Subpart 1: (All Committees) **†0990** Bridgeport 10 The Gathering and Tap Tavern, 155 State St. Sip Code State ocation: Street Address oN O O Yes Fundraising event with light refreshments Mar 19, 2 Was this a fundraising event? Letter Date of Event Describtion ONO gathering held within the state with this fundraiser? \$ OYes, enter Total Receipts here.) Did your committee sell food or beverage at a fair or similar mass Subpart 3: (Town Committees ONLY) oN **⊙** or on a Sign and complete required information.) sign associated with this fundraiser? Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)
Were there purchases of advertising space in a program book or on a OYes (Hyes, go to Section L3 Purchases of Advertising Space in a Program Book oN 💽 \$ with purchases from an individual of up to \$100? Was this fundraiser a tag sale, auction, or other sale of donated items Yes (If yes, enter Total Receipts here.) ON 🗿 and complete required information.) of up to \$200 or items donated by an individual of up to \$100? Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions Did this fundraiser include goods or services donated by a business entity ON 🗿 purchases made by host(s) for food, beverage and invitations.) Associated with a House Party and complete required information for any Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Was this event hosted at a personal residence? Subpart 1: (All Committees) **†0990** Bridgeport Ralph "n" Riches, 155 Main St. പാ Sip Code State Location Street Address ONO. SaY 💽 undraising event with light refreshments 3 Mar 22, 2 Letter Was this a fundraising event? Date of Event Event# L1. Event Information Poili Of ling Marilyn for Mayor NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT

Section L1. ADDITIONAL PAGE

			TS FROM SMALL PURCH		
		eaged	IAL of additional Section L1	OT .	
		onth)	l L.I—Subpart 3 (Town Committees s from Food Purchases — This	noitsaS JATOTAUS Teceifor	
		9ga¶ 2	idT — smetl betanod to elas i	L1—Subpar 1 (All Comminees) Total Receipts from	SUBTOTAL Section
		\$ there.)	Yes (If yes, enter Total Receipta	od or beverage at a fair or similar mass ate with this fundraiser?	than 3: (Town Commit id your committee sell foo thering held within the sta
ургат Воок	or¶ a ni soaqi	2 gnisittəvbA To səzriləti		tees, Municipal Candidates and Political Commil vertising space in a program book or on a ndraiser?	ibpart 2: (Party Commits ere there purchases of ad gn associated with this fu
	30	s here.)	Yes (If yes, enter Total Receipt	1001\$ of up to \$100?	s gat a selestrates a tag se ith purchases from an ind
snoitudittn	ioO bərəbisin		Yes (Myes, go to Section L4 In and complete required info	goods or services donated by a business entity ared by an individual of up to \$100?	bid this fundraiser include on p to \$200 or items dons
enoidudinte yns tof noid	sm rolni bə tii	Party and complete requ	O Yes (Myes, go to Section L5 In passeciated with a House purchases made by host(s) O No	personal residence?	ubpart 1: (All Committee Vas this event hosted at a
.ib Code 	-		ادانه Bridgeport	Tavern, 155 State St.	ocation: Street Address he Gathering and Tap
raising event		Wa		Description Fundralsing event with light refreshments	
		pts here.)	O Yes (Myes, enter Total Recei	intees ONLY) bod or beverage at a fair or similar mass state with this fundraiser?	Subpart 3: (Town Conni Did your committee sell fi gathering held within the
тод швтвог		ommittees) Purchases of Advertising ste required information	O Yes (If yes, go to Section L3 1		were there purchases of a sign associated with this f
		big yete.) →	OYes (Ifyes, enter Total Recei	sale, auction, or other sale of donated items dividual of up to \$100?	Was this fundraiser a tag with purchases from an in
enoitudirtno	O barabiano		Yes (If yes, go to Section L4 and complete required in	e goods or services donated by a business entity nated by an individual of up to \$100?	Did this fundraiser includ of up to \$200 or items do
enoitudirinoi gns tot noiten	quired inforr	In-Kind Donations not of Party and complete re (s) for food, beverage and	Yes (Uyes, go to Section L5 Associated with a Hous purchases made by host		Subpart 1: (All Conunity Was this event hosted at
≯ 0990	тэ		Bridgeport		Ralph "n" Riches, 1551
idraising ever O No Zip Code	'as this a fun Seace	M	CIF	Fundraising event with light refreshments	Date of Event Letter Mar 22, 2 E Location: Street Address
			noitemaolal t	Description	Event#
-1150		gnili101 lingA			Marilyn for Mayor
		TYPE OF REPORT		(Provide Complete Name as Registered with Filing Repository,	NAME OF COMMITTEE

Section S ADDITIONAL PAGE 1 of 1

	ITTEE (Provide Complete Name as Registered with	Time Tepository)	TYPE		ALC: UNKNOWN	
Marilyn for May		11 C 1				
lame of Creditor	S. Expenses incurr	ed by Committee but N	ot Paid During this			
Marilyn Moore				D	Date Incurre	d
treet Address		City		St	tate	Zip Code
66 Cleveland A	ve.	Bridgeport		С	т	06604
rpose of Expenditure y code) RMB	Description Light refreshments		Event # D			unt Incurred nate or Actual)
penditure # applicable)	Type of Expenditure (Itemization in Addendation None of the below Coordinated with reimbursement sough Coordinated without reimbursement s	ght (joint expenditure)	he below" is checked) Independent Organization	в Ос О в	\$63.69	1
me of Creditor				Da	ate Incurred	
reet Address	<u> </u>	City	_	Sta	ate	Zip Code
rpose of Expenditure code)	Description		Event #			nt Incurred
penditure#						
	Type of Expenditure (Itemization in Addendu None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	ht (joint expenditure)	e below" is checked) Independent Organization A	в Ос О р		
pplicable)	None of the below Coordinated with reimbursement sough	ht (joint expenditure)	Independent		e Incurred	
ne of Creditor	None of the below Coordinated with reimbursement sough	ht (joint expenditure)	Independent			Sip Code
ne of Creditor et Address oose of Expenditure	None of the below Coordinated with reimbursement sough	ht (joint expenditure) pught (in-kind contribution)	Independent	Date	Amoun	ip Code It Incurred te or Actual)
ne of Creditor et Address ose of Expenditure ode)	None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	City City To S Required unless "None of the to (joint expenditure)	Independent Organization A Event #	Date	Amoun	t Incurred
ne of Creditor et Address ose of Expenditure ode)	None of the below Coordinated with reimbursement sough Coordinated without reimbursement so Description Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sough	City City To S Required unless "None of the (joint expenditure) aught (in-kind contribution)	Event # below is checked) Independent Organization A B Description A Description B Descript	Date	Amoun	t Incurred
ne of Creditor et Address ose of Expenditure ode)	None of the below Coordinated with reimbursement sough Coordinated without reimbursement so Description Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sough	City City City City City City City City Sequired unless "None of the order of the order in the contribution) SUBTOTAL S	Event # Delow" is checked) Independent Organization A B Section S-This Page	State State	Amoun	t Incurred
ne of Creditor et Address ose of Expenditure ode) enditure # plicable)	None of the below Coordinated with reimbursement sough Coordinated without reimbursement so Description Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sough Coordinated without reimbursement sough Coordinated without reimbursement sough	City City	Event # below" is checked) Independent Organization A B bection S-This Page D BUT NOT PAID	State State \$63.69	Amoun	t Incurred
ne of Creditor et Address ose of Expenditure code) enditure # pplicable)	None of the below Coordinated with reimbursement sough Coordinated without reimbursement so Description Type of Expenditure (Itemization in Addendum Coordinated with reimbursement sough Coordinated with reimbursement sough Coordinated without r	City City	Event # Event # Delow" is checked) Independent Organization A B Section S-This Page nal Section S Pages D BUT NOT PAID Summary Page Totals)	State State \$63.69	Amoun	t Incurred

Section S ADDITIONAL PAGE 1 of 1

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Marilyn for May	ITTEE (Provide Complete Name as Registered wi	ith Filing Repository)	TYP	E OF REPORT				
		red by Committee but N	ot Paid During th	is Period				
Name of Creditor					Date Inc	urred		
Marilyn Moore								
Street Address 566 Cleveland A	Ave.	City Bridgeport		·	State CT	Zip Code 06604		
urpose of Expenditure by code) RMB	Description Light refreshments	Event # D				Amount Incurred (Estimate or Actual)		
spenditure # applicable)	Type of Expenditure (Itemization in Addentity None of the below Coordinated with reimbursement sou Coordinated without reimbursement	ught (joint expenditure)	he below" is checked) Independent Organization) B Oc O D	\$63	.69		
ame of Creditor					Date Incu	rred		
reet Address		City		<u> </u>	State	Zip Code		
rpose of Expenditure y code)	Description		Event #			nount Incurred		
penditure #					4			
applicable)	Type of Expenditure (Itemization in Addenation None of the below Coordinated with reimbursement sour Coordinated without reimbursement s	ght (joint expenditure)	e below" is checked) Independent Organization) в Ос О р				
me of Creditor	None of the below Coordinated with reimbursement sou	ght (joint expenditure)	Independent	B Oc O D	Date Incur	red		
me of Creditor	None of the below Coordinated with reimbursement sou	ght (joint expenditure)	Independent		Date Incur	Zip Code		
	None of the below Coordinated with reimbursement sou	ght (joint expenditure) Sought (in-kind contribution)	Independent		State			
ne of Creditor et Address oose of Expenditure code)	None of the below Coordinated with reimbursement sou Coordinated without reimbursement s	ght (joint expenditure) sought (in-kind contribution) City City tum S Required unless "None of the	Independent Organization A		State	Zip Code		
ne of Creditor et Address lose of Expenditure code)	Description Type of Expenditure (Itemization in Addendated None of the below Coordinated with reimbursement source).	ght (joint expenditure) sought (in-kind contribution) City City Cht (joint expenditure) ought (in-kind contribution)	Event #		State	Zip Code		
ne of Creditor et Address ose of Expenditure code)	Description Type of Expenditure (Itemization in Addendated None of the below Coordinated with reimbursement source).	ght (joint expenditure) sought (in-kind contribution) City City Cht (joint expenditure) ought (in-kind contribution)	Event # below" is checked) Independent Organization A	в Ос О в	State	Zip Code		
ne of Creditor et Address sose of Expenditure code) enditure # oplicable)	Description Type of Expenditure (Itemization in Addendated Without reimbursement sour Coordinated without reimbursement sour Coordinated with reimbursement sour Coordinated with reimbursement sour Coordinated without reimbursement source coordinated without	ght (joint expenditure) sought (in-kind contribution) City City Cht (joint expenditure) ought (in-kind contribution) SUBTOTAL S TOTAL of additio	Event # below" is checked) Independent Organization A below" is checked) Independent Organization A Section S-This Page nal Section S Pages	В ОС О р \$63.69	State	Zip Code		
ne of Creditor eet Address cose of Expenditure code) eenditure #	Description Type of Expenditure (Itemization in Addendated without reimbursement sour Coordinated with reimbursement sour Coordinated with reimbursement sour Coordinated with reimbursement sour Coordinated without reimbursement source coordinated without r	ght (joint expenditure) sought (in-kind contribution) City City Cht (joint expenditure) ought (in-kind contribution) SUBTOTAL S TOTAL of additio	Event # Eve	В ОС О р \$63.69	State	Zip Code		

Section L1. ADDITIONAL PAGE 1____ of 1____

	(Provide Complete Name as Registered with Filing Repositor	7)	TYPE OF REPORT		
Marilyn for Mayor		+8	April 10 filing		
	L1. Eve	nt Information			
Event # Date of Event Letter Mar 19, 2 D	Description Fundraising event with food			Was this a fu O Yes	ndraising event
Location Street Address	· · · · · · · · · · · · · · · · · · ·	City		State	Zip Code
The Gathering and Ta	p Tavern, 155 State St.	Bridgeport		СТ	06604
Subpart 1: (All Commit Was this event hosted at	· ·	OYes (If yes, go to Section L5 Associated with a Hou purchases made by host	se Party and complet	e required infor	Contributions mation for any
	le goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section L4 and complete required in No		not Considered (Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Rece No	ipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this	uittees, Municipal Candidates and Political Com advertising space in a program book or on a fundraiser?	mittees other than Exploratory C Yes (If yes, go to Section L3 or on a Sign and compl No	Purchases of Adverti		Program Book
Subpart 3: (Town Comn Did your committee sell f gathering held within the	nittees ONLY) Tood or beverage at a fair or similar mass state with this fundraiser?	O Yes (If yes, enter Total Recei	ipts here.) ———	\$	
Event # Date of Event Letter	Description				draising event?
Location: Street Address	3	City		State	Zip Code
Subpart 1: (All Committe Was this event hosted at a	•	Yes (If yes, go to Section L5 I Associated with a House purchases made by host(s No	Party and complete	required inform	ontributions nation for any
Did this fundraiser include of up to \$200 or items don	goods or services donated by a business entity ated by an individual of up to \$100?	Yes (If yes, go to Section L4 I and complete required inf		ot Considered C	ontributions
Was this fundraiser a tag savith purchases from an ind	ale, auction, or other sale of donated items lividual of up to \$100?	Yes (If yes, enter Total Receipt No		\$	
ubpart 2: (Party Commit Were there purchases of ad- ign associated with this fu	tees, Municipal Candidates and Political Comn vertising space in a program book or on a ndraiser?	oittees other than Exploratory Co Yes (If yes, go to Section L3 P or on a Sign and complet No	urchases of Advertisi		rogram Book
ubpart 3: (Town Commit old your committee sell for athering held within the st	od or beverage at a fair or similar mass	Yes (If yes, enter Total Receipt	ts here.)	5	
SUBTOTAL Section	L1—Subpart 1 (All Committees) Total Receipts fro	om Sale of Donated Items — Th	is Page \$0.00		
		on L1—Subpart 3 <i>(Town Committee</i> : ots from Food Purchases — Th			
	1	FOTAL of additional Section L	Pages \$0.00		
		PTS FROM SMALL PURC			

Section L1. ADDITIONAL PAGE 1___ of 1_

		(Provide Complete Name as Registered with Filing Reposito	(אין	ТҮРЕ	OF REPORT			
Marilyn for Mayo	Г			April	10 filing			
		Li. Eve	ent Information					
Event # Date of Event Mar 19, 2	Letter D	Description Fundraising event with food				Was	s this a fu O Yes	undraising event
Location: Street Addre	ss		City				State	Zip Code
		p Tavern, 155 State St.	Bridgeport				СТ	06604
Subpart 1: (All Co Was this event hose		a personal residence?	Associate	to Section L5 In-Kined with a House Parts made by host(s) for f	y and complet	te requ	uired info	rmation for any
		de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go	to Section L4 In-Kir elete required informat	id Donations n	not Co	onsidered	Contributions
		sale, auction, or other sale of donated items andividual of up to \$100?	OYes (If yes, en	ter Total Receipts her	e.)	\$		
Were there purchase sign associated with	es of this		Yes (If yes, go	Exploratory Commito Section L3 Purchage and complete req	ses of Adverti			Program Book
Subpart 3: (Town of Did your committee gathering held within	sell	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, ent	ter Total Receipts her	e.)	\$		
Event # Date of Event Le	tter	Description		and a state of the second seco			this a fun	ndraising event?
Location: Street Address	-		City				State	Zip Code
Subpart 1: (All Con Was this event hoste			Associated	o Section L5 In-Kind with a House Party made by host(s) for for	and complete	requi	ired inform	Contributions mation for any
		goods or services donated by a business entity ated by an individual of up to \$100?		to Section L4 In-Kine ete required information		ot Cor	nsidered C	Contributions
Was this fundraiser a with purchases from	tag s an in	rale, auction, or other sale of donated items dividual of up to \$100?	Yes (If yes, ente	er Total Receipts here		\$		
Subpart 2: (Party Co Were there purchases sign associated with	ofa	ttees, Municipal Candidates and Political Comidvertising space in a program book or on a undraiser?	O Yes (If yes, go to	<i>cploratory Committ</i> o Section L3 Purchas n and complete requ	es of Advertisi	ing Sp ion.)	pace in a P	Program Book
	ell fo	ttees ONLY) od or beverage at a fair or similar mass tate with this fundraiser?	OYes (If yes, enter	Total Receipts here.) —[\$		
SUBTOTAL Se	ction	L1-Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated	Items — This Pag	e \$0.00			
			ion L1—Subpart 3 <i>(To</i> ripts from Food Purc					
			TOTAL of addition	al Section L1 Page	s \$0.00			
		TOTAL OF ALL RECE	IPTS FROM SMA Line 16a. Column A o					

Section B ADDITIONAL PAGE 16 of ____

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)			TYPE OF REPORT	- 2		
Marilyn for Mayor				April 10 filing			
A. Total Contributions from Sn (See instructions for definition of Small C			his Period ONLY TOTAL SECTION A	\$			
	- '						
	B. Itemized Co		butions from Indivi	iduals			
Last Name Christian		I	Wendell				MI
Residential Street Address 652 Cleavland Avenue		City	Bridgeport	-	State CT	1 -	Code 06604
Principal Occupation Heavy Equipment Opera	ator		Name of Employer City of Sta	mford Highway	Dept.	_	
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		f Contribution
Is this contribution associated with an event reported in Section L1? N N N	es Is contributor a principal of a	nch or	ontractor or prospective state	te contractor? Yes		φυ	0.00
Method of Contribution: Cash Personal Check Credit/Debit Care	d □ Payroll Deduction □ Money	y Order	Date Received 3/26/2023	Aggregate Contributions			
Last Name Christiano		F	Teige				MI
Residential Street Address 137 South Main Street	et	City	Newtown		State	Zip C	ode 06470
Principal Occupation Marketin	ng		Name of Employer Newtown S	Self Storage			
or dependent child of a lobbyist? No d	f contribution is in excess of \$400 oes contributor or business he/she alued at more than \$5,000?					unt of	Contribution
Is this contribution associated with an event reported in Section L1? We note that the section L1?		nch or	branches	e contractor? Yes			
Method of Contribution:	Payroll Deduction Money		Date Received 3/30/2023	Aggregate Contributions	1		
Last Name		Fi	Charles				W.
Colbert Residential Street Address		City	Mitchellville		State MD	Zip C	ode
1706 Golf Course Drive			Name of Employer		IVID		20721
Retired			Retired				
or dependent child of a lobbyist? 🌑 No 📗 do	contribution is in excess of \$400 to bes contributor or business he/she alued at more than \$5,000?					ant of 550.	Contribution
s this contribution associated with an event reported in Section L1? No No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or t	oranches	No			
Method of Contribution: Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order	Date Received	Aggregate Contributions	7		
	SUBT	ОТА	L Section B — This l	Page \$500.0	0		
	TOTAL	of ad	Iditional Section B P	ages			
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 1.		VIDUALS (Sections A umn A of Summary Page 7				

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-Recei (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$			
B. Itemized Co	ontrib	outions from Indivi	duals	1		
Last Name	F	irst				MI
Coleman		Lional				
Residential Street Address	City			State	Zip	Code
175 Seltsam Road	1	Bridgeport		СТ	l a	6606
Principal Occupation		Name of Employer				
Homoimprovomente		Lchomeimpi	ovements			
Homeimprovements	to a car	<u> </u>		N/ Am	onné o	f Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?				iy, Au		50.00
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a event reported in Section L1? No If yes, indicate which bra			e contractor?		•	
If yes, list Event # of government the contra			☐ Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check	y Order	2/9/2023	ľ			
Last Name	Fir					мі
Crook		Michelle				
Residential Street Address	City	IVIICITEIIE		State	Zip C	inde
156 Chamberlain Avenue	0,	Bridgepo	art.	СТ		6606
Principal Occupation		Name of Employer	<i>n</i> t	CI		
Business development						
<u>-</u>		Kline				
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		Contribution
Is this contribution associated with an sevent reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1?	nch or t	branches	No		ΨΖ	.5.00
Method of Contribution:	JC 1D 1114	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check	Order	2/9/2023				
Last Name	Fin	<u> </u>			_	МІ
Crook		Michelle				
	City			State	Zip C	
156 Chamberlain Avenue	В	Bridgeport		CT	1	06606
Principal Occupation		Name of Employer				
Business development		Kline				
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?		didate for a chief executive			unt of 150.0	Contribution
s this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a structure of government the contract of government the contract.	ch or b	tractor or prospective state	No] `		
Method of Contribution:			Aggregate Contributions	1		
Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money	Order	3/23/2023	\$175.00		_	
SUBT	OTAI	Section B — This F	'age S	225.0	0	
TOTAL	of add	ditional Section B Pa				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13)		VIDUALS (Sections A				

SEEC FORM 20 Bertod January 2015

Section B ADDITIONAL PAGE ______ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE	YPE OF REPORT				
Marilyn for Mayor				Apri	l 10 filing			
A. Total Contributions from Si (See instructions for definition of Small)			nis Period ONLY OTAL SECTION A	\$,
	B. Itemized Co	ntrib	utions from Indivi	iduals	I R	249	P	
Last Name		Fi	Vaillant					MI
Domingue		بلي.	valliarii.					
Residential Street Address 679 Lakeside Drive		City B	ridgeport			State	Zip	06606
Principal Occupation			Name of Employer					-
Music Teacher			Vision Aca	idem	y of Music			
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 car is asso	ndidate for a chief executive ciated with have a contract Yes	e officer with sai	r of a municipality id municipality	/, Am		of 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 brain of government the contract	nch or l	branches	_	No No			
Method of Contribution:	0.2 80 . 0.122.101.1 11.0 0.01.101.1		Date Received		te Contributions	┪		
☐ Cash ☐ Personal Check	ard □ Payroll Deduction □ Money	Order	2/9/2023					
Last Name		Fir		-				MI
Doreste			Emmanual					
Residential Street Address 46 Toylor Street #101		City	Stamford			State	1 *	Code 06902
46 Taylor Street #101 Principal Occupation			Name of Employer					<u> </u>
Librarian			Ferguson	ı Libr	агу			
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?					, Ame		Contribution 50.00
Is this contribution associated with an event reported in Section L1?				e contrac	ctor? Yes]		
If yes, list Event #	of government the contrac	t is wit				_		
Method of Contribution:	1	<u></u>		Aggregat	e Contributions			
	d Payroll Deduction Money		2/9/2023					Ta er
Last Name		Fin	" Karen					мі Е.
Dubois Walton Residential Street Address		City				State	7:01	Code
58 E. Pearl Stree			New Haven			CT	1 '	06513
Principal Occupation			Name of Employer					
President			ECC/NANH	Η				
or dependent child of a lobbyist? No o	If contribution is in excess of \$400 to does contributor or business he/she invalued at more than \$5,000?					Amo		Contribution 200.00
s this contribution associated with an event reported in Section L1? If yes, list Event #		ch or b	ranches	_	No			
Method of Contribution:				Aggregati	e Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	d Payroll Deduction Money (Order	1/30/2023			<u> </u>		
	SUBT	OTAI	Section B — This I	Page	\$400.00)		
	TOTAL	of ad	ditional Section B Pa	ages				
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A nn 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-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$					
	B. Itemized Co	ntrib	utions from Indiv	iduals		0	2	OWNER,
Last Name		Fi	rst					MI
Dunston Boon			Gina					
Residential Street Address		City	Trumbull		- 1	State CT	Zip C	06611
8 Meadow Ridge Drive			Name of Employer			<u> </u>	<u></u>	
Physician			NEMG					
or dependent child of a lobbyist? No does	ntribution is in excess of \$400 contributor or business he/she d at more than \$5,000?						unt of \$25.	Contribution
Is this contribution associated with an Yes	Is contributor a principal of a		ntractor or prospective sta			1	·	
event reported in Section L1? No If pes, list Event #	If yes, indicate which bra- of government the contra			☐ Legislative ■	No			
Method of Contribution:			Date Received	Aggregate Contribution	LS	1		
☐ Cash ☐ Personal Check	Payroll Deduction Money	Order	2/10/2023					
Last Name		Fire	st	•		,		MI
Ellis			Dwane					
Residential Street Address		City	Nanth	Harran		itate	Zip Co	
8 Beechwood Drive			North	naven		CT	U	6473
Principal Occupation	•		Name of Employer					
Employed				of Connection				
or dependent child of a lobbyist? No does c	tribution is in excess of \$400 to contributor or business he/she at more than \$5,000?						25.00	Contribution)
event reported in Section L1?	s contributor a principal of a s If yes, indicate which bran	ich or b	ranches		Yes No			
If yes, list Event # Method of Contribution:	of government the contrac	t is with	1: Executive Date Received	Legislative Aggregate Contributions	\dashv			
Cash Personal Check Credit/Debit Card	Payroll Deduction Money	Order	3/25/2023	TABLE CARE CONTROL OF				
Last Name		Firs					_	мі
Flolguer			Eugene				ı	
Residential Street Address	1	City			S	tate	Zip Co	
PO Box 38550			Bridgepo	ort		T	0	6605
Principal Occupation			Name of Employer					
Engineer			Self					
or dependent child of a lobbyist? No does co	ribution is in excess of \$400 to ontributor or business he/she if at more than \$5,000?							
s this contribution associated with an Yes Is	contributor a principal of a st	ch or br	anches	N	es No			
If yes, list Event #	of government the contract			☐ Legislative Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ P	ayroll Deduction Money (- 1	2/9/2023					
	SUBT	OTAL	Section B — This	Page \$1	00.	.00		
			litional Section B Pa	11/4				
TOTAL OF ALL CO	NTRIBUTIONS FROM	INDI	/IDUALS (Sections A	+ B)				
	(Enter total on Line 13	, Colun	nn A of Summary Page T	otals)				

Section B ADDITIONAL PAGE 20 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					
Date of Skyllettily at the	B. Itemized Co	ontri	butions from Indivi	iduals	8_3	4		
Last Name	·	7	First				MI	
Evans			Coral				J.	
Residential Street Address 518 South O'Leary Str	reet	City	Flagstaff		State AZ	Zip	86001	
Principal Occupation			Name of Employer					
Regional Director U.			U.S. Senator	Mark Kelly				
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sho			•	ty, Am	ount o	of Contribution	
	valued at more than \$5,000?		□Yes •No		_	\$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 o	r branches					
Method of Contribution:			Date Received	Aggregate Contributions	_			
☐ Cash ☐ Personal Check	Card □ Payroll Deduction □ Money	y Orde	3/25/2023					
Last Name	 :	F	irst_				MI	
Evans			Darrette					
Residential Street Address 661 Lakeside Driv	ve	City	Bridgeport	 -	State	Zip C		
Principal Occupation		l	Name of Employer		<u> C </u>		06606	
Public Defender Secretar	у		Division of P	Public Defender	· Servi	ces		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					y, Amo	Amount of Contribution \$100.00		
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches							
If yes, list Event # Method of Contribution:	of government the contra	ct is wi	Date Received	Legislative Aggregate Contributions				
	ard Payroll Deduction Money	Order		Aggregate Controlloris				
Last Name	at Lisylon Deadeadh Livioney		3/26/2023 [MI	
Exum			Tammy				MI	
Residential Street Address 40 Gin Still Lane		City	West Hartford		State	Zip C	ode 6107	
Principal Occupation					CT			
Legislator			Name of Employer CT General	Assembly				
s contributor a lobbyist, spouse,	If contribution is in excess of \$400 t		 ndidate for a chief executive	officer of a municipality	y, Amo	unt of	Contribution	
or dependent child of a lobbyist? No	does contributor or business he/she valued at more than \$5,000?	is asso	Yes No	with said municipality		\$1	100.00	
s this contribution associated with an very street reported in Section L1? If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor?							
Method of Contribution:	1- 9a . 41 and 45 100	77.44		Aggregate Contributions	┥			
Cash Personal Check Credit/Debit Car	rd Payroll Deduction Money	Order	3/26/2023					
SUBTOTAL Section B — This Pa				Page \$250	.00			
	TOTAL	of ac	dditional Section B Pa	ages				
TOTAL OF AL	LL CONTRIBUTIONS FROM		IVIDUALS (Sections A umn A of Summary Page To				$\neg \neg$	
	12/201 With Ull Edite 1.	., <i>-</i>						

Section B ADDITIONAL PAGE 21 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	\$					
	Contributions from Indiv	iduals				
Farrell	First Elisabeth			МІ		
Residential Street Address	City		State	Zip Code		
7 Bittersweet Lane	South Brunswic	k	ME	03908		
Principal Occupation		Name of Employer University of New Hampshire				
Project Director Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$40		<u></u>				
		didate for a chief executive officer of a municipality, iated with have a contract with said municipality Yes No				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which is the i		te contractor? Yes Legislative No				
Method of Contribution: ☐ Cash ☐ Personal Check	Date Received 1/31/2023	Aggregate Contributions				
Last Name	First	1		Mi		
Farrow	Edwin			P.		
Residential Street Address 357 Pearl Street Unit 5	Bridgeport		State CT	Zip Code 06608		
Principal Occupation	Name of Employer	L	<u> </u>			
Attorney	Edwin P.I	Farrow Attorno	ey at l	Law		
	0 to a candidate for a chief executive is associated with have a contract Yes No			nt of Contribution 1,000.00		
s this contribution associated with an veent reported in Section L1? If yes, list Event # Section L1? If yes, list Event # No Is contributor a principal of If yes, indicate which by of government the contributor.		te contractor? Yes No				
Method of Contribution:	Date Received	Aggregate Contributions	1			
☐ Cash ☐ Personal Check	cy Order 3/22/2023					
Ast Name Ferris	David		_	C.		
Residential Street Address	City	ľ	111	Zip Code		
1 West Track Road	Cromwell	Į.	CT	02416		
Architect	Name of Employer Antinozzi	Associates				
	to a candidate for a chief executive e is associated with have a contract Yes No			nt of Contribution 400.00		
s this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lf yes, indicate which bra of government the contra		No				
Acthod of Contribution:	Date Received	Aggregate Contributions				
Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone		00				
	TOTAL Section B — This	Ψ1,72	<u>5.00</u>			
	L of additional Section B P	I MARKET				
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A 13. Column A of Summary Page 7	,				

Section B ADDITIONAL PAGE 22 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 Indiv	iduals				
Flemming-Butler First Janice	T.				
Residential Street Address 141 Ridgefield Road City Hartford	State CT Zip Code 06112				
Principal Occupation Self employed Name of Employer Strategic C	Outreach Solutions				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executi does contributor or business he/she is associated with have a contract valued at more than \$5,000?	• • •				
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective states If yes, indicate which branch or branches If yes, indicate which branch or branches of government the contract is with:	te contractor?				
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 3/19/2023	Aggregate Contributions				
Fredericks First Joanne	MI S.				
Residential Street Address 31 Edge Hill, Place Fairfield	State Zip Code CT 06824				
Principal Occupation Scientist Name of Employer Unilev	ег				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Sometime of the property of the prope					
s this contribution associated with an vent reported in Section L1? Is contributor a principal of a state contractor or prospective sta If yes, list Event # No Is contributor a principal of a state contractor or prospective sta If yes, indicate which branch or branches of government the contract is with: Executive					
Method of Contribution: Date Received	Aggregate Contributions				
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 2/9/2023					
ast Name Gadkar-Wilcox Sujata	Mt				
City 36 Overlook Place City Trumbull	State Zip Code O6611				
Professor Quinnipiac	University				
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 valued at more than \$5,000?	, ,,				
this contribution associated with an vent reported in Section L1? Yes No No No If yes, list Event # Section L1? Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches If yes, indicate which branch or branches Executive If yes, indicate which branch or branches If yes, indicate which branches If yes, ind	c contractor?				
fethod of Contribution: Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 1/29/2023					
SUBTOTAL Section B — This	Page \$625.00				
TOTAL of additional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 1					

Section B ADDITIONAL PAGE 23 of ____

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT						
Marilyn for Mayor					April 10 fili	April 10 filing				
A. Total Contributions from (See instructions for definition of Sma				this Period ONLY STOTAL SECTION A	\$					
		B. Itemized Co	ntr	ibutions from Indiv	iduals		3		F-10, 12.7	
Last Name Gadkar-Wilcox				First Wynn					МІ	
Residential Street Address 36 Overlook	Plac	ce	City	rumbull			State CT)6611	
Principal Occupation Professo	٦			Name of Employer Western C	onnecticut	State	Univ	ers/	ity	
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?					1		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 brast of government the contract	nch o	or branches	te contractor?	☐ Yes No]	• • •		
Method of Contribution: Cash Personal Check Credit/Debit	Card	☐ Payroll Deduction ☐ Money	Orde	Date Received 1/29/2023	Aggregate Contrib	utions				
Last Name Gale				First Tracy	•				T.	
Residential Street Address 6 Cone Street			City	Hartford		- 1	State CT		Code 06105	
Principal Occupation Retired				Name of Employer Retire	d					
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does	ontribution is in excess of \$400 ts contributor or business he/she is ed at more than \$5,000?					Amount of Contribution \$100.00			
is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich o	r branches	e contractor?	Yes No				
Method of Contribution:		1		Date Received	Aggregate Contribu	tions	1			
☐ Cash ☐ Personal Check	ard [Payroll Deduction Money		3/23/2023			<u> </u>			
ast Name Ganino			F	Michael					В.	
Residential Street Address 3 Cantebury Lane			City	Trumbull			State CT	Zip C	6611	
rincipal Occupation Retired				Name of Employer Retired						
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 ed at more than \$5,000?						unt of	Contribution	
s this contribution associated with an vent reported in Section L1?	Yes No	Is contributor a principal of a st If yes, indicate which brand of government the contract	h or	branches	contractor?	□Yes ■No	Ψ.	20.0		
Method of Contribution:					Aggregate Contribut	ions				
Cash Personal Check Credit/Debit Ca	ard L	Payroll Deduction	Order	2/28/2023						
		SUBTO)TA	L Section B — This I	Page \$	225.0	00			
		TOTAL	of a	dditional Section B Pa	ages					
TOTAL OF A	LL C	ONTRIBUTIONS FROM (Enter total on Line 13		IVIDUALS (Sections A umn A of Summary Page To						

Section B ADDITIONAL PAGE 24 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 OTAL SECTION A	\$				
	B. Itemized Co	ontrib	outions from Indivi	iduals				
Last Name		F	irst				МІ	
Garcia			Gloria					
Residential Street Address 31 Jewett A	venue	City Br	ridgeport		State	1.	Code 06606	
Principal Occupation Restaurant			Name of Employer Miss TheIma's	s				
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		ciated with have a contract		y, Am		of Contribution	
valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? valued at more than \$5,000? Is contributor a principal of a statement reported in Section L1? No If yes, indicate which bran			branches	No		Ψ	1,000.00	
If yes, list Event #	of government the contra	ct is wit		☐ Legislative	4			
lethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/22/2023 Aggregate Contributions								
Last Name Gardner		Fir	Eva				L.	
Residential Street Address 130 Platt Street	Pridgeport				State		Code 06606	
Principal Occupation			Name of Employer		<u> </u>			
Bulk Mail Technician Clerk			1	Postal Service	!			
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?						of 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 lifyes, indicate which brain of government the contract	nch or l	branches	No No	7			
Method of Contribution:			Date Received	Aggregate Contributions	┪			
□ Cash □ Personal Check ● Credit/Debit C	Card Payroll Deduction Money	Order	3/25/2023					
Last Name		Fin	st				MI	
Lindsworth			Garvey					
Residential Street Address	River Drive	City	stratford		State	Zip (
Principal Occupation	1101 51110		Name of Employer		СТ		06614	
Information Technology	у		Microsoft (Corp.				
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 100.	f Contribution	
s this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a st If yes, indicate which bran of government the contract	ch or b	ranches	contractor? Yes No				
Method of Contribution: Date Received Aggregate Contributions								
Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Money	Order	2/3/2023					
	SUBT	OTAI	Section B — This I	Page \$1,200				
TOTAL of additional Section B Pages								
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A nn A of Summary Page To					

Section B ADDITIONAL PAGE 25 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	\$				
200								
	B. Itemized Co	ontri	butions from Indivi	duals				
Last Name Gates-Ferris	-]	Kathryn				E.	
Residential Street Address 253 Larch Drive		City	Bogata		State	Zip	O7603	
Principal Occupation VP			Name of Employer CAI Global					
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, Aı		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	contractor? Yes No		·		
Method of Contribution: ☐ Cash ☐ Personal Check								
Last Name Goldsby		Fi	Aigne			_	MI	
Residential Street Address 25 Carver Circle		City	Simsbury		State	1 '	Code 06070	
Principal Occupation Founder			Name of Employer Black Esq	uire, LLC				
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?				/, An	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 brain of government the contract	nch or	branches	No		·		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Order	Date Received 1/29/2023	Aggregate Contributions	7			
Last Name		Fù			•		мі Р.	
Gomes Residential Street Address	1	City	Edwin		State	7in i	Code	
72 Martin L. Ki	ng Drive		Bridgeport		CT	'	06608	
Principal Occupation Assembler	511	• • •	Name of Employer Sikorsky					
s contributor a lobbyist, spouse, Yes r 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?		didate for a chief executive		, Am		f Contribution	
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a si No If yes, indicate which bran of government the contract	ch or b	oranches	contractor? Yes No		4 00	,	
Method of Contribution: Cash Personal Check Credit/Debit Co	ard □ Payroll Deduction □ Money (Order	Date Received 3/28/2023	Aggregate Contributions				
	SUBT	OTA	L Section B — This F	age \$150.	00			
	TOTAL of additional Section B Pages							
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mmn A of Summary Page To					

Section B ADDITIONAL PAGE 26 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		4	TYPE OF REPORT				
Marilyn for Mayor					April 10 filing		
A. Total Contributions from (See instructions for definition of Sm				his Period ONLY TOTAL SECTION A	s		
		B. Itemized Co	ontrik	outions from Indiv	iduals		
Last Name Goodridge			F	irst			М
				Valencia			
	lcKi	nley Avenue	City	New Haven		State	Zip Code 06515
Principal Occupation Realator				Name of Employer Coldwell Ban	ker		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	do	contribution is in excess of \$400 per contributor or business he/she alued at more than \$5,000?				y, Am	sount of Contributi \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a	nch or	ntractor or prospective state	te contractor? Yes		
Method of Contribution: Cash Personal Check Credit/Debit	Card	☐ Payroll Deduction ☐ Mone	y Order	Date Received 3/29/2023	Aggregate Contributions	1	
Last Name			Fü	st	<u> </u>		МІ
Goodwin			-	Maquis			
Residential Street Address			City			State	Zip Code
2390 State	Str	eet		Hamden		CT	06517
Principal Occupation Photographe	r			Name of Employer GoNation,	LLC		
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	doc	contribution is in excess of \$400 es contributor or business he/she ued at more than \$5,000?				.	sunt of Contribution \$100.00
s this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a If yes, indicate which brau of government the contract	nch or b	oranches	● No		
Method of Contribution:		or Boyouthout all boundary	JI 13 WID		Aggregate Contributions	-	
Cash Personal Check Credit/Debit 6	Card i	☐ Payroll Deduction ☐ Money	Order	2/20/2023			
ast Name Goodwin		· ·	Fin	Maquis		•	МІ
esidential Street Address 8 Beechwood D	rive		City	Nort Haven		State CT	Zip Code 06473
rincipal Occupation Photographer				Name of Employer GoNation,	LLC	<u> </u>	L
contributor a lobbyist, spouse, dependent child of a lobbyist?	does	ontribution is in excess of \$400 to s contributor or business he/she is the at more than \$5,000?	o a cand s associ	lidate for a chief executive ated with have a contract w	officer of a municipality with said municipality	1 .	unt of Contribution
this contribution associated with an ent reported in Section L1? fyes, list Event #	Yes No	Is contributor a principal of a st If yes, indicate which bran of government the contract	ch or br	anches	contractor? Yes	1	
ethod of Contribution.				Date Received	Aggregate Contributions	1	
Cash Personal Check Credit/Debit C	and C	Payroll Deduction Money (Order	3/25/2023			_
		SUBT	OTAL	Section B — This P	age \$300	0.00	
		TOTAL	of add	litional Section B Pa	iges		
TOTAL OF A	LL C	CONTRIBUTIONS FROM (Enter total on Line 13		TDUALS (Sections A an A of Summary Page To			

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Section B ADDITIONAL PAGE 27 of ____

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT		18		
Marilyn for Mayor				April 10 filing	April 10 filing			
A. Total Contributions from Small Contri (See instructions for definition of Small Contributor)			his Period ONLY OTAL SECTION A	\$				
						_		
B.	Itemized Co	ntrib	outions from Indiv	iduals			S 10 2 2 2	
Last Name			irst			23.000	Mi	
Griffin			Jimmie				L.	
Residential Street Address 213 2nd Avenue		City	West Have	n	State		06516	
Principal Occupation Retired			Name of Employer	etired	1			
Is contributor a lobbyist, spouse,	s in excess of \$400 t	to a car	didate for a chief executive	e officer of a municipali	ty, 🛮 🖈	mount	of Contribution	
or dependent child of a lobbyist? No does contributor valued at more ti		is assoc	ciated with have a contract Yes No	with said municipality			\$50.00	
event reported in Section L1? No If yes, is	or a principal of a s ndicate which bran ernment the contract	ich or t		e contractor? Yes				
Method of Contribution:	similari die condaci	r 12 MIN	Date Received		-			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll De	duction Money	Order	2/1/2023	Aggregate Contributions				
Last Name		Fin	st	<u> </u>			MI	
Griffiths			Clive				M.	
Residential Street Address 970 Reservoir Avenue	lc	City	Bridgeport		State	Zip	06606	
Principal Occupation			Name of Employer					
Alliance for Community En	npowerment	t	IT Profession	nal				
s contributor a lobbyist, spouse,	in excess of \$400 to	a cano	didate for a chief executive isted with have a contract	officer of a municipality	y, Aı	mount (of Contribution	
valued at more that	an \$5,000?		☐ Yes ♠ No			\$50.00		
vent reported in Section L1? No If yes, in	or a principal of a st adicate which brand rument the contract	ch or b		_ No				
Method of Contribution:			Date Received	Aggregate Contributions	\dashv			
Cash Personal Check Credit/Debit Card Payroll Ded	uction	Order	2/1/2023					
ast Name Halstead	<u> </u>	First					MI	
esidential Street Address			Robert				E	
55 Sterling Place	Ci	Brid	lgeport		State	Zip	^{Code} 06604	
rincipal Occupation			Name of Employer				_00004	
Retired			Retired					
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in does contributor or valued at more than	r business he/she is:	a candi associa	idate for a chief executive ated with have a contract w	officer of a municipality ith said municipality	, An		f Contribution 50.00	
ent reported in Section L1? No If yes, ind	a principal of a stat		ractor or prospective state	contractor?	1			
	ment the contract is				_			
iethod of Contribution: Cash	ection Money O	- 1		aggregate Contributions				
Commence and an application of the commence and applicatio			3/25/2023	\$150.0				
		-	Section B — This P	age	_			
			itional Section B Pa	200				
TOTAL OF ALL CONTRIBUT			TDUALS (Sections A - on A of Summary Page To					

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Section B ADDITIONAL PAGE 28

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NAME OF COMMITTEE (Provide Complete Name as Registered with	th Filing Repository)			TYPE OF RE	PORT	100		
Marilyn for Mayor				April 10 fi	ling			
A. Total Contributions from Small Contri (See instructions for definition of Small Contributor)	butors-Recei		his Period ONLY TOTAL SECTION A	\$				
В.	Itemized Co	ntrik	outions from Indiv	iduals	7°			y at
Last Name Hanley		F	Wyatesia					MI
Residential Street Address 410 Hooker Road	•	City	Bridgeport			State CT	2ip C	6610
Principal Occupation Sales			Name of Employer Gault F	amily Cor	npanie	es		
	or business he/she		ndidate for a chief executive ciated with have a contract Yes				unt of 50.0	Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contribution If yes, i		nch or		te contractor?	Yes No			
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll De	duction Money	Order	Date Received 3/28/2023	Aggregate Contri	butions			
Last Name Hartley		1	Joan					мі V.
Residential Street Address 500 Chase Parkway		City	Vaturbury			State CT	Zip Co	ode 06708
Principal Occupation Legislator			Name of Employer Stae of CT					
	or business he/she		ndidate for a chief executive ciated with have a contract Yes No			Amount of Contribution \$1,000.00		
event reported in Section L1? No If yes, in	or a principal of a s ndicate which brase emment the contract	nch or l		e contractor?	Yes No	1	1,00	.0.00
Method of Contribution:	Amment die comme	71 15 WIL	Date Received	Aggregate Contrib	utions	1		
☐ Cash	fuction		2/8/2023					
Last Name Hartley		Fir	₃, Joan					V.
tesidential Street Address 500 Chase Parkway		City	/aturbury		- 1	State CT	Zip Coc O6	5708
Trincipal Occupation Legislator	•		Name of Employer Stae of CT		•	*		
	or business he/she i		didate for a chief executive iated with have a contract Ves No					Contribution
vent reported in Section L1? No If yes, in	r a principal of a st dicate which bran- nment the contract	ch or b		contractor?	□Yes ●No	2/8/2	2023	3
Method of Contribution:			Date Received	Aggregate Contribi	utions	cned	к ге	funded
Cash ☐ Personal Check	uction	Order	3/30/2023	\$2,000				
	SUBT	OTAI	L Section B — This	Page 2,0	50.00)		··· <u> </u>
Service and the service and th	TOTAL	of ad	ditional Section B Pa	ages				
TOTAL OF ALL CONTRIBU (Ent			VIDUALS (Sections A mn A of Summary Page T	-				ļ

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Section B ADDITIONAL PAGE 29 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT		EF V		
Marilyn for Mayor	mile di Seni			April 10 filing				
A. Total Contributions from (See instructions for definition of Sma			nis Period ONLY OTAL SECTION A	\$				
	B. Itemized Co		utions from Indivi	duals		3/1		
Last Name Haskell		Fi	William				MI	
Residential Street Address 125 weston Road		City	Westport		State		Code 880	
Principal Occupation Student			Name of Employer N/A					
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, An		of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						ΨΖ	5.00	
Method of Contribution: ☐ Cash ☐ Personal Check	Card Payroll Deduction Money	Order	Date Received 3/29/2023	Aggregate Contributions				
Last Name Hill-Johnson		Fir	*Karen				MI	
Residential Street Address		City			State	1 1	Code	
						100	606	
Project Mana	ager		Name of Employer DeMarco N	Manegement C	ompa	any		
s 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?		didate for a chief executive	officer of a municipality		Amount of Contribution \$25.00		
is 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 contrac	nch or b	oranches	No				
Method of Contribution:	or government are contact			Aggregate Contributions	\dashv			
Cash Personal Check Credit/Debit C	Card □ Payroll Deduction □ Money	Order	2/13/2023					
ast Name Hopkins Sta	ten	Firs	Thereasa				MI	
Residential Street Address 1833 Asylum Ave		We	st Hartford		State	Zip C	O6117	
Principal Occupation Foundation	n President, VP of Equit	y	Name of Employer Eversource E	inergy				
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?				1	ount of 200.	Contribution	
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a st If yes, indicate which brancof government the contract	ch or br	anches	No]			
Method of Contribution:				Aggregate Contributions	1			
Cash Personal Check Credit/Debit C	ard □ Payroll Deduction □ Money (Order	3/20/2023					
			Section B — This F		1			
		400	litional Section B Pa					
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line 13		IDUALS (Sections A on A of Summary Page To					

Section B ADDITIONAL PAGE ____30__ 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 STOTAL SECTION A	\$				
	B. Itemized C	Contr	ibutions from Indiv	iduals	100	\$1.7°		
Last Name Huber			Sonya				MI	
Residential Street Address 75 Clinton Avenue		City	Stratford		State	Zip	06614	
Principal Occupation Professor			Name of Employer Fairfield Ur	niversity				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$40 does contributor or business he/si valued at more than \$5,000?					\$50	of Contribution	
				No				
Method of Contribution:	Of government and conta		Date Received	Aggregate Contributions	\dashv			
☐ Cash ☐ Personal Check	Card □ Payroll Deduction □ Mon	ey Orde	2/6/2023					
Last Name Issac			First Mary				МІ	
Residential Street Address 50 Skating Pond Road	ı	City	Trumbull		State	Zip	06611	
Principal Occupation Name of Employer Retired Retired								
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?				.	Amount of Contribution \$100.00		
s this contribution associated with an veent reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which be of government the contr	anch o	r branches	_ No	1 7			
Method of Contribution:			Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check	ard Payroll Deduction Mone	y Ordei	1/29/2023					
.ast Name Jakubowski		F	Jason				MI	
desidential Street Address 33 Westminster Driv	ve	City V	Vest Hartford		State	Zip (06107	
rincipal Occupation			Name of Employer					
CEO			Connecticut	Foodshare				
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					unt of	Contribution 0.00	
sthis contribution associated with an vent reported in Section L1? If yes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	No				
Method of Contribution:				Aggregate Contributions	1			
Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Money	Order (2/1/2023	_				
	SUB	ГОТА	L Section B — This I	Page \$250.	.00			
TOTAL of additional Section B Pages								
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page To					

Section B ADDITIONAL PAGE 30 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 Contribute (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$				
B. Ite	mized Co	ntrib	utions from Indivi	duals		Ĭn.		
Tast Name Huber		Fi	Sonya				МІ	
Residential Street Address 75 Clinton Avenue		City	Stratford		State	Zip	Code 06614	
Principal Occupation Professor			Name of Employer Fairfield Ur	niversity				
	usiness he/she		didate for a chief executive ciated with have a contract Yes	e officer of a municipalit	ty, An	\$50	of Contribution	
event reported in Section L1? No If yes, indica	principal of a s ate which bran ent the contrac	ich or b		e contractor?				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 2/6/2023 Aggregate Contributions								
Last Name ISSAC		Fin	Mary	1,	•		MI	
Residential Street Address 50 Skating Pond Road		City	Frumbull		State	Zip (06611	
Principal Occupation Retired Name of Employer Retired								
	siness he/she is		didate for a chief executive intended with have a contract to Yes No			Amount of Contribution \$100.00		
event reported in Section L1? No If yes, indica	orincipal of a s ite which bran	ch or b		No No	3	,00.	,,	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deductio				Aggregate Contributions	7			
Last Name Jakubowski		Firs	Jason			_	MI	
Residential Street Address 33 Westminster Drive	C	We	est Hartford		State	Zip C	06107	
Principal Occupation CEO			Name of Employer Connecticut	Foodshare				
=	iness he/she is		idate for a chief executive ated with have a contract v		" I	\$100	Contribution	
event reported in Section L1? No If yes, indicate	rincipal of a sta e which branc nt the contract	h or br		No				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	п 🗆 Молеу С	- 1	2/1/2023	Aggregate Contributions				
	SUBTO	TAL	Section B — This I	Page \$250.	.00			
	TOTAL	of add	litional Section B Pa	nges				
TOTAL OF ALL CONTRIBUTIO (Enter to)			TDUALS (Sections A an A of Summary Page To					

SEEC FORM 20

Last Name

Marilyn for Mayor

Huber Residential Street Address

Principal Occupation

If yes, list Event #

Method of Contribution:

Residential Street Address

Retired Is contributor a lobbyist, spouse,

or dependent child of a lobbyist?

event reported in Section L1?

If yes, list Event #

Method of Contribution:

Residential Street Address

Is contributor a lobbyist, spouse,

or dependent child of a lobbyist?

event reported in Section L1?

If yes, list Event #

Method of Contribution:

Is this contribution associated with an

Principal Occupation

Is this contribution associated with an

Jakubowski

33 Westminster Drive

☐ Yes

No

Yes

No

CEO

Principal Occupation

(See instructions for definition of Small Contributor)

75 Clinton Avenue

50 Skating Pond Road

☐ Yes

☐ Yes

No

No.

☐ Yes

No

Yes

Professor

Is contributor a lobbyist, spouse,

or dependent child of a lobbyist?

event reported in Section L1?

Issac

Is this contribution associated with an

Section B ADDITIONAL PAGE

TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) April 10 filing A. Total Contributions from Small Contributors-Received this Period ONLY \$ SUBTOTAL SECTION A **B.** Itemized Contributions from Individuals First мі Sonya State Zin Code CT Stratford 06614 Name of Employer Fairfield University If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, **Amount of Contribution** does contributor or business he/she is associated with have a contract with said municipality \$50.00 valued at more than \$5,000? ☐ Yes ☐ 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 Date Received Aggregate Contributions 2/6/2023 ΜI Mary City Zip Code Trumbuli 06611 CT Name of Employer Retired If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? ☐ Yes (\$100.00 Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative Aggregate Contributions Date Received 1/29/2023 ΜI Jason City West Hartford State Zip Code 06107 CT Name of Employer **Connecticut Foodshare** If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality. Amount of Contribution does contributor or business he/she is associated with have a contract with said municipality \$100.00 valued at more than \$5,000? ☐ Yes ■ No Is contributor a principal of a state contractor or prospective state contractor? □Ycs If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative Aggregate Contributions Date Received □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 2/1/2023 SUBTOTAL Section B — This Page \$250.00

TOTAL of additional Section B Pages

(Enter total on Line 13, Column A of Summary Page Totals)

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)

Section B ADDITIONAL PAGE 31 of ____

NAME OF COMMITTEE (Provide Complete Name as R	legistered with Filing Repository)			TYP	E OF REPORT			
Marilyn for Mayor				Apr	il 10 filing			
A. Total Contributions from Small (See instructions for definition of Small Contri			nis Period ONLY OTAL SECTION A	\$				
	***		- 100					
	B. Itemized Co		utions from Indivi	idual			Î,	
Last Name Janensch		Fi	Gail					E.
Residential Street Address 3030 Park Avenue Apt.	12	City	Bridgeport			State	Zip	06604
Principal Occupation Retired			Name of Employer Retired					
or dependent child of a lobbyist? No does	ntribution is in excess of \$400 contributor or business he/she d at more than \$5,000?					"	200	of Contribution
1 1 2 2 2 2 2	Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or t	ntractor or prospective state	_	No	7		
Method of Contribution: ☐ Cash ☐ Personal Check	Payroll Deduction Money	Order	Date Received 3/6/2023	Aggreg	ate Contributions	7		
Last Name Janensch		Fin	Gail					E,
Residential Street Address 3030 Park Avenue Apt. 12		City	Bridgepo	rt		State		Code 6604
Principal Occupation Retired	•		Name of Employer Retired	1				
or dependent child of a lobbyist? No does co	tribution is in excess of \$400 to ontributor or business he/she is at more than \$5,000?					, Am		f Contribution
s this contribution associated with an Yes event reported in Section L1? No	s contributor a principal of a st If yes, indicate which bran of government the contract	ch or b	ranches	_	No	1		
Method of Contribution:	or government the combact	i is with			te Contributions	┨		
☐ Cash Personal Check Credit/Debit Card ☐ P	Payroll Deduction Money (Order	3/11/2023		\$400.00			
Johnson		Firs	Susan					М.
Residential Street Address 120 Boliva Street	C	ity 1/	Villamantic			State	Zip (Code 226
rincipal Occupation			Name of Employer			СТ	1002	
Attorney			O'Brien and	Joh	nson Attorr	ievs	at La	aw
r dependent child of a lobbyist? 🌎 No does co	ribution is in excess of \$400 to entributor or business he/she is at more than \$5,000?	a cand	idate for a chief executive	officer	of a municipality.			Contribution
this contribution associated with an Yes Vent reported in Section L1?	contributor a principal of a sta If yes, indicate which branc of government the contract	h or br	ractor or prospective state anches	contrac	No	1	·	
Method of Contribution:	- G		Date Received		e Contributions	1		
Cash ☐ Personal Check	ayroll Deduction Money O	rder	1/29/2023					
	SUBTO	TAL	Section B — This P	age	\$450.0)0		
	TOTAL	of add	litional Section B Pa	eges				
TOTAL OF ALL CO	NTRIBUTIONS FROM 1 (Enter total on Line 13,	NDIV Colum	TDUALS (Sections A in A of Summary Page To	+ B) otals)				

Section B ADDITIONAL PAGE 31 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT					
Marilyn for Mayor		1-0			April 10 filing					
A. Total Contributions from (See instructions for definition of Small				his Period ONLY FOTAL SECTION A	S					
		B. Itemized Co	ntrik	outions from Indivi	iduals	I HAT				
Last Name Janensch			F	First				МІ		
Janensch		_		Gail				E		
Residential Street Address 3030 Park Avenue	Apt	. 12	City	Bridgeport		Stat	- 1	ip Code 06604		
Principal Occupation				Name of Employer						
Retired				Retired	_					
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,		nount of Contribution 200.00		
	Yes	Is contributor a principal of a		ontractor or prospective stat		1				
event reported in Section L1? If yes, list Event #	No	If yes, indicate which bra			☐ Legislative No					
Method of Contribution:				Date Received	Aggregate Contributions	7				
☐ Cash ☐ Personal Check	Card	☐ Payroll Deduction ☐ Money	Order	3/6/2023						
Last Name			Fi	irst				MI		
Janensch				Gail				E,		
Residential Street Address 3030 Park Avenue Apt. 1	2		City	Bridgepo	rt	State	ة ا	Code 06604		
Principal Occupation				Name of Employer			—-			
Retired				Retired	1					
Is contributor a lobbyist, spouse,	If ¢	ontribution is in excess of \$400 to	to a car			/, A	mount	of Contribution		
or dependent child of a lobbyist? No		s contributor or business he/she : ued at more than \$5,000?	is assoc	ciated with have a contract	with said municipality		\$3	200.00		
s 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 contrac	nch or	branches	e contractor? Yes	7				
Method of Contribution:		or government are contract		Date Received	Aggregate Contributions	┨				
Cash Personal Check Credit/Debit C	ard [Payroll Deduction Money	Order	3/11/2023	\$400.00					
Last Name			Fir	rst				MI		
Johnson				Susan				M.		
Residential Street Address		(City			State		Code		
120 Boliva Street			'	Willamantic		СТ	06	5226		
rincipal Occupation				Name of Employer						
Attorney				O'Brien and	Johnson Attor	ney	s at L	.aw		
s contributor a lobbyist, spouse, Yes r dependent child of a lobbyist? No	does	ontribution is in excess of \$400 to s contributor or business he/she it sed at more than \$5,000?				· A		of Contribution 0.00		
s this contribution associated with an vent reported in Section L1? If yes, list Event #	řes No	Is contributor a principal of a st If yes, indicate which bran- of government the contract	ch or b	oranches	No	1				
Method of Contribution:					Aggregate Contributions	1				
Cash Personal Check Credit/Debit Ca	ard [Payroll Deduction Money (Order	1/29/2023		\perp				
		SUBT	OTAI	L Section B — This I	Page \$450.	00				
		TOTAL	of ad	ditional Section B Pa	ages					
TOTAL OF A	LL (CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page To						

Section B ADDITIONAL PAGE 32 of ____

Marilyn for Mayor	April 10 filing
	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 Indi	
Last Name Johnson Lisa	MI
Residential Street Address 27 Redwood Drive Unit 1410 East Haven	State Zip Code CT 06513
Principal Occupation Name of Employer Engineer Bism	ark
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contra valued at more than \$5,000?	ct with said municipality
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 of government the contract is with: If yes, indicate which branch or branches of government the contract is with:	ate contractor?
Method of Contribution: ☐ Cash ☐ Personal Check	Aggregate Contributions
Johnson First Calvin	MI
4383 Grant Forest Cir. City Ellenwood	State Zip Code 3094
Principal Occupation Service Technician Name of Employer ATT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No life contribution is in excess of \$400 to a candidate for a chief executi does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
st this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective statement of government the contract is with: Executive	ate contractor?
Method of Contribution: □ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 3/20/2023	Aggregate Contributions
Jordan First Damika	MI
Residential Street Address 2 Hillview Street Bridgeport	State Zip Code CT 06606
Principal Occupation Medical Administrator Name of Employer NY State er	mployee
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No 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?	
s this contribution associated with an vent 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: Executive	☐ Legislative
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 2/10/2023	Aggregate Contributions
SUBTOTAL Section B — This	Page \$200.00
TOTAL of additional Section B	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page	

Section B ADDITIONAL PAGE 33 of ____

NAME OF COMMITTEE (Provide Complete N		TYPE OF REPORT							
Marilyn for Mayor				April 10 filing					
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$					
			-11 - 11-42						
B. Itemized Contributions from Individuals									
Last Name Judge		F	Pinst David				МІ А.		
Residential Street Address 51 Brooklawn Pl.		City	Bridgeport		State	Ziţ	06604		
Principal Occupation Pres	sident		Name of Employer Judge Ele	ectric					
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, Aı		of Contribution 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 No					
Method of Contribution: ☐ Cash ☐ Personal Check	Card □ Payroll Deduction □ Money	Order	Date Received 2/20/2023	Aggregate Contributions					
Last Name King		Fi	Christine				MI		
Residential Street Address 1375 Chopsey Hill	Rd.	City	Bridgeport		State CT		Code 06606		
Principal Occupation Name of Employer Consultant CKEducation									
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?			ct with said municipality \$100.00					
s this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a If yes, indicate which brai of government the contract	nch or	branches	contractor? Yes No					
Method of Contribution: Cash Personal Check Credit/Debit Co	ard Payroll Deduction Money	Order	Date Received 3/29/2023	Aggregate Contributions	7				
ast Name King		Fi	Valerie				MI		
Cesidential Street Address 15 Rock Hill Rd.		City	Woodbridge		State CT	Zip	^{Code} 06525		
rincipal Occupation Retired			Name of Employer Retired	I					
s contributor a lobbyist, spouse, 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?				Ĺ.	650.0	f Contribution		
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Is contributor a principal of a si If yes, indicate which bran of government the contract	ch or b	oranches	contractor? Yes No					
Method of Contribution: Cash Personal Check Credit/Debit Ca	rd □ Payroll Deduction □ Money	Order	Date Received // 3/30/2023	Aggregate Contributions					
	SUBT	OTA	L Section B — This F	Page \$250.0)0				
			Iditional Section B Pa						
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A umn A of Summary Page To						

Section B ADDITIONAL PAGE 34 of ____

NAME OF COMMITTEE (Provide Complete	Name o	as Registered with Filing Repository)	176		TYF	E OF REPORT			H A THE	
Marilyn for Mayor					Ар	ril 10 filing				
A. Total Contributions from (See instructions for definition of St				this Period ONLY STOTAL SECTION A	\$					
		B. Itemized Co	ontr	ibutions from Indiv	idual	s	13.5		T 7 4	
Last Name Knight				First Kevin					MI	
Residential Street Address 37 Cranbury Rd.			City	Norwalk			State CT)6851	
Principal Occupation Marketing		·		Name of Employer Kgro	up					
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?							of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor o				No No	_ 3 5	50.0	10		
Method of Contribution: ☐ Cash ☐ Personal Check	it Card	☐ Payroll Deduction ☐ Money	y Ord	Date Received 3/25/2023	Aggre	gate Contributions				
Last Name Kowalski				First Linda					MI	
Residential Street Address 23 Sybil Creek Pl.			City	Branford			State CT	Zip	06405	
Principal Occupation Government Relation	าร			Name of Employer Rome, Smi	th,L	utz and Kov	valski	i		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	do				e a contract with said municipality				ant 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 o	or branches	_	No]	Ψ100.00		
Method of Contribution: Cash Personal Check Credit/Debit	Card	1 -		Date Received		ate Contributions	1			
Last Name	-		1	First					MI	
Kowalski Residential Street Address			City	Linda		ı	State	1 7 in	Code	
23 Sybil Creek Pl.			O.I.J	Branford			CT	1 .	06405	
Principal Occupation				Name of Employer		I				
Goverment Relat	ions			Rome, S	Smith	n, Lutz and	Kowa	ılski	<u> </u>	
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 to scontributor or business he/she used at more than \$5,000?					Amo		Contribution	
s 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 contrac	ich or	branches		No		Ψ	230.00	
Method of Contribution: Cash Personal Check Credit/Debit	Card [☐ Payroll Deduction ☐ Money	Order	1		ate Contributions 350.00				
				AL Section B — This 1	-27		00.00)		
				dditional Section B Pa				_		
TOTAL OF	ALL (CONTRIBUTIONS FROM	IND		+ B)				-	
		(Limer tout on LANG 1.	J, CO							

Section B ADDITIONAL PAGE 35 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TY	PE OF REPORT	ORT				
Marilyn for Mayor		_			Ар	ril 10 filing					
A. Total Contributions from (See instructions for definition of Small				this Period ONLY TOTAL SECTION A	\$						
		B. Itemized Co	ntri	ibutions from Indivi	dua	ls	Jii.	1	TO THE MENT		
Last Name			\neg	First					MI		
Kushnar				Julie			T		L.		
Residential Street Address 75 Old Ridgebury Re	d.		City	Danbury			State		ip Code 06810		
Principal Occupation				Name of Employer					_		
State Senator				CT General A	sse	mbly			<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?					y, An		of Contribution 200.00		
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	r branches	_	No					
Method of Contribution:				Date Received	Aggre	gate Contributions	┪				
☐ Cash ☐ Personal Check ☐ Credit/Debit	Card	☐ Payroll Deduction ☐ Money	Orde	4/00/0000		•					
Last Name			F	First					MI		
Kushnar				Julie					L.		
Residential Street Address			City				State	Zip	Code		
75 Old Ridgebury Rd.				Danbury			СТ	\perp	06810		
Principal Occupation State Senator				Name of Employer CT General	Ass	embly					
is contributor a lobbyist, spouse, Sor dependent child of a lobbyist?						/, Am		of Contribution			
event reported in Section L1?	Yes No	Is contributor a principal of a If yes, indicate which bran	nch or	r branches		No No		\$200.00			
If yes, list Event #		of government the contrac	21 15 W	rith: Executive Date Received		gate Contributions	┥				
_	المحمة	☐ Payroll Deduction ☐ Money	Oudan	4/00/0000	vRRief	\$400.00					
	Jaid (Traylon Deduction Colonicy		.		Ψ-00.00			Total		
Last Name Lesser			l l	Matthew					MI		
Residential Street Address			City				State	Zip	Code		
2 Mazzatto PI.				Middletown		I	СТ		06457		
Principal Occupation State Senator				Name of Employer State of Co	nne	cticut			-		
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	does	ontribution is in excess of \$400 to s contributor or business he/she is sed at more than \$5,000?					Am		of Contribution		
s 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	branches		No	7	\$	100.00		
Method of Contribution:		or government me contract	io WII			gislative ate Contributions	\exists				
	ard [Payroll Deduction Money	Order	0/05/0000	-000						
		SUBT	ОТА	L Section B — This I	age	\$500.0	0				
		TOTAL	of a	dditional Section B Pa	iges						
TOTAL OF A	LL (CONTRIBUTIONS FROM (Enter total on Line 1)		IVIDUALS (Sections A umn A of Summary Page To							

SEEC FORM 20 Ravised Jessery 2015

Section B ADDITIONAL PAGE 35 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Report	an - Deal David	TYPE OF REPORT							
Marilyn for Mayor				April 10 filing					
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$					
				···		_			
B. Itemize	d Cont	ribu	tions from Indivi	duals		A P	, Sag Till		
Last Name		First					МІ		
Kushnar		,	Julie				L.		
Residential Street Address	Cit	ty			Stat	ie Zi	ip Code		
75 Old Ridgebury Rd.	-	Dar	nbury		CI	Γ	06810		
Principal Occupation			Name of Employer						
State Senator			CT General A	ssembly					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000?	he/she is a	a cand associa	idate for a chief executivated with have a contract Yes No	e officer of a municipality with said municipality	ty,		of Contribution 200.00		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a princip. No If yes, indicate whi	al of a state	or br	ractor or prospective stat	e contractor? Yes					
If yes, list Event # of government the	Colluact 15		Date Received	Aggregate Contributions	_				
Cash	Money Or	- 1	1/29/2023						
Last Name	<u></u>	First					МІ		
Kushnar			Julie				L.		
Residential Street Address	City	'			State	e Zip	p Code		
75 Old Ridgebury Rd.		[Danbury		CT	г	06810		
Principal Occupation		1	Name of Employer						
State Senator CT General Assembly									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000?	he/she is a	candi ssocia	date for a chief executive ted with have a contract Yes No	e officer of a municipality	у, Д	Amount of Contribution			
event reported in Section L1? No If yes, indicate whi	ich branch	or br		No No		\$2	200.00		
If yes, list Event # of government the	contract is		Date Received	Legislative Aggregate Contributions	-				
Method of Contribution: ☐ Cash ☐ Personal Check	Money Orc	- 1	1/29/2023	\$400.00					
Last Name		First	, '	<u> </u>	—		MI		
Lesser			Matthew						
Residential Street Address 2 Mazzatto PI.	City	y	Middletown		State	Ι.	06457		
Principal Occupation		١	Name of Employer	-					
State Senator			State of Co	nnecticut					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of does contributor or business I valued at more than \$5,000?					у, А		of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principa If yes, indicate which of government the contributor as principal Is cont	ch branch	or bra		e contractor? Yes No Legislative		\$	\$100.00		
Method of Contribution:			Pate Received	Aggregate Contributions	7				
□ Cash □ Personal Check ● Credit/Debit Card □ Payrol! Deduction □ N	Money Ord	der	3/25/2023		丄				
S	SUBTO	FAL	Section B — This	Page \$500.0	10				
то	TAL of	addi	itional Section B P	ages					
TOTAL OF ALL CONTRIBUTIONS F (Enter total on			IDUALS (Sections A n A of Summary Page 1						

SEEC FORM 20 Berhad January 2015

Section B ADDITIONAL PAGE 36 of ____

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing		TYPE OF REPORT	115				
Marilyn for Mayor			April 10 filing	April 10 filing			
A. Total Contributions from Small Contributo (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	s				
		-	-		-		
B. Iter	mized Contri	butions from Indivi	duals	10-4			
Lewis		Dorothy Dorothy			MI M.		
Residential Street Address 290 Greenwood Street	City E	Bridgeport		State CT	Zip Code 06606		
Principal Occupation State of Connecticut	Name of Employer Legislati	ve Aide (Admin	istrativ	re)			
	siness he/she is ass	candidate for a chief executive sociated with have a contract Yes			unt of Contribution		
event reported in Section L1? No If yes, indica	orincipal of a state of te which branch o ent the contract is w		e contractor? Yes No				
Method of Contribution: ☐ Cash ☐ Personal Check	on Money Orde	Date Received 2/7/2023	Aggregate Contributions				
Lewis	1	First Dorothy			м М.		
Residential Street Address 290 Greenwood Street	City Br	idgeport		State	Zip Code 06606		
Principal Occupation State of Connecticut		Name of Employer Legislative	e Aide (Adminis	trative)		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or bus valued at more than \$5	siness he/she is ass	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality		ant of Contribution		
event reported in Section L1? No If yes, indicate	rincipal of a state of te which branch of nt the contract is w		e contractor? Yes Legislative No		•		
Method of Contribution: ☐ Cash ☐ Personal Check	n Money Order	7 Date Received 3/19/2023	Aggregate Contributions \$200.00				
Last Name Lovinsk	ļ	Anne			MI		
Residential Street Address	City			State	Zip Code		
Principal Occupation	-	Name of Employer					
	iness he/she is asso	undidate for a chief executive ociated with have a contract Yes No			nt of Contribution		
event reported in Section L1? No If yes, indicate	incipal of a state or e which branch or at the contract is wi		contractor? Yes No				
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	n Money Order	Date Received 2/8/2023	Aggregate Contributions]			
Season Street Season Care Street Season	I mention and	AL Section B — This	Page \$250.0	 О			
		dditional Section B P					
TOTAL OF ALL CONTRIBUTIO		OIVIDUALS (Sections A lumn A of Summary Page 1					

Section B ADDITIONAL PAGE ____37 __ 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 (See instructions for definition of Small Contributor) SUBTOT	Period ONLY AL SECTION A	\$			
			- 4.		
B. Itemized Contributi	ons from Individ	luais	7.2	MI	
Lewis	Kyle		T- T-	Α.	
	ridgeport		State 2	Cip Code 06606	
Principal Occupation Technician	Dionostics				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to a candid does contributor or business he/she is associate valued at more than \$5,000?		t of Contribution 25.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contra If yes, indicate which branch or branch of government the contract is with:		_ No			
Method of Contribution: ☐ Cash ☐ Personal Check	3/19/2023	Aggregate Contributions			
Last Name First Luckett	Valita			МІ	
Residential Street Address 29 Old Pasture Ln. City Ha	amden		State Zi	ip Code 06518	
Principal Occupation Na Consultants	me of Employer Luckett an	d Luckett Asso	ciates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candida does contributor or business he/she is associate valued at more than \$5,000?				of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contra If yes, indicate which branch or bran of government the contract is with:		No			
	te Received A	Aggregate Contributions	7		
☐ Cash ☐ Personal Check	2/8/2023				
Luxenberg First G	eoffrey			MI	
Residential Street Address 93 Plymouth Ln. City Ma	nchester		1 "	p Code 06040	
Principal Occupation Na State Legislator	me of Employer Stae of	СТ			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candida does contributor or business he/she is associated valued at more than \$5,000?			117	of Contribution 00.00	
is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Of government the contract is with:	hes	contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	1/30/2023	ggregate Contributions			
SUBTOTAL S	ection B — This P	age \$575.00)		
TOTAL of additi	onal Section B Pa	ges			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVID (Enter total on Line 13, Column)					

SEEC FORM 20 Bertod Juneary 2015

Section B ADDITIONAL PAGE 38 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 Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$				
B. Itemized Co	ontributions from Indivi	duals				
Last Name Manigat	Angeucci			MI		
Residential Street Address 66 Yale St.	Stratford			Zip Code 06615		
Union Program Representative	Associa	ation				
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 officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				nt of Contribution		
	state contractor or prospective state nch or branches	contractor? Yes No				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received 2/8/2023	Aggregate Contributions	1			
Last Name Manigat	First Damicia	=		MI		
Residential Street Address 66 Yale St.	Stratford Stratford		State Z	ip Code 06615		
Principal Occupation Registered Nurse	Name of Employer Hartford He	ealthcare	_			
	or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which brate of government the contraction.		No				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received	Aggregate Contributions				
Last Name	First		<u></u>	MI		
Marcus	Marshall			D.		
Residential Street Address 91 Stonehouse Rd.	City Trumbull			ip Code 6611		
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 to does contributor or business he/she valued at more than \$5,000?			Amount	of Contribution		
		contractor? Yes	1 \$100	7.00		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	4/00/0000	Aggregate Contributions				
SUBT	OTAL Section B — This F	age \$20	0.00			
TOTAL	of additional Section B Pa	eges		-		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.	INDIVIDUALS (Sections A 3, Column A of Summary Page To					

Section B ADDITIONAL PAGE 39 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	'E OF REPORT				
Marilyn for Mayor					April 10 filing				
A. Total Contributions from (See instructions for definition of Smo				this Period ONLY TOTAL SECTION A	s				
								-	
	26	B. Itemized Co	ntri	butions from Indivi	iduals	- 0		- - - - -	
Last Name				First				MI	
Martin				Jiff					
Residential Street Address 99 Dog Ln.			City	Mansfield		State		06268	
Principal Occupation Educato	Educator Name of Employer Unv. of CT			•	_				
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	do	contribution is in excess of \$400 ces contributor or business he/she		ociated with have a contract		y, An		of Contribution	
		alued at more than \$5,000? Is contributor a principal of a	ntoto o	Yes No	e contractor?	\dashv	\$100.00		
Is this contribution associated with an event reported in Section L1?	Yes No	If yes, indicate which bra	nch or	branches	_ No				
If yes, list Event #		of government the contra	ct is w	20	Legislative	4			
Method of Contribution: ☐ Cash ☐ Personal Check	Cond	☐ Payroll Deduction ☐ Money	. Owler	Date Received 3/5/2023	Aggregate Contributions				
	Caru	Payron Deduction [[Wione)		irst				Tva.	
Last Name Maroney			F	James				MI	
Residential Street Address 22 Saranac Rd.			City			State	1 1	Code	
22 Garanac IV.				Milford		СТ		06461	
Principal Occupation				Name of Employer					
Legislator				Stae of CT					
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?		contribution is in excess of \$400 es contributor or business he/she				', Am		f Contribution	
or department of the rooty is in		ued at more than \$5,000?		Yes No			\$	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 brat of government the contract	nch or	branches	No.				
Method of Contribution:				Date Received	Aggregate Contributions	┨			
□ Cash □ Personal Check ● Credit/Debit C	Card I	☐ Payroll Deduction ☐ Money	Order	3/11/2023					
Last Name			Fi					MI	
Maroney			ľ	James					
Residential Street Address			City			State	1 '	Code	
22 Saranac Rd.			Mi	lford		СТ	<u> </u>	06461	
Principal Occupation Legislator				Name of Employer Stae of CT					
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	doe	ontribution is in excess of \$400 t s contributor or business he/she i and at more than \$5,000?				1 63	ount of	f Contribution	
s this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a se If yes, indicate which bran of government the contract	ch or t	ntractor or prospective state branches	No		ΨΟΟ		
Method of Contribution: Cash Personal Check Credit/Debit C	ard [Payroll Deduction Money	Order	Date Received 3/21/2023	Aggregate Contributions \$100.00				
		SUBT	ОТА	L Section B — This I	Page	200.0	00		
		TOTAL	of ad	lditional Section B Pa	nges				
TOTAL OF A	LL	CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A					

Section B ADDITIONAL PAGE 40 of

NAME OF COMMITTEE (Provide Complete N	TYPE OF REPORT							
Marilyn for Mayor				April 10 filing	April 10 filing			
A. Total Contributions from (See instructions for definition of Small			this Period ONLY TOTAL SECTION A	\$				
	B. Itemized Co	ntri	butions from Indivi	duals	21 .	¥.		
Last Name		i	First				МІ	
Martin			Sylvia				D.	
Residential Street Address 85 Corinthian Ave.		City	Stratford		State	Zip	06615	
Principal Occupation Retire	d		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?				12.	\$25.	of Contribution	
event reported in Section L1?	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	contractor or prospective state	e contractor?	3	Ψ20.	.00	
If yes, list Event #	of Bosenment me conna	CC IS W	Date Received	Aggregate Contributions	-			
	Card □ Payroll Deduction □ Money	y Order	l	TARREST CONTROL OF THE STATE OF				
Last Name		F	irst Torre				MI	
Martin			Terra				L.	
Residential Street Address 25 Smoke Hill Rd.		City N	lew Fairfield		State		Code 16812	
Principal Occupation Name of Employer								
CAVG CAVG								
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality					f Contribution			
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a self yes, indicate which brain			e contractor?		\$2	5.00	
If yes, list Event#	of government the contrac	ct is wi			4			
Method of Contribution: Cash Personal Check Credit/Debit C	ard □ Payroll Deduction □ Money	Order	1/30/2023	Aggregate Contributions				
Last Name	_ ,	Fü	<u> </u>				MI	
Mays Green			Makida					
Residential Street Address 8 Walnut Ridge Lr		City	Stamford		State	Zip (Code 06905	
Principal Occupation			Name of Employer	· · · · · · · · · · · · · · · · · · ·				
Researcher			Paramoun	t				
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?					ount of \$25.0	Contribution	
s this contribution associated with an veent reported in Section L1? If yes, list Event #	Is contributor a principal of a so If yes, indicate which bran of government the contract	ch or t	branches	contractor? Yes No				
Method of Contribution:				Aggregate Contributions	1			
Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Money	Order	3/30/2023		<u> </u>			
	SUBT	ОТА	L Section B — This I	Page \$75.00				
	TOTAL	of ad	iditional Section B Pa	nges				
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1:		IVIDUALS (Sections A umn A of Summary Page To					

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Section B ADDITIONAL PAGE 41 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE	TYPE OF REPORT			
Marilyn for Mayor				Apri	April 10 filing			
A. Total Contributions from Small Contribut (See instructions for definition of Small Contributor)			his Period ONLY TOTAL SECTION A	\$				
	-							
B. Ite	emized Co	ntrik	outions from Indivi	iduals				
Last Name McBride		I	irst					MI
			Jermaine					L.
Residential Street Address 65 Macon Dr.		City	Bridgeport			State	- 1	ip Code 0 6606
Principal Occupation			Name of Employer					
Electrician			BOE					
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 officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					/, An	s500.00		
event reported in Section L1? No If yes, indic	principal of a sate which branent the contract	nch or			ctor? Yes No			
Method of Contribution:			Date Received		te Contributions	┥		
☐ Cash ☐ Personal Check	ion	Order	3/28/2023					
Last Name		Fi	rst					MI
McClain			Tyrone					R.
Residential Street Address		City				State	Zip	Code
1002 Township Way			Roswell			GA		30075
Principal Occupation Senior Director			Name of Employer Pfizer, Inc.		_			
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 officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					Amount of Contribution \$500.00			
event reported in Section L1? No If yes, indica	ate which bran	ich or l			No	7		
If yes, list Event # of governme Method of Contribution:	ent the contrac	t is wit	h: Executive Date Received		islative e Contributions	┨		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	on []Money (Order	3/30/2023	vægregar	Controllors			
Last Name		Fir	st			1		MI
McKenzie			Steve					
Residential Street Address	C	City				State		Code
72 Granfield Ave.			Bridgeport			CT	<u></u>	06610
Principal Occupation President			Name of Employer Kafa Group	5				
	siness he/she is		didate for a chief executive inted with have a contract v			Amo		f Contribution
event reported in Section L1? No If yes, indicat	rincipal of a st te which branc nt the contract	ch or b		_	No		•	
Method of Contribution:			Date Received		Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	n Money C	Order	3/30/2023					
	SUBTO	OTAI	L Section B — This l	Page	\$1,2	00.00	0	
	TOTAL	of ad	ditional Section B Pa	ages				
TOTAL OF ALL CONTRIBUTIO			VIDUALS (Sections A mn A of Summary Page To					

Section B ADDITIONAL PAGE 42 of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYP	TYPE OF REPORT					
Marilyn for Mayor					Apr	il 10 filing				
A. Total Contributions from (See instructions for definition of Sma				this Period ONLY TOTAL SECTION A	\$					
B. Itemized Contributions from Individuals										
Last Name McLoud				Eva					J.	
Residential Street Address 2675 Park Ave.	Uni	t 27	City	Bridgeport			State CT	_ I -	06604	
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 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?							of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a If yes, indicate which bran of government the contract	nch o	contractor or prospective star	_	ctor?	Ϊ ΄	, , ,	3.00	
Method of Contribution: Cash Personal Check Credit/Debit	Card	☐ Payroll Deduction ☐ Money	Orde	Date Received 2/17/2023	Aggreg	ate Contributions				
Last Name McLoud			F	Eva					J.	
Residential Street Address 2675 Park Ave. U	nit 2		City	Bridgeport			State CT	1 -	Code 06604	
Principal Occupation Retired Retired										
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does	ontribution is in excess of \$400 ts contributor or business he/she ited at more than \$5,000?					Am	Amount of Contribution \$100.00		
s this contribution associated with an vent reported in Section L1?	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	r branches	_	No No				
Method of Contribution:		01 B0 14 11 11 10 40 11 11 1	110 11.	Date Received		te Contributions	1			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard [Payroll Deduction Money	Order	3/30/2023	\$:	300.00				
ast Name Mechanic			F	Michelle					МІ	
desidential Street Address 6 Blackburry Ln.			City	Westport			State CT		Code 16880	
rincipal Occupation Attorney and	d Co	onsultant		Name of Employer Law Office of I	Mich	elle Mecha	nic			
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 ed at more than \$5,000?					Amo		f Contribution 500.00	
If yes, list Event #	Yes No	Is contributor a principal of a st If yes, indicate which brane of government the contract	ch or	branches th: Executive	☐ Legi	No slative				
Aethod of Contribution: Cash Personal Check Credit/Debit C	ard □	Payroll Deduction Money (Order	3/25/2023	Aggregat	e Contributions				
		SUBTO	OTA	L Section B — This l	Page	\$700.00				
		TOTAL	of ac	dditional Section B Pa	ages					
TOTAL OF A	LL C	ONTRIBUTIONS FROM (Enter total on Line 13		IVIDUALS (Sections A umn A of Summary Page T	_					

Section B ADDITIONAL PAGE 43 of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE	TYPE OF REPORT						
Marilyn for Mayor					Apri	April 10 filing				
A. Total Contributions from (See instructions for definition of Sma				this Period ONLY TOTAL SECTION A	\$					
N V Newscar		B. Itemized Co	ntri	butions from Indivi	iduals	William 18				
Last Name				First					MÏ	
Miller				Patricia						
Residential Street Address			City				State	Zig	p Code	
95 Liberty St. Ur	nit 4			Stamford			СТ	\perp	06902	
Principal Occupation				Name of Employer	•		. In In .			
Legislator				Connecticut			 _			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				y, An		of Contribution 00.00				
event reported in Section L1?	Yes No	Is contributor a principal of a If yes, indicate which bran of government the contract	nch o	r branches	_	No No		φ100.00		
If yes, list Event #		or government are contain	7 13 W	Date Received	. 	ate Contributions	\dashv			
Method of Contribution: Cash Personal Check Credit/Debit	Card	☐ Payroll Deduction ☐ Money	Orde	0/0/0000						
Last Name		<u></u>	F	L	!				мі	
Miller			-	Patricia						
Residential Street Address			City			_	State	Zip	Code	
Legislator				Stamford			СТ	0	6902	
Principal Occupation Name of Employer										
Legislator Connecticut General Assembly										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					Amount of Contribution \$100.00					
s this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a s			te contra	ctor? Yes				
If yes, list Event #		of government the contract			☐ Leg	islative				
Method of Contribution:				Date Received		te Contributions				
☐ Cash ☐ Personal Check	ard [Payroll Deduction Money	Order	3/31/2023	\$2	200.00				
ast Name			F	irst					MI	
Mitchell				Annie						
Residential Street Address			City	Not all as a second			State	Zip.	Code	
890 Seaview	AV	e. #10		Bridgeport			CT		06607	
Principal Occupation				Name of Employer						
Retired				Retired						
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	docs	ontribution is in excess of \$400 to a contributor or business he/she is ed at more than \$5,000?					, Am		Contribution	
s this contribution associated with an		Is contributor a principal of a st	ate co		contrac	tor?	┪	φυ	0.00	
<u>=</u>	No	If yes, indicate which bran- of government the contract	ch or	branches	Legi	No				
Method of Contribution:				Date Received		e Contributions	1			
Cash Personal Check Credit/Debit C	ard [Payroll Deduction Money (Order	1/29/2023						
		SUBT	ОТА	L Section B — This	Page	\$250.0	00			
San Barrier	3.	TOTAL	of a	dditional Section B P	ages					
TOTAL OF A	LL (CONTRIBUTIONS FROM		IVIDUALS (Sections A umn A of Summary Page 7						
		(2 10100 011 21100 21	, 500							

Section B ADDITIONAL PAGE _____ of _

	4	
_	4	r
·	Л	L

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite	ory)	TYPE OF REPORT				
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 ONLY SUBTOTAL SECTION A	\$				
	.					
B. Itemized	Contributions from Indivi	duals	nu É			
Last Name MCLOUD	First Eva			м _I		
Residential Street Address 2675 Park Ave. Unit 27	Bridgeport Bridgeport		State CT	Zip Code 06604		
Principal Occupation Retired	Name of Employer Retired					
	400 to a candidate for a chief executive /she is associated with have a contract Yes		·	ant of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of the principal of the principal of government the contribution: Yes Is contributor a principal of the principal of the principal of government the contribution:	of a state contractor or prospective state branch or branches intract is with: Executive	contractor? Yes No Legislative No				
☐ Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Mo		\$300.00	<u> </u>	Less ²		
Last Name MOOFE	First Lillie			MI		
Residential Street Address 66 Coventy Ln.	Trumbull		State CT	Zip Code 06611		
Principal Occupation Retired	Name of Employer Retired					
	00 to a candidate for a chief executive she is associated with have a contract w			nt of Contribution		
s this contribution associated with an event reported in Section L1? A Yes No If yes, list Event # A Is contributor a principal of If yes, indicate which of government the contributor of government the contributor as principal of If yes, and I will be a section of government the contributor as principal of I will be a section of I will b		No No				
Method of Contribution: ☐ Cash ☐ Personal Check		Aggregate Contributions				
ast Name Moore	First Liffie	*		MI		
Residential Street Address 66 Coventy Ln.	City Trumbull	1	State 2	Zip Code 06611		
rincipal Occupation Retired	Name of Employer Retired		<u> </u>			
	00 to a candidate for a chief executive of the is associated with have a contract w			t of Contribution		
vent reported in Section L1? No If yes, indicate which b of government the cont	ract is with: Executive [Legislative No				
fethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mon		ggregate Contributions \$100.00	<u> </u>			
SUE	BTOTAL Section B — This P	age \$200.0	0			
	L of additional Section B Pa	-				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Sections A de 13, Column A of Summary Page To	- B) tals)				

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Section B ADDITIONAL PAGE 45 of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYP	TYPE OF REPORT				
Marilyn for Mayor					Apr	April 10 filing			
A. Total Contributions from (See instructions for definition of Small				this Period ONLY	s		,,_		
		B. Itemized Co	ontri	ibutions from Indivi	iduals	NO.			
Last Name Moore				Yolanda				МІ	
Residential Street Address 16 High Ridge Rd.			City	Stamford			State	Zip Code 06905	
Principal Occupation Parale	gal			Name of Employer Self					
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?					/, Am	S100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	1	nch o	contractor or prospective stat	_	ctor?		•	
Method of Contribution: Cash Personal Check Credit/Debit	Card	☐ Payroll Deduction ☐ Money	Orde	Date Received 3/7/2023	Aggrega	ate Contributions			
Last Name Moore]	First Michelle	<u>. </u>			MI	
Residential Street Address 622 Sound	viev		City	Bridgeport	-		State	Zip Code 06606	
Principal Occupation He	alth	Systems Navigator		Name of Employer Bridgeport	Hosp	oital	<u> </u>	<u>. </u>	
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	doe	ontribution is in excess of \$400 to contributor or business he/she used at more than \$5,000?		andidate for a chief executive	officer	of a municipality	Ame	sunt of Contribut	
s this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a si If yes, indicate which bran of government the contract	nch o	r branches		No			
Method of Contribution: Cash Personal Check Credit/Debit C	ard [☐ Payroll Deduction ☐ Money		Date Received		te Contributions	1		
ast Name Morong		***	F	Mary Lou			<u> </u>	MI	
esidential Street Address 30 Beacon St.	,		City	Bridgeport	• • •		State CT	Zip Code 06605	
rincipal Occupation Retired		<u>I</u>		Name of Employer Retired		I.		<u> </u>	
contributor a lobbyist, spouse, r dependent child of a lobbyist?	does	ontribution is in excess of \$400 to s contributor or business he/she is sed at more than \$5,000?	o a ca: s asso	ndidate for a chief executive ciated with have a contract v	officer vith said	of a municipality, municipality		unt of Contributi	
this contribution associated with an vent reported in Section L1? [yes, list Event #	res No	Is contributor a principal of a st If yes, indicate which brand of government the contract	ch or	branches	contrac	No			
fethod of Contribution: Cash Personal Check Credit/Debit Ca	ard [Payroll Deduction Money (Order	Date Received // 2/8/2023	Aggregate	e Contributions			
Territoria		SUBT	OTA	L Section B — This F	age	\$250.00			
				lditional Section B Pa					
TOTAL OF A	LL C	CONTRIBUTIONS FROM (Enter total on Line 13		IVIDUALS (Sections A umn A of Summary Page To					

Section B ADDITIONAL PAGE _____ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)	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	\$	s			
B. Itemized C	ontri	ibutions from Indiv	iduale	-6-3			
Last Name	<u> </u>	First	100013		MI		
Morong		Mary Lou					
Residential Street Address	City	Detalement		State	Zip Code		
30 Beacon St. Principal Occupation	Ш,	Bridgeport		СТ	06605		
Retired		Name of Employer Retired		·			
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?	00 to a c	andidate for a chief executive sociated with have a contract Yes	e officer of a municipality		unt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lyes, indicate which br	anch o	contractor or prospective state	No.				
If yes, list Event # of government the contribution:	act is w	Date Received	☐ Legislative	4			
☐ Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Orde		Aggregate Contributions \$150.00				
Last Name Murphy	F	John			Р.		
Residential Street Address	City			State	Zip Code		
205 Westerly Terr.		East Hartford		CT			
Staff Representative		Name of Employer CSEA		,	-		
s contributor a lobbyist, spouse, redependent child of a lobbyist? Yes No 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, with said municipality		nt of Contribution		
s this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a No If yes, indicate which bra	nch or	ontractor or prospective state branches	No	*	3100.00		
of government the contra	ict is wi	1	Legislative Aggregate Contributions	1			
Cash ☐ Personal Check	Order	2/25/2023	Aggregate Contributions				
ast Name	Fu		 -		MI		
Napoli 		Ronald			A.		
esidential Street Address 28 Deer Parl Circle	City V	Vaturbury	ı	State	Zip Code 06708		
incipal Occupation	l -	Name of Employer		<u> </u>			
Teacher		Waturbury	Public Schools		j		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	to a can is assoc	didate for a chief executive cliated with have a contract w	officer of a municipality, ith said municipality		ot of Contribution		
this contribution associated with an ent reported in Section L1? Yes No Is contributor a principal of a st If yes, indicate which bran of government the contract	ich or b	ntractor or prospective state or	No	Ф(35.00		
ethod of Contribution:	. 10 1710		ggregate Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	2/5/2023					
SUBT	OTAI	L Section B — This P	nge				
TOTAL	of ad	ditional Section B Pa	ges				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13)	INDIV	VIDUALS (Sections A + mn A of Summary Page Tot	B)				

Section B ADDITIONAL PAGE 47 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	W ind	TYPE OF REPORT				
Marilyn for Mayor	April 10 filing					
A. Total Contributions from Small Contributors-Received this (See instructions for definition of Small Contributor) SUBTOT	Period ONLY TAL SECTION A	\$				
B. Itemized Contribut	ions from Individ	iuals				
C'Donnell First J	ames			MI E.		
Residential Street Address 505 West McKinley Ave.	Bridgeport		State	Zip Code 06604		
Principal Occupation Attorney	lame of Employer	of James E. O'	Donne			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Ves If contribution is in excess of \$400 to a candid does contributor or business he/she is associated.	late for a chief executive	officer of a municipalit		int of Contribution		
valued at more than \$5,000?	☐ Yes		\$1	100.00		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contra Yes Is contributor a principal of a state contra If yes, list Event # Is contributor a principal of a state contra If yes, indicate which branch or branch of government the contract is with:		Mo No		4 100.00		
	ate Received	Aggregate Contributions	-			
☐ Cash ☐ Personal Check	2/10/2023					
Last Name O'Donnell	James			^{MI} Ε.		
Residential Street Address City			State	Zip Code		
	idgeport		CT	06604		
Principal Occupation Na Attorney	Law Offices	s of James E. (D'Donn	ell, LLC		
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candida does contributor or business he/she is associated valued at more than \$5,000?	tte for a chief executive of with have a contract w	officer of a municipality ith said municipality		at of Contribution		
s this contribution associated with an vector reported in Section L1? If yes, list Event # Is contributor a principal of a state contract of government the contract is with:	ches	No] \\	.50.00		
	Executive Executive A	ggregate Contributions	┨			
☐ Cash ☐ Personal Check	3/29/2023	\$350.00				
ast Name First Okagbaa J	anet		<u>' </u>	MI		
Lesidential Street Address City			State 2	Ip Code		
27 Terrace Pl. Unit 2	Stamford		СТ	06902		
rincipal Occupation Nam Analyst	ne of Employer Deep Track	Capital				
contributor a lobbyist, spouse, r dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate does contributor or business he/she is associated	te for a chief executive o	fficer of a municipality.	100	t of Contribution \$100.00		
this contribution associated with an vent reported in Section L1? If yes, list Event # Valued at more than \$5,000? Is contributor a principal of a state contract If yes, indicate which branch or branch of government the contract is with:	hes	ontractor? Yes No	1			
Method of Contribution: Date	Received Ag	gregate Contributions	1			
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	2/1/2023					
SUBTOTAL Se	ection B — This Pa	ge \$450.00				
TOTAL of addition	onal Section B Pag	es				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVID (Enter total on Line 13, Column A						

SEEC FORM 20 Berind Junuary 2015

Section B ADDITIONAL PAGE 48 of ____

NAME OF COMMITTEE (Provide Complete)	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	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 Co	ontri	butions from Indiv	iduals	10.00	NE C		
Last Name ONeil			First				мī Е.	
Residential Street Address		City	Richard		State	72		
345 Buckland Hi	lls Dr.	City	Manchester		CT		06042	
Principal Occupation Committee Cle	erk - CGA		Name of Employer State of CT	HDO				
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 co	andidate for a chief executive ociated with have a contract Yes	ve officer of a municipal with said municipality	ity, Ar		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 brai of government the contrac	nch or	contractor or prospective star	te contractor?	-	•		
Method of Contribution:	or government me conduct	Ct Ia W	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check	Card Payroll Deduction Money	Orde:	2/10/2023					
Last Name	· ·	F	irst				MI	
Osten			Catherine		,		Α.	
Residential Street Address 187 Scotle		City	Baltic		State	1 .	^{Code} 06330	
Principal Occupation			Name of Employer		101			
State Senator			State of Cor	nnecticut				
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract	officer of a municipalit with said municipality		250.	f Contribution	
s 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	och or	branches	No				
Method of Contribution:	4- 84-4			Aggregate Contributions	\dashv			
☐ Cash ☐ Personal Check	ard Payroll Deduction Money	Order	2/5/2023					
ast Name	'	Fü		·			MI	
Parker			Herbert				K.	
esidential Street Address 30 Briar Oa		City	Weston		State	Zip C	06883	
rincipal Occupation			Name of Employer					
Retired			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 can s assoc	didate for a chief executive tiated with have a contract v	officer of a municipality vith said municipality	, Ame		Contribution 0.00	
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 b	ranches	contractor? Yes No				
fethod of Contribution:			Date Received	Aggregate Contributions	7			
Cash Personal Check Credit/Debit Ca	rd Payroll Deduction Money O	Order	2/17/2023					
	SUBTO	OTAI	L Section B — This F	age \$4	50.00)		
	TOTAL	of ad	ditional Section B Pa	ges				
TOTAL OF A	LL CONTRIBUTIONS FROM 1 (Enter total on Line 13,	INDI'	VIDUALS (Sections A mn A of Summary Page To	+ B) otals)				

Section B ADDITIONAL PAGE 49 of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			331911-	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 FOTAL SECTION A	\$				
					<u> </u>				
	91	B. Itemized Co	ontri	butions from Indiv	iduals		19-11		
Last Name			Į,	First				MI	
Perkus				Joseph				1	
Residential Street Address			City	Llautfaud		State	1 -	Code	
74 Union PI.			<u></u>	Hartford		СТ	0	6103	
Principal Occupation Legislative	As	sociate		Name of Employer State of Cor	necticut				
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?	to a ca	ociated with have a contract	ve officer of a municipality	y, Am	ount of	Contribution	
event reported in Section L1?	Yes No	Is contributor a principal of a If yes, indicate which bra	nch or	ontractor or prospective stat	No No	1	\$	100.00	
If yes, list Event # Method of Contribution:		of government the contract	Ct is Wi	Date Received	Legislative	4			
_	Card	☐ Payroll Deduction ☐ Money	Order		Aggregate Contributions				
Last Name				rst			_	MI	
Pheanious				Pat				W.	
Residential Street Address			City			State	Zip C	ode	
63 Squaw Hollow	Rd.		F	Ashford		СТ	1 6	06278	
Principal Occupation				Name of Employer					
Retired	t			Retired	t				
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	doe	entribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?	o a can	ididate for a chief executive ciated with have a contract v	officer of a municipality with said municipality	, Amo	sunt of	Contribution	
s this contribution associated with an	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or l	branches	No.	7			
Method of Contribution:		or government the contrac	t is wit		Aggregate Contributions	\dashv			
☐ Cash ☐ Personal Check	ard [Payroll Deduction Money	Order	3/26/2023					
ast Name Pollock			Fin	Takina				MI	
esidential Street Address 49 Sydney St.			City	Bridgeport		State CT	Zip Co 066		
rincipal Occupation Director				Name of Employer Bridgeport Fan	mers Market Co		rativ	e	
contributor a lobbyist, spouse, dependent child of a lobbyist?	does	ntribution is in excess of \$400 to	a cano associ	didate for a chief executive lated with have a contract w	officer of a municipality.	_	unt of (Contribution	
this contribution associated with an vent reported in Section L1?		d at more than \$5,000? Is contributor a principal of a strength of the strength of government the contract	h or b	ranches	No	1	\$25 .	00	
Tethod of Contribution: ☐ Cash ☐ Personal Check	urd 🗆	Payroll Deduction	ı		ggregate Contributions				
		SUBTO	TAL	Section B — This P	age \$225.00				
		TOTAL	of add	litional Section B Pa	ges				
TOTAL OF A	LL C	ONTRIBUTIONS FROM 1 (Enter total on Line 13,	NDIV.	VIDUALS (Sections A -	+ B) tals)				

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	April 10 filing			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		this Period ONLY FOTAL SECTION A	s				
B. Itemized C	ontril	butions from Indiv	iduals	150			
Last Name		Pirst			MI		
Prebrezza		Nexhmi			N.		
Residential Street Address 87 Beardsley St.	City	Bridgeport		State	Zip Code 06607		
Principal Occupation Woodworker		Name of Employer Elite AP C	огр.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$40 does contributor or business he/sh	0 to a ca	ociated with have a contrac	ve officer of a municipal t with said municipality		nount of Contrib		
Is this contribution associated with an event reported in Section L1? valued at more than \$5,000? Is contributor a principal of a princ			te contractor?	es	\$1,000.00		
If yes, list Event # of government the control	act is wi	721	☐ Legislative				
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	0.1	Date Received	Aggregate Contributions				
		10/2025	<u>L.</u>				
Last Name Reale	Fi	Matthew			MI		
Residential Street Address	City			State	Zip Code		
34 Brewster Pl.	ן ו	Frumbull		СТ	06611		
rincipal Occupation		Name of Employer		1			
Attorney		Self					
s contributor a lobbyist, spouse, r 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 can	ididate for a chief executive ciated with have a contract Yes No	officer of a municipality	ty, Ame	ount of Contribu \$300.00		
s this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or l	branches	_ No				
Method of Contribution:	Ct is will	Date Received	Legislative Aggregate Contributions	\dashv			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	3/30/2023					
ast Name	Fire	st			MI		
Robinson		Casidee					
	City			State	Zip Code		
272 Newfield Ave.		Bridgeport		СТ	06607		
incipal Occupation		Name of Employer					
Talent Aquisition			Connecticut				
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	to a cand is associ	didate for a chief executive inted with have a contract with Yes No	officer of a municipality vith said municipality		unt of Contribut		
this contribution associated with an ent reported in Section L1? Yes, list Event # Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or br	tractor or prospective state	No		50.00		
ethod of Contribution:			Aggregate Contributions	\dashv			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	1/29/2023					
SUBT	OTAL	Section B — This P	Page \$1,350.	00			
TOTAL	of add	litional Section B Pa	ges				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1)	INDIV	/IDUALS (Sections A	+ B)				

Section B ADDITIONAL PAGE 51 of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	- 15			
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 Individual	duals		STATE AND A		
Robinson First Keisha			T.		
Residential Street Address 2 Rockridge Circle Bridgeport		State	Zip Code 06606		
Principal Occupation Customer Service Name of Employer CT Post	• "				
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 we valued at more than \$5,000?	officer of a municipality with said municipality		nt 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?] '	Ψ30.00		
Method of Contribution: ☐ Cash ☐ Personal Check	Aggregate Contributions	1			
Rocha First Marie	·		MI		
16 Fairway Dr. City Stamford		State 2	Zip Code 06903		
rincipal Occupation General Partner and Founder Realist Venture	res				
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief executive of does contributor or business he/she is associated with have a contract we valued at more than \$5,000?	1 .	Amount of Contribution \$100.00			
this contribution associated with an vent reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive [_ No				
	ggregate Contributions				
Rory First Tylerah		<u></u>	MI M.		
17 Davenport St. City Bridgeport	I		ip Code 06607		
incipal Occupation Name of Employer	<u> </u>				
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes does 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?	fficer of a municipality, th said municipality	***********	of Contribution		
this contribution associated with an ent reported in Section L1? Yes No 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:	No	1	.0.00		
ethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/26/2023	gregate Contributions		- 1		
SUBTOTAL Section B — This Pa	ige \$175.0	00			
TOTAL of additional Section B Pag	es				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + (Enter total on Line 13, Column A of Summary Page Total	B)				

Section B ADDITIONAL PAGE 51 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TY	TYPE OF REPORT					
Marilyn for Mayor					Ap	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	ntr	ibutions from Indiv	idua	ls	1 37		i evil is		
Robinson First Keisha									Т.		
Residential Street Address 2 Rockridge Circle				Bridgeport		State		p Code 06606			
Principal Occupation Customer Service				Name of Employer CT Post							
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 officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?											
Is this contribution associated with an event reported in Section L1? If yes, list Event #	nis contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches										
Method of Contribution: ☐ Cash ☐ Personal Check	Card	☐ Payroll Deduction ☐ Money	Orde	Date Received 2/3/2023	Aggn	egate Contributions	7				
Last Name Rocha]	First Marie	•				MI		
Residential Street Address 16 Fairway D	r.		City	Stamford			State	Ζip	Code 06903		
Principal Occupation General Partner and	Fou	nder		Name of Employer Realist Vento	ures	}					
ontributor a lobbyist, spouse, ependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?							1	Amount of Contribution \$100.00			
is this contribution associated with an event reported in Section L1? If pes, list Event #	☐ Yes						1				
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit (Card [Date Received		gate Contributions	1				
ast Name Rory			F	Tyierah			<u></u>		MI M.		
Residential Street Address 17 Davenport St.			City	Bridgeport			State	1 -	Code 6607		
rincipal Occupation		<u> </u>	-	Name of Employer							
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	, =										
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative									
Method of Contribution: Cash Personal Check Credit/Debit C	ard C	Payroll Deduction Money C	Order	1 1	Aggreg	ate Contributions	1				
		SUBTO	OTA	L Section B — This I	Page	\$175	.00				
TOTAL of additional Section B Pages											
TOTAL OF A	LL C	CONTRIBUTIONS FROM (Enter total on Line 13		IVIDUALS (Sections A umn A of Summary Page To							

SEEC FORM 20 Revised Passary 2015

Section B ADDITIONAL PAGE _____ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filia	TYPE OF REPORT							
Marilyn for Mayor	April 10 filing							
A. Total Contributions from Small Contribute (See instructions for definition of Small Contributor)	\$							
Note that the second se	mized Co		butions from Indiv	iduals			and a	
Last Name Rutigliano			Michele				мі А.	
Residential Street Address 52 Stemway Rd.			Trumbull		State	Zip	Code 06611	
Principal Occupation Para Professiona		Name of Employer Trumbull Public School						
	usiness he/she		andidate for a chief executive sciated with have a contract Yes	•	y, Am		of Contribution	
	ontractor or prospective star	te contractor? Yes No		Ψ	100.00			
Method of Contribution: ☐ Cash ☐ Personal Check	Order	Date Received 3/16/2023	Aggregate Contributions					
Last Name Saccente		Fi	Kenneth				МІ	
Residential Street Address 524 Ridgeview Rd.		City	Orange		State CT	Zip C	06477	
Principal Occupation Legislative Staff			Name of Employer State of Co	nnecticut				
or dependent child of a lobbyist? No does contributor or but	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						Contribution	
vent reported in Section L1? No If yes, indica					⊣ '			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	n	Order	Date Received 3/21/2023	Aggregate Contributions	1			
ast Name Sainvile		Fir	Rouchon				МІ	
idential Street Address 230 Lewis St.			Bridgeport		State	Zip C	ode 06604	
incipal Occupation Student			Name of Employer N/A					
	iness he/she i		didate for a chief executive stated with have a contract v		, Amo		Contribution 0.00	
this contribution associated with an vent reported in Section L1? Yes No Is contributor a pr If yes, list Event # Of governmen	e which bran	ch or b		te contractor?				
fethod of Contribution: Cash	n 🗆 Money (Order	Date Received 2/7/2023	Aggregate Contributions				
	Page \$200.0	00						
	TOTAL	of ad	ditional Section B Pa	ages				
TOTAL OF ALL CONTRIBUTIO (Enter tot			VIDUALS (Sections A mn A of Summary Page T					
				<u> </u>				