

SEEC FORM 20

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



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Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE			
Marilyn for Mayor			
2. TREASURER NAME			
First John	MI D.	Last Soltis	Suffix
3. TREASURER ADDRESS			
Street Address 93 Ellsworth Street Apt. 210		City Bridgeport	State CT Zip Code 06605
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/07/2023		5. OFFICE SOUGHT (Complete only if Candidate Committee) Mayor	
		6. DISTRICT NUMBER (if applicable)	
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First Marylyn	MI	Last Moore	Suffix
8. TYPE OF REPORT (Check One Box)			
<input type="radio"/> January 10 filing <input type="radio"/> 7th day preceding primary <input type="radio"/> 7th day preceding referendum <input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)			
<input type="radio"/> April 10 filing <input type="radio"/> 30 days following primary <input type="radio"/> 45 days following referendum <input checked="" type="radio"/> Amendment to			
<input type="radio"/> July 10 filing <input type="radio"/> 7th day preceding election <input type="radio"/> Deficit Type of Report:			
<input type="radio"/> October 10 filing <input type="radio"/> 12th day preceding election (State Central Committees Only) <input type="radio"/> Termination AMENDED April 10 filing			
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election <input type="radio"/> 45 days following election not held in November			
9. PERIOD COVERED			
Beginning Date 01/17/2023		Ending Date thru 03/31/2023	
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
		John D. Soltis	
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	
		04/11/2023	
		DATE (mm/dd/yyyy)	
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

BRIDGEPORT, CONN.
LAND RECORDS
REC'D FOR RECORD FILING
22 APR 11 PM 12:48
ATTEST:
Charles D. Clements
TOWN CLERK

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Marilyn for Mayor	April 10 filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$0.00	
13. Contributions Received from Individuals (Sections A and B)	\$62,477.00	\$62,477.00
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. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
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)	\$66,777.00	\$66,777.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$66,777.00	\$66,777.00
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)	\$61,898.45	\$61,898.45
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
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$1,196.44	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$1,196.44	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Morris		First Gail	MI
Residential Street Address 315 Ely Ave.		City Norwalk	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 3/15/2023	Aggregate Contributions
Last Name Gooden		First Jasmyn	MI R.
Residential Street Address 335 Evers St.		City Bridgeport	State CT
Principal Occupation Registered Nurse		Name of Employer Aya Healthcare	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/20/2023	Aggregate Contributions
Last Name Cooper		First Waren	MI
Residential Street Address 245 Palisades Avenue		City Bridgeport	State CT
Principal Occupation Supervisor		Name of Employer Career Resources	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/19/2023	Aggregate Contributions
SUBTOTAL Section B — This Page		\$1,100.00	
TOTAL of additional Section B Pages		\$62,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$63,477.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Marilyn for Mayor	April 10 filing

C1. Contributions from Other Committees

Name of Committee		Name of Treasurer	
Together for Tomorrow PAC		Lisa Kelly	
Address		Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	
1898 Jennifers Dr.		\$300.00	
City	State	Zip Code	Date Received
Gulford	CT	06437	2/14/2023
		Aggregate Contributions	
		\$300.00	

Name of Committee		Name of Treasurer	
Ten Town PAC		Christopher Y. Marino	
Address		Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	
334 Fairview Rd.		\$1,000.00	
City	State	Zip Code	Date Received
Westbrook	CT	06498	03/10/23
		Aggregate Contributions	
		\$1,000.00	

Name of Committee		Name of Treasurer	
Communication Workers Of America Local 1298		Louise M Gibson	
Address		Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	
40 Scott Rd.		\$500.00	
City	State	Zip Code	Date Received
Prospect	CT	06712	3/27/2023
		Aggregate Contributions	
		\$500.00	

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee		Name of Treasurer	
Cabrera for the People		Sean P Grace	
Address		City	State Zip Code
852 Wintergreen Ave.		Hamden	CT 06514
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type	
2/8/2023		<input type="radio"/> Reimbursement for shared expense <input checked="" type="radio"/> Surplus Distribution	
Description			Amount of Receipt
			\$1,500.00

Name of Committee		Name of Treasurer	
Address		City	State Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type	
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution	
Description			Amount of Receipt

SUBTOTAL Section C — This Page

\$3,300.00

TOTAL of additional Section C Pages

\$500.00

TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS
(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)

\$3,800.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Marilyn for Mayor	April 10 filing

D. Loans Received this Period

Name of Lender	Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee				Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City	State	Zip Code		
Name of Lender	Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee				Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City	State	Zip Code		
Name of Lender	Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee				Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City	State	Zip Code		

TOTAL SECTION D

E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	

TOTAL SECTION E

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Marilyn for Mayor	April 10 filing

F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	Amount
TOTAL SECTION F				

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
TOTAL SECTION G		

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt 01/24/2023	Method of payment: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount \$500.00
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
TOTAL SECTION H		

I. Anonymous Contributions

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

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Marilyn for Mayor	April 10 filing

J. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Street Address	City	
State	Zip Code	
Name of Institution	Date Received	Amount
Street Address	City	
State	Zip Code	

TOTAL SECTION J**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received
Street Address	City	
State	Zip Code	
Description		
Name	Date of Transaction	Amount Received
Street Address	City	
State	Zip Code	
Description		
Name	Date of Transaction	Amount Received
Street Address	City	
State	Zip Code	
Description		
Name	Date of Transaction	Amount Received
Street Address	City	
State	Zip Code	
Description		

TOTAL SECTION K**SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)**

Total Loans Received this Period (Section D)	
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+
Total Amount Transferred from Affiliated Business Treasury (Section F)	+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+
Total of Other Monetary Receipts (Add Sections D through K) <i>(Enter total on Line 15, Column A of Summary Page Totals)</i>	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Marilyn for Mayor	April 10 filing

L1. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event?
2/10/2023	A	Fundraising event with light refreshments	<input checked="" type="radio"/> Yes <input type="radio"/> No

Location: Street Address	City	State	Zip Code
Circlo Sportivo, Inc. 2500 Park Avenue	Bridgeport	CT	06604

Subpart 1: (All Committees)
Was this event hosted at a personal residence?

☐ Yes *(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)*

☒ No

Did this fundraiser include goods or services donated by a business entity 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 and complete required information.)*

☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?

☐ Yes *(If yes, enter Total Receipts here.)* → \$

☒ No

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 sign associated with this fundraiser?

☐ Yes *(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)*

☒ No

Subpart 3: (Town Committees ONLY)
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?

☐ Yes *(If yes, enter Total Receipts here.)* → \$

☒ No

Event # Date of Event	Letter	Description	Was this a fundraising event?
02/20/2023	B	Fundraising event	<input checked="" type="radio"/> Yes <input type="radio"/> No

Location: Street Address	City	State	Zip Code
Miss Thelma's Soulfood Restaurant, 140 Fairfield Avenue	Bridgeport	CT	06604

Subpart 1: (All Committees)
Was this event hosted at a personal residence?

☐ Yes *(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)*

☒ No

Did this fundraiser include goods or services donated by a business entity 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 and complete required information.)*

☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?

☐ Yes *(If yes, enter Total Receipts here.)* → \$

☒ No

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 sign associated with this fundraiser?

☐ Yes *(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)*

☒ No

Subpart 3: (Town Committees ONLY)
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?

☐ Yes *(If yes, enter Total Receipts here.)* → \$

☒ No

SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page	
TOTAL of additional Section L1 Pages	1
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>	

II. EVENT ACTIVITY (Sections L1—L5)

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Marilyn for Mayor

TYPE OF REPORT

April 10 filing

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser

Purchase Made By:

- ☐ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

City

State

Zip Code

Date Received

Event #

Aggregate Purchases for All Events

Amount of Program Ad Purchase

Amount of Sign Purchase

Name of Purchaser

Purchase Made By:

- ☐ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

City

State

Zip Code

Date Received

Event #

Aggregate Purchases for All Events

Amount of Program Ad Purchase

Amount of Sign Purchase

Name of Purchaser

Purchase Made By:

- ☐ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

City

State

Zip Code

Date Received

Event #

Aggregate Purchases for All Events

Amount of Program Ad Purchase

Amount of Sign Purchase

Name of Purchaser

Purchase Made By:

- ☐ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

City

State

Zip Code

Date Received

Event #

Aggregate Purchases for All Events

Amount of Program Ad Purchase

Amount of Sign Purchase

Name of Purchaser

Purchase Made By:

- ☐ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

City

State

Zip Code

Date Received

Event #

Aggregate Purchases for All Events

Amount of Program Ad Purchase

Amount of Sign Purchase

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages

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

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Marilyn for Mayor	April 10 filing

L4. In-Kind Donations Not Considered Contributions

Name of Donor			
Street Address	City	State	Zip Code

Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Date Received</td> <td style="width: 20%; padding: 5px;">Event #</td> <td style="width: 60%; padding: 5px;">Aggregate Value for this Event</td> </tr> </table>	Date Received	Event #	Aggregate Value for this Event	Fair Market Value of Donation
Date Received	Event #	Aggregate Value for this Event			

Name of Donor			
Street Address	City	State	Zip Code

Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Date Received</td> <td style="width: 20%; padding: 5px;">Event #</td> <td style="width: 60%; padding: 5px;">Aggregate Value for this Event</td> </tr> </table>	Date Received	Event #	Aggregate Value for this Event	Fair Market Value of Donation
Date Received	Event #	Aggregate Value for this Event			

Name of Donor			
Street Address	City	State	Zip Code

Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Date Received</td> <td style="width: 20%; padding: 5px;">Event #</td> <td style="width: 60%; padding: 5px;">Aggregate Value for this Event</td> </tr> </table>	Date Received	Event #	Aggregate Value for this Event	Fair Market Value of Donation
Date Received	Event #	Aggregate Value for this Event			

Name of Donor			
Street Address	City	State	Zip Code

Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Date Received</td> <td style="width: 20%; padding: 5px;">Event #</td> <td style="width: 60%; padding: 5px;">Aggregate value for this Event</td> </tr> </table>	Date Received	Event #	Aggregate value for this Event	Fair Market Value of Donation
Date Received	Event #	Aggregate value for this Event			

SUBTOTAL Section L4 — This Page	
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TOTAL of additional Section L4 Pages	
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TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>	
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II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party					
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
SUBTOTAL Section L5 — This Page					
TOTAL of additional Section L5 Pages					
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY (Enter total on Line 22, Column A of Summary Page Totals)					

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Marilyn for Mayor	April 10 filing

M. In-Kind Contributions

Name				
Street Address		City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			
Name				
Street Address		City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			
Name				
Street Address		City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Fair Market Value of this Contribution
Is this contribution associated with an event reported listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			

SUBTOTAL Section M — This Page

TOTAL of additional Section M Pages

TOTAL OF ALL IN-KIND CONTRIBUTIONS *(Enter total on Line 23, Column A of Summary Page Totals)*

N. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State	Zip Code
Name of Telephone Company				Amount of Deposit
Street Address		City	State	
TOTAL SECTION N <i>(Enter total on Line 24, Column A of Summary Page Totals)</i>				

SEC FORM 20
Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Sportivo Club			2/13/2023		<input checked="" type="radio"/> Check #1003 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
2500 Park Avenue		Bridgeport		CT	06606
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	Hall Rental	A		\$900.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Day Campaign			3/31/2023		<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
112 Bloomfield Ave.		Windsor		CT	06095
Purpose of Expenditure (by code)	Description	Event #		Amount	
WEB	Payment Processing Platform			\$200.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Day Campaign			3/31/2023		<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
112 Bloomfield Ave.		Windsor			
Purpose of Expenditure (by code)	Description	Event #		Amount	
CCP	Credit Card Fee Charge			\$1,161.80	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Anita Shipp			2/9/2023		<input checked="" type="radio"/> Check #1002 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
Po Box 8184 Stamford CT		Stamford		CT	06905
Purpose of Expenditure (by code)	Description	Event #		Amount	
PRNT	Marketing collaterals produced/printed			\$60.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				\$2,321.80	
TOTAL of additional Section P Pages				\$2,756.75	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>				\$5,078.55	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
Q. Campaign Expenses Paid by Candidate			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Staples online			<input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
N/A	N/A		
Purpose of Expenditure (by code)	Description	Event #	Amount
PRNT	N/A		\$73.86
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
SUBTOTAL Section Q — This Page		\$73.86	
TOTAL of additional Section Q Pages			
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals)		\$73.86	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Marilyn for Mayor	April 10 filing

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:
-----------------------------	---

Name of Vendor, Person or Entity		Date of Transaction	
Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Vendor, Person or Entity		Date of Transaction	
Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Vendor, Person or Entity		Date of Transaction	
Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section R — This Page

TOTAL of additional Section R Pages

TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD
(Enter total on Line 27, Column A of Summary Page Totals)

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Marilyn for Mayor			April 10 filing	
S. Expenses Incurred by Committee but Not Paid During this Period				
Name of Creditor			Date Incurred	
Joan V. Hartley			2/8/2023	
Street Address		City	State	Zip Code
500 Chase Parkway		Waterbury	CT	06708
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)	
REF	Check deposited into the committee's checking account in error.		\$1,000.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor			Date Incurred	
Marilyn Moore			2/1/2023	
Street Address		City	State	Zip Code
666 Cleveland Ave.		Bridgeport	CT	06604
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)	
RMB	Campaign meeting - restaurant cost		\$77.64	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor			Date Incurred	
Marilyn Moore			2/3/2003	
Street Address		City	State	Zip Code
666 Cleveland Ave.		Bridgeport	CT	06604
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)	
RMB	Campaign meeting - restaurant cost		\$55.11	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section S-This Page			\$1,132.75	
TOTAL of additional Section S Pages			\$63.69	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)			\$1,196.44	
Previously reported Expenses Unpaid and still Outstanding			0.00	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)			\$1,196.44	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Marilyn for Mayor			April 10 filing	
T. Itemization of Reimbursements and Secondary Payees				
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity
Moore		Marilyn		3/19/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Staples			<input checked="" type="radio"/> Check #1041 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
Staples online		N/A	N/A	N/A
Purpose of Expenditure (by code)	Description	Event #		Amount
PRNT	Printer cartridge			\$75.86
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
			<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
			<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
			<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section T — This Page			\$75.86	
TOTAL of additional Section T Pages				
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS			\$75.86	

Section L1. ADDITIONAL PAGE 1 of 1

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Marilyn for Mayor			April 10 filing	
L1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
Mar 19, 2	D	Fundraising event with food	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
The Gathering and Tap Tavern, 155 State St.		Bridgeport	CT	06604
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input checked="" type="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="text"/> <input checked="" type="radio"/> No		
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 sign associated with this fundraiser?		<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="radio"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="text"/> <input checked="" type="radio"/> No		
Event # Date of Event	Letter	Description	Was this a fundraising event?	
			<input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input checked="" type="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="text"/> <input checked="" type="radio"/> No		
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 sign associated with this fundraiser?		<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="radio"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="text"/> <input checked="" type="radio"/> No		
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			\$0.00	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page				
TOTAL of additional Section L1 Pages			\$0.00	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			\$0.00	

Section P. ADDITIONAL PAGE 1 of 2

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
The Stress Factory comedy club, Bridgeport (for The Gathering and Tap Tavern)					<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
167 State St.		Bridgeport		CT	06604
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	Fundraising event with food	D		\$2,344.05	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Stop and Shop			3/11/2023		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
760 Villa Ave.		Fairfield		CT	06825
Purpose of Expenditure (by code)	Description	Event #		Amount	
FOOD	Meeting refreshments			\$12.71	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Staples Online			3/19/2023		<input checked="" type="radio"/> Check # 1041 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
N/A		N/A		N/A	N/A
Purpose of Expenditure (by code)	Description	Event #		Amount	
PRNT	Printer cartridge			\$75.86	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
TAYLOR RENTAL CENTER			2/10/2023		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
304 Boston Post Rd.		Orange		CT	06477
Purpose of Expenditure (by code)	Description	Event #		Amount	
MISC	Tablecloths	A		\$240.40	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				\$2,673.02	

Section P ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor					
P. Expenses Paid by Committee					
Name of Payee Big Y			Date of Payment 2/10/2023		Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 355 Hawley Ln.		City Stratford		State CT	Zip Code 06614
Purpose of Expenditure (by code) FOOD	Description Light refreshments	Event # A		Amount \$53.73	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee TD Bank			Date of Payment 3/22/2023		Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 975 Madison Ave.		City Bridgeport		State CT	Zip Code 06605
Purpose of Expenditure (by code) BNK	Description Returned Deposit Item Charge	Event #		Amount \$20.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee TD Bank			Date of Payment		Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 975 Madison Ave.		City Bridgeport		State CT	Zip Code 06606
Purpose of Expenditure (by code) BNK	Description Maintenance Fee	Event #		Amount \$10.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
SUBTOTAL Section P — This Page				\$83.73	
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)					

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor					
S. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Marilyn Moore					
Street Address			City		State
666 Cleveland Ave.			Bridgeport		CT
Purpose of Expenditure (by code)		Description		Event #	
RMB		Light refreshments		D	
Expenditure # (if applicable)		Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>			Amount Incurred <i>(Estimate or Actual)</i>
		<input checked="" type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			\$63.69
Name of Creditor				Date Incurred	
Street Address			City		State
Purpose of Expenditure (by code)		Description		Event #	
Expenditure # (if applicable)		Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>			Amount Incurred <i>(Estimate or Actual)</i>
		<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Creditor				Date Incurred	
Street Address			City		State
Purpose of Expenditure (by code)		Description		Event #	
Expenditure # (if applicable)		Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>			Amount Incurred <i>(Estimate or Actual)</i>
		<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Creditor				Date Incurred	
Street Address			City		State
Purpose of Expenditure (by code)		Description		Event #	
Expenditure # (if applicable)		Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>			Amount Incurred <i>(Estimate or Actual)</i>
		<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
SUBTOTAL Section S-This Page				\$63.69	
TOTAL of additional Section S Pages				\$63.69	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>					
Previously reported Expenses Unpaid and still Outstanding				\$0.00	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>					

Section B ADDITIONAL PAGE 1 of 112

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)				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Abrams		Mary			
Residential Street Address		City		State	Zip Code
158 Hillcrest Terrace		Meriden		CT	06450
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/31/2023		Aggregate Contributions	
Last Name		First		MI	
Adams		Terry		B.	
Residential Street Address		City		State	Zip Code
14 Lipton Place		Stamford		CT	06902
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/13/2023		Aggregate Contributions	
Last Name		First		MI	
Anderson		Sarah			
Residential Street Address		City		State	Zip Code
338 Summerfield Avenue		Bridgeport		CT	06610
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/29/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$450.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 2 of 112

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 <small>(See instructions for definition of Small Contributor)</small>				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Angerame		Eleanor		H.	
Residential Street Address		City		State	Zip Code
497 Laurel Avenue		Bridgeport		CT	06605
Principal Occupation		Name of Employer			
Director		Green Field Initiative			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/24/2023			
Last Name		First		MI	
Anwar		Saud			
Residential Street Address		City		State	Zip Code
93 Rock Ledge Drive		South Windsor		CT	06074
Principal Occupation		Name of Employer			
Physician		NEPA, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/25/2023			
Last Name		First		MI	
Azor		Gerard			
Residential Street Address		City		State	Zip Code
91 Ridgeley Avenue		Fairfield		CT	06825
Principal Occupation		Name of Employer			
Pharaceutical Account Manager		Cardinal Health			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/4/2023			
SUBTOTAL Section B — This Page				\$350.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>				\$62,477.00	

Section B ADDITIONAL PAGE 3 of 112

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	
		\$	
Marilyn for Mayor			
B. Itemized Contributions from Individuals			
Last Name		First	
Bakalar		Rina	
Residential Street Address		City	State Zip Code
114 Wells View Road		Shelton	MI 06484
Principal Occupation		Name of Employer	
Government Director		Town of Trumbull	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		2/1/2023	
			Amount of Contribution
			\$100.00
Last Name		First	
Bakalar		Rina	
Residential Street Address		City	State Zip Code
114 Weels View Road		Shelton	MI 06484
Principal Occupation		Name of Employer	
Government Director		Town of Trumbull	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		3/22/2023	\$200.00
			Amount of Contribution
			\$100.00
Last Name		First	
Baker		Andre	
Residential Street Address		City	State Zip Code
985 Stratford Avenue		Bridgeport	CT 06607
Principal Occupation		Name of Employer	
Funeral Director		Baker-Issac Funeral Service, Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		1/30/2023	
			Amount of Contribution
			\$100.00
SUBTOTAL Section B — This Page			\$300.00
TOTAL of additional Section B Pages			\$61,377.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			\$62,477.00

Section B ADDITIONAL PAGE 4 of 112

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)				\$	
B. Itemized Contributions from Individuals					
Last Name Baldwin		First Jeffrey		MI L.	
Residential Street Address 54 Chestnut Street		City West Haven		State CT	Zip Code 06516
Principal Occupation Mechanic		Name of Employer Sikorsky Aircraft			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/30/2023		Aggregate Contributions	
Last Name Baldwin		First Jeffrey		MI L.	
Residential Street Address 54 Chestnut Street		City West Haven		State CT	Zip Code 06516
Principal Occupation Mechanic		Name of Employer Sikorsky Aircraft			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/20/2023		Aggregate Contributions \$400.00	
Last Name Baldwin		First Raymond		MI G.	
Residential Street Address 700 Booth Hill Road		City Trumbull		State CT	Zip Code 06611
Principal Occupation Administrative Assistant		Name of Employer City of Shelton			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/2/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$500.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 5 of 112

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)				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Baptiste Rabel		Myriam			
Residential Street Address		City		State	Zip Code
44 Sterling Street		Fairfield			06825
Principal Occupation		Name of Employer			
Construction		JB and Sons Home Improvement			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/10/2023			
Last Name		First		MI	
Barkley		Thayer			
Residential Street Address		City		State	Zip Code
281 Thorne Street		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Financial Analyst		Glencore, Ltd			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/10/2023			
Last Name		First		MI	
Barkley		Thayer			
Residential Street Address		City		State	Zip Code
281 Thorne Street		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Financial Analyst		Glencore Ltd			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/20/2023		\$150.00	
SUBTOTAL Section B — This Page				\$250.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 6 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Barkley		Thorne			
Residential Street Address		City		State	Zip Code
251 Thorne Street		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Financial Analyst		Glencore Ltd			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/19/2023	\$350.00		
Last Name		First		MI	
Barnes		Maurice			
Residential Street Address		City		State	Zip Code
1985 Stratford Avenue		Bridgeport		CT	06607
Principal Occupation		Name of Employer			
Owner		Thirty Plus Social Club			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/20/2023			
Last Name		First		MI	
Bell		Cheyrl		L.	
Residential Street Address		City		State	Zip Code
58L Patricia Road		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Administrator		Recovery Network of Programs			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/10/2023			
SUBTOTAL Section B — This Page				\$300.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 7 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name		First	
Bell		Harry	
Residential Street Address		City	State Zip Code
2 Rockridge		Bridgeport	CT 06606
Principal Occupation		Name of Employer	
Security		City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/3/2023	
Last Name		First	
Bers		Phillip	
Residential Street Address		City	State Zip Code
440 Bedford 3		Stamford	CT 06901
Principal Occupation		Name of Employer	
Attorney		Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/29/2023	
Last Name		First	
Blackmon		Dorothy	
Residential Street Address		City	State Zip Code
48 Elmcroft Road		Stamford	CT 06902
Principal Occupation		Name of Employer	
International Transportation Analyst		R T Vanderbilt	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/29/2023	
SUBTOTAL Section B — This Page		\$125.00	
TOTAL of additional Section B Pages		\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$62,477.00	

Section B ADDITIONAL PAGE 8 of 112

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)				\$	
B. Itemized Contributions from Individuals					
Last Name Bradley		First Erica		MI G.	
Residential Street Address 18 Centerbrook Road		City Nort Haven		State CT	Zip Code 06473
Principal Occupation Travel Agent		Name of Employer Crimson World Travel			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/31/2023		Aggregate Contributions	
Last Name		First		MI G.	
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
Last Name		First		MI	
Residential Street Address		City		State CT	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$50.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 9 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals			
Last Name Bradley		First Dennis	
Residential Street Address		City	State CT
Principal Occupation		Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ?		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/22/2023	Aggregate Contributions
Last Name Bradley		First Dennis	
Residential Street Address		City	State CT
Principal Occupation		Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ?		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/22/2023	Aggregate Contributions
Last Name Bradley		First Dennis	
Residential Street Address		City	State CT
Principal Occupation		Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ?		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/22/2023	Aggregate Contributions
Last Name Bradley		First Dennis	
Residential Street Address		City	State CT
Principal Occupation		Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ?		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/22/2023	Aggregate Contributions
Last Name Bradley		First Dennis	
Residential Street Address		City	State CT
Principal Occupation		Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ?		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/22/2023	Aggregate Contributions
Last Name Bradley		First Karina	
Residential Street Address		City	State CT
Principal Occupation		Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ?		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/19/2023	Aggregate Contributions
Last Name Bradley		First Karina	
Residential Street Address		City	State CT
Principal Occupation		Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ?		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/19/2023	Aggregate Contributions
Last Name Bradshaw		First Michelle	
Residential Street Address		City	State CT
Principal Occupation		Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ?		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/20/2023	Aggregate Contributions
Last Name Bradshaw		First Michelle	
Residential Street Address		City	State CT
Principal Occupation		Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ?		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/20/2023	Aggregate Contributions
SUBTOTAL Section B — This Page		\$700.00	
TOTAL of additional Section B Pages		\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$62,477.00	

Section B ADDITIONAL PAGE 10 of 112

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Blackmon		First Dorothy		MI R.	
Residential Street Address 48 Elmcroft Road		City Stamford		State CT	Zip Code 06902
Principal Occupation International Transportation Analyst		Name of Employer R T Vanderbilt			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/29/2023		Aggregate Contributions	
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$50.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,377.00	

Section B ADDITIONAL PAGE 11 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Branch		First Razuel	
Residential Street Address 307 Chamberlain Avenue		City Bridgeport	State CT
Principal Occupation Consultant		Name of Employer Magnacon Center Enterprises	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/31/2023	
		Aggregate Contributions	
Last Name Brantley		First Gwedolyn	
Residential Street Address 865 Mix Avenue		City Hamden	State CT
Principal Occupation Self employed		Name of Employer Access Educational Services	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/31/2023	
		Aggregate Contributions	
Last Name Brown		First Stan	
Residential Street Address 45 Beaver Brook Road		City Danbury	State CT
Principal Occupation Construction company		Name of Employer Action Construction	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/30/2023	
		Aggregate Contributions	
SUBTOTAL Section B — This Page		\$400.00	
TOTAL of additional Section B Pages		62,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$63,477.00	

Section B ADDITIONAL PAGE 12 of 112

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)				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Brown		Ernest			
Residential Street Address		City		State	Zip Code
77 Huntington Tpk.		Bridgeport		CT	06610
Principal Occupation		Name of Employer			
Team Focus		Team Focus			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution	
				\$100.00	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
If yes, list Event #				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/24/2023			
Last Name		First		MI	
Brown		Greta			
Residential Street Address		City		State	Zip Code
3250 Main Street		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
CFO		Kafa Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution	
				\$100.00	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
If yes, list Event #				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/30/2023			
Last Name		First		MI	
Burke		Douglas			
Residential Street Address		City		State	Zip Code
1230 Hope Street Unit 6		Stamford		CT	06907
Principal Occupation		Name of Employer			
Business owner		The Cleaning Authority			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution	
				\$50.00	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
If yes, list Event #				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/26/2023			
SUBTOTAL Section B — This Page				\$250.00	
TOTAL of additional Section B Pages				\$62,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$63,477.00	

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)		\$	
B. Itemized Contributions from Individuals			
Last Name Butler		First James MI D.	
Residential Street Address 141 Ridgefield Road		City Hartford State CT Zip Code 06112	
Principal Occupation Machinist		Name of Employer Raytheon Technologies	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/29/2023 Aggregate Contributions	
Last Name Camille		First Jean MI	
Residential Street Address 48 Kings College Place		City Stratford State CT Zip Code 06615	
Principal Occupation Bus Driver		Name of Employer Hoyt Transportation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/9/2023 Aggregate Contributions	
Last Name Cann		First Immacula MI	
Residential Street Address 234 Klondike Street		City Stratford State CT Zip Code 06614	
Principal Occupation CNO-RN		Name of Employer Silver Hill Hospital	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/3/2023 Aggregate Contributions	
SUBTOTAL Section B — This Page		\$725.00	
TOTAL of additional Section B Pages		\$62,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$63,477.00	

Section B ADDITIONAL PAGE 14 of 113

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Canty		First Lucinda	MI
Residential Street Address 70 Capen Street		City Windsor	State CT Zip Code 06095
Principal Occupation Associate Professor		Name of Employer UMASS Amherst	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/8/2023	
Last Name Card		First Ann	MI M.
Residential Street Address 270 Monroe Tpke.		City Monroe	State CT Zip Code 06468
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/29/2023	
Last Name Carr		First Albert	MI J.
Residential Street Address 138 Hillcrest Road		City Bridgeport	State CT Zip Code 06606
Principal Occupation Chef		Name of Employer Nutrition Center	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/25/2023	
SUBTOTAL Section B — This Page		\$250.00	
TOTAL of additional Section B Pages		\$62,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$63,477.00	

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)				\$	
B. Itemized Contributions from Individuals					
Last Name Carrillo		First Dorcia		MI	
Residential Street Address 600 Huntington Tpke.		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Attorney		Name of Employer Quickbase, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/20/2023		Aggregate Contributions	
Last Name Cayo		First Andre		MI	
Residential Street Address 54 Calhoun Avenue		City Trumbull		State CT	Zip Code 06611
Principal Occupation Attorney		Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/30/2023		Aggregate Contributions	
Last Name Chambers		First Owen		MI	
Residential Street Address 210 Kimberly Avenue		City New Haven		State CT	Zip Code 06519
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$300.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/20/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$650.00	
TOTAL of additional Section B Pages				\$62,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				63,477.00	

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Christian		Wendell			
Residential Street Address		City		State	Zip Code
652 Cleavland Avenue		Bridgeport		CT	06604
Principal Occupation		Name of Employer			
Heavy Equipment Operator		City of Stamford Highway Dept.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
		3/26/2023			
				Amount of Contribution	
				\$50.00	
Last Name		First		MI	
Christiano		Teige			
Residential Street Address		City		State	Zip Code
137 South Main Street		Newtown		CT	06470
Principal Occupation		Name of Employer			
Marketing		Newtown Self Storage			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
		3/30/2023			
				Amount of Contribution	
				\$400.00	
Last Name		First		MI	
Colbert		Charles		W.	
Residential Street Address		City		State	Zip Code
1706 Golf Course Drive		Mitchellville		MD	20721
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
				Amount of Contribution	
				\$50.00	
SUBTOTAL Section B — This Page				\$500.00	
TOTAL of additional Section B Pages				\$62,477.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$41,377.00	

Section B ADDITIONAL PAGE 17 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Coleman		Lional			
Residential Street Address		City		State	Zip Code
175 Seltam Road		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Homeimprovements		Lchomeimprovements			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/9/2023			
Last Name		First		MI	
Crook		Michelle			
Residential Street Address		City		State	Zip Code
156 Chamberlain Avenue		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Business development		Kline			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/9/2023			
Last Name		First		MI	
Crook		Michelle			
Residential Street Address		City		State	Zip Code
156 Chamberlain Avenue		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Business development		Kline			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$150.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/23/2023		\$175.00	
SUBTOTAL Section B — This Page				\$225.00	
TOTAL of additional Section B Pages				\$61,477.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 18 of 112

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Domingue		First Vaillant		MI	
Residential Street Address 679 Lakeside Drive		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Music Teacher		Name of Employer Vision Academy of Music			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/9/2023		Aggregate Contributions	
Last Name Doreste		First Emmanual		MI	
Residential Street Address 46 Taylor Street #101		City Stamford		State CT	Zip Code 06902
Principal Occupation Librarian		Name of Employer Ferguson Library			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/9/2023		Aggregate Contributions	
Last Name Dubois Walton		First Karen		MI E.	
Residential Street Address 58 E. Pearl Street		City New Haven		State CT	Zip Code 06513
Principal Occupation President		Name of Employer ECC/NANH			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/30/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$400.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

Section B ADDITIONAL PAGE 19 of 112

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)				\$	
B. Itemized Contributions from Individuals					
Last Name Dunston Boon		First Gina		MI	
Residential Street Address 8 Meadow Ridge Drive		City Trumbull		State CT	Zip Code 06611
Principal Occupation Physician		Name of Employer NEMG			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount 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 contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/10/2023		Aggregate Contributions	
Last Name Ellis		First Dwane		MI	
Residential Street Address 8 Beechwood Drive		City North Haven		State CT	Zip Code 06473
Principal Occupation Employed		Name of Employer State of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount 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 contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/25/2023		Aggregate Contributions	
Last Name Folguer		First Eugene		MI	
Residential Street Address PO Box 38550		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Engineer		Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/9/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$100.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 20 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Evans		Coral		J.	
Residential Street Address		City		State	Zip Code
518 South O'Leary Street		Flagstaff		AZ	86001
Principal Occupation		Name of Employer			
Regional Director		U.S. Senator Mark Kelly			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution	
				\$50.00	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
If yes, list Event #				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/25/2023			
Last Name		First		MI	
Evans		Darrette			
Residential Street Address		City		State	Zip Code
661 Lakeside Drive		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Public Defender Secretary		Division of Public Defender Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution	
				\$100.00	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
If yes, list Event #				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/26/2023			
Last Name		First		MI	
Exum		Tammy			
Residential Street Address		City		State	Zip Code
40 Gin Still Lane		West Hartford		CT	06107
Principal Occupation		Name of Employer			
Legislator		CT General Assembly			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution	
				\$100.00	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
If yes, list Event #				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/26/2023			
SUBTOTAL Section B — This Page				\$250.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 21 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Farrell		First Elisabeth	
Residential Street Address 7 Bittersweet Lane		City South Brunswick	State ME
Principal Occupation Project Director		Name of Employer University of New Hampshire	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/31/2023	Aggregate Contributions
		Amount of Contribution \$25.00	
Last Name Farrow		First Edwin	
Residential Street Address 357 Pearl Street Unit 5		City Bridgeport	State CT
Principal Occupation Attorney		Name of Employer Edwin P. Farrow Attorney at Law	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/22/2023	Aggregate Contributions
		Amount of Contribution \$1,000.00	
Last Name Ferris		First David	
Residential Street Address 1 West Track Road		City Cromwell	State CT
Principal Occupation Architect		Name of Employer Antinozzi Associates	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/22/2023	Aggregate Contributions
		Amount of Contribution \$400.00	
SUBTOTAL Section B — This Page		\$1,425.00	
TOTAL of additional Section B Pages		\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$62,477.00	

Section B ADDITIONAL PAGE 22 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	
B. Itemized Contributions from Individuals					
Last Name Flemming-Butler		First Janice		MI T.	
Residential Street Address 141 Ridgefield Road		City Hartford		State CT	Zip Code 06112
Principal Occupation Self employed		Name of Employer Strategic Outreach Solutions			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/19/2023		Aggregate Contributions	
Last Name Fredericks		First Joanne		MI S.	
Residential Street Address 31 Edge Hill, Place		City Fairfield		State CT	Zip Code 06824
Principal Occupation Scientist		Name of Employer Unilever			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount 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 contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/9/2023		Aggregate Contributions	
Last Name Gadkar-Wilcox		First Sujata		MI	
Residential Street Address 36 Overlook Place		City Trumbull		State CT	Zip Code 06611
Principal Occupation Professor		Name of Employer Quinnipiac University			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/29/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$625.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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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)		\$	
B. Itemized Contributions from Individuals			
Last Name Gadkar-Wilcox		First Wynn	
Residential Street Address 36 Overlook Place		City Trumbull	
Principal Occupation Professor		Name of Employer Western Connecticut State University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/29/2023	
		Aggregate Contributions	
Last Name Gale		First Tracy	
Residential Street Address 6 Cone Street		City Hartford	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/23/2023	
		Aggregate Contributions	
Last Name Ganino		First Michael	
Residential Street Address 3 Canterbury Lane		City Trumbull	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/28/2023	
		Aggregate Contributions	
		Amount of Contribution \$100.00	
		Amount of Contribution \$100.00	
		Amount of Contribution \$25.00	
SUBTOTAL Section B — This Page		\$225.00	
TOTAL of additional Section B Pages		\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$62,477.00	

Section B ADDITIONAL PAGE 24 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals			
Last Name Garcia		First Gloria MI	
Residential Street Address 31 Jewett Avenue		City Bridgeport	State CT Zip Code 06606
Principal Occupation Restaurant		Name of Employer Miss Thelma's	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/22/2023	Aggregate Contributions
Last Name Gardner		First Eva MI L.	
Residential Street Address 130 Platt Street		City Bridgeport	State CT Zip Code 06606
Principal Occupation Bulk Mail Technician Clerk		Name of Employer United States Postal Service	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/25/2023	Aggregate Contributions
Last Name Lindsworth		First Garvey MI	
Residential Street Address 31 Mill River Drive		City Stratford	State CT Zip Code 06614
Principal Occupation Information Technology		Name of Employer Microsoft Corp.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/3/2023	Aggregate Contributions
SUBTOTAL Section B — This Page			\$1,200
TOTAL of additional Section B Pages			\$61,377.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			\$62,477.00

Section B ADDITIONAL PAGE 25 of 112

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Gates-Ferris		First Kathryn		MI E.	
Residential Street Address 253 Larch Drive		City Bogata		State NJ	Zip Code 07603
Principal Occupation VP		Name of Employer CAI Global			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/30/2023		Aggregate Contributions	
Last Name Goldsby		First Aigne		MI	
Residential Street Address 25 Carver Circle		City Simsbury		State CT	Zip Code 06070
Principal Occupation Founder		Name of Employer Black Esquire, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/29/2023		Aggregate Contributions	
Last Name Gomes		First Edwin		MI P.	
Residential Street Address 72 Martin L. King Drive		City Bridgeport		State CT	Zip Code 06608
Principal Occupation Assembler		Name of Employer Sikorsky			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/28/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$150.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				62,477.00	

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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)				\$	
B. Itemized Contributions from Individuals					
Last Name Goodridge		First Valencia		MI	
Residential Street Address 239 McKinley Avenue		City New Haven		State CT	Zip Code 06515
Principal Occupation Realator		Name of Employer Coldwell Banker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/29/2023		Aggregate Contributions	
Last Name Goodwin		First Maquis		MI	
Residential Street Address 2390 State Street		City Hamden		State CT	Zip Code 06517
Principal Occupation Photographer		Name of Employer GoNation, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/20/2023		Aggregate Contributions	
Last Name Goodwin		First Maquis		MI	
Residential Street Address 8 Beechwood Drive		City Nort Haven		State CT	Zip Code 06473
Principal Occupation Photographer		Name of Employer GoNation, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/25/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$300.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 27 of 112

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Griffin		First Jimmie		MI L.	
Residential Street Address 213 2nd Avenue		City West Haven		State CT	Zip Code 06516
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/1/2023		Aggregate Contributions	
Last Name Griffiths		First Clive		MI M.	
Residential Street Address 970 Reservoir Avenue		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Alliance for Community Empowerment		Name of Employer IT Professional			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/1/2023		Aggregate Contributions	
Last Name Halstead		First Robert		MI E.	
Residential Street Address 55 Sterling Place		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/25/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$150.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

Section B ADDITIONAL PAGE 28 of 112

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)				\$	
B. Itemized Contributions from Individuals					
Last Name Hanley		First Wyatesia		MI	
Residential Street Address 410 Hooker Road		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Sales		Name of Employer Gault Family Companies			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/28/2023		Aggregate Contributions	
Last Name Hartley		First Joan		MI V.	
Residential Street Address 500 Chase Parkway		City Waturbury		State CT	Zip Code 06708
Principal Occupation Legislator		Name of Employer Stae of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/8/2023		Aggregate Contributions	
Last Name Hartley		First Joan		MI V.	
Residential Street Address 500 Chase Parkway		City Waturbury		State CT	Zip Code 06708
Principal Occupation Legislator		Name of Employer Stae of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/30/2023		Aggregate Contributions \$2,000	
SUBTOTAL Section B — This Page				\$2,050.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals					
Last Name Haskell		First William		MI	
Residential Street Address 125 weston Road		City Westport		State CT	Zip Code 06880
Principal Occupation Student		Name of Employer N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount 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 contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/29/2023			
Last Name Hill-Johnson		First Karen		MI	
Residential Street Address 958 Platt Street		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Project Manager		Name of Employer DeMarco Manegement Company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount 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 contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/13/2023			
Last Name Hopkins Staten		First Thereasa		MI	
Residential Street Address 1833 Asylum Avenue		City West Hartford		State CT	Zip Code 06117
Principal Occupation Foundation President, VP of Equity		Name of Employer Eversource Energy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/26/2023			
SUBTOTAL Section B — This Page				\$250.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	
B. Itemized Contributions from Individuals					
Last Name Huber		First Sonya		MI	
Residential Street Address 75 Clinton Avenue		City Stratford		State CT	Zip Code 06614
Principal Occupation Professor		Name of Employer Fairfield University			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/6/2023	Aggregate Contributions		
Last Name Issac		First Mary		MI	
Residential Street Address 50 Skating Pond Road		City Trumbull		State CT	Zip Code 06611
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/29/2023	Aggregate Contributions		
Last Name Jakubowski		First Jason		MI	
Residential Street Address 33 Westminster Drive		City West Hartford		State CT	Zip Code 06107
Principal Occupation CEO		Name of Employer Connecticut Foodshare			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/1/2023	Aggregate Contributions		
SUBTOTAL Section B — This Page				\$250.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals			
Last Name Janensch		First Gail MI E.	
Residential Street Address 3030 Park Avenue Apt. 12		City Bridgeport	State CT Zip Code 06604
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/6/2023	
		Aggregate Contributions	
Last Name Janensch		First Gail MI E.	
Residential Street Address 3030 Park Avenue Apt. 12		City Bridgeport	State CT Zip Code 06604
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/11/2023	
		Aggregate Contributions \$400.00	
Last Name Johnson		First Susan MI M.	
Residential Street Address 120 Boliva Street		City Willamantic	State CT Zip Code 06226
Principal Occupation Attorney		Name of Employer O'Brien and Johnson Attorneys at Law	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/29/2023	
		Aggregate Contributions	
SUBTOTAL Section B — This Page		\$450.00	
TOTAL of additional Section B Pages		\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$62,477.00	

Section B ADDITIONAL PAGE 32 of 112

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Johnson		Lisa			
Residential Street Address		City		State	Zip Code
27 Redwood Drive Unit 1410		East Haven		CT	06513
Principal Occupation		Name of Employer			
Engineer		Bismark			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
				\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1/31/2023			
Last Name		First		MI	
Johnson		Calvin			
Residential Street Address		City		State	Zip Code
4383 Grant Forest Cir.		Ellenwood		GA	3094
Principal Occupation		Name of Employer			
Service Technician		ATT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
				\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/20/2023			
Last Name		First		MI	
Jordan		Damika			
Residential Street Address		City		State	Zip Code
2 Hillview Street		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Medical Administrator		NY State employee			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
				\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/10/2023			
SUBTOTAL Section B — This Page				\$200.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

Section B ADDITIONAL PAGE 33 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Judge		David		A.	
Residential Street Address		City		State	Zip Code
51 Brooklawn Pl.		Bridgeport		CT	06604
Principal Occupation		Name of Employer			
President		Judge Electric			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/20/2023			
Last Name		First		MI	
King		Christine			
Residential Street Address		City		State	Zip Code
1375 Chopsey Hill Rd.		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Consultant		CKEducation			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/29/2023			
Last Name		First		MI	
King		Valerie			
Residential Street Address		City		State	Zip Code
15 Rock Hill Rd.		Woodbridge		CT	06525
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/30/2023			
SUBTOTAL Section B — This Page				\$250.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 34 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Knight		First Kevin MI	
Residential Street Address 37 Cranbury Rd.		City Norwalk	State CT Zip Code 06851
Principal Occupation Marketing		Name of Employer Kgroup	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/25/2023	
		Aggregate Contributions	
Last Name Kowalski		First Linda MI	
Residential Street Address 23 Sybil Creek Pl.		City Branford	State CT Zip Code 06405
Principal Occupation Government Relations		Name of Employer Rome, Smith, Lutz and Kowalski	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/17/2023	
		Aggregate Contributions	
Last Name Kowalski		First Linda MI	
Residential Street Address 23 Sybil Creek Pl.		City Branford	State CT Zip Code 06405
Principal Occupation Government Relations		Name of Employer Rome, Smith, Lutz and Kowalski	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/30/2023	
		Aggregate Contributions \$350.00	
SUBTOTAL Section B — This Page			\$400.00
TOTAL of additional Section B Pages			\$61,377.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			\$62,477.00

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)				\$	
B. Itemized Contributions from Individuals					
Last Name Kushnar		First Julie		MI L.	
Residential Street Address 75 Old Ridgebury Rd.		City Danbury		State CT	Zip Code 06810
Principal Occupation State Senator		Name of Employer CT General Assembly			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/29/2023		Aggregate Contributions	
Last Name Kushnar		First Julie		MI L.	
Residential Street Address 75 Old Ridgebury Rd.		City Danbury		State CT	Zip Code 06810
Principal Occupation State Senator		Name of Employer CT General Assembly			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/29/2023		Aggregate Contributions \$400.00	
Last Name Lesser		First Matthew		MI	
Residential Street Address 2 Mazzatto Pl.		City Middletown		State CT	Zip Code 06457
Principal Occupation State Senator		Name of Employer State of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/25/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$500.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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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)		\$	
B. Itemized Contributions from Individuals			
Last Name Lewis		First Dorothy MI M.	
Residential Street Address 290 Greenwood Street		City Bridgeport State CT Zip Code 06606	
Principal Occupation State of Connecticut		Name of Employer Legislative Aide (Administrative)	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/7/2023 Aggregate Contributions	
Last Name Lewis		First Dorothy MI M.	
Residential Street Address 290 Greenwood Street		City Bridgeport State CT Zip Code 06606	
Principal Occupation State of Connecticut		Name of Employer Legislative Aide (Administrative)	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/7/2023 Aggregate Contributions	
Last Name Lewis		First Dorothy MI M.	
Residential Street Address 290 Greenwood Street		City Bridgeport State CT Zip Code 06606	
Principal Occupation State of Connecticut		Name of Employer Legislative Aide (Administrative)	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/19/2023 Aggregate Contributions \$200.00	
Last Name Lovinsk		First Anne MI	
Residential Street Address		City CT State CT Zip Code	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/8/2023 Aggregate Contributions	
SUBTOTAL Section B — This Page		\$250.00	
TOTAL of additional Section B Pages		\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$62,477.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Lewis		First Kyle	
Residential Street Address 290 Greenwood Street		City Bridgeport	State CT
Principal Occupation Technician		Name of Employer Aggressive Dionostics	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount 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 contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/19/2023	
		Aggregate Contributions	
Last Name Luckett		First Valita	
Residential Street Address 29 Old Pasture Ln.		City Hamden	State CT
Principal Occupation Consultants		Name of Employer Luckett and Luckett Associates	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/8/2023	
		Aggregate Contributions	
Last Name Luxenberg		First Geoffrey	
Residential Street Address 93 Plymouth Ln.		City Manchester	State CT
Principal Occupation State Legislator		Name of Employer Stae of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/30/2023	
		Aggregate Contributions	
SUBTOTAL Section B — This Page		\$575.00	
TOTAL of additional Section B Pages		\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$62,477.00	

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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)		\$	
B. Itemized Contributions from Individuals			
Last Name Manigat		First Angeucci MI	
Residential Street Address 66 Yale St.		City Stratford State CT Zip Code 06615	
Principal Occupation Union Program Representative		Name of Employer New York State Nureses Association	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/8/2023 Aggregate Contributions	
Last Name Manigat		First Damicia MI	
Residential Street Address 66 Yale St.		City Stratford State CT Zip Code 06615	
Principal Occupation Registered Nurse		Name of Employer Hartford Healthcare	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/9/2023 Aggregate Contributions	
Last Name Marcus		First Marshall MI D.	
Residential Street Address 91 Stonehouse Rd.		City Trumbull State CT Zip Code 06611	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/29/2023 Aggregate Contributions	
SUBTOTAL Section B — This Page		\$200.00	
TOTAL of additional Section B Pages		\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$62,477.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Martin		First Jiff	
Residential Street Address 99 Dog Ln.		City Mansfield	
Principal Occupation Educator		Name of Employer Unv. of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/5/2023	
		Aggregate Contributions	
Last Name Maroney		First James	
Residential Street Address 22 Saranac Rd.		City Milford	
Principal Occupation Legislator		Name of Employer Stae of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/11/2023	
		Aggregate Contributions	
Last Name Maroney		First James	
Residential Street Address 22 Saranac Rd.		City Milford	
Principal Occupation Legislator		Name of Employer Stae of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/21/2023	
		Aggregate Contributions \$100.00	
SUBTOTAL Section B — This Page		\$200.00	
TOTAL of additional Section B Pages		\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$62,477.00	

Section B ADDITIONAL PAGE 40 of 112

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)				\$	
B. Itemized Contributions from Individuals					
Last Name Martin		First Sylvia		MI D.	
Residential Street Address 85 Corinthian Ave.		City Stratford		State CT	Zip Code 06615
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/29/2023		Aggregate Contributions	
Last Name Martin		First Terra		MI L.	
Residential Street Address 25 Smoke Hill Rd.		City New Fairfield		State CT	Zip Code 06812
Principal Occupation Community Outreach		Name of Employer CAVG			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/30/2023		Aggregate Contributions	
Last Name Mays Green		First Makida		MI	
Residential Street Address 8 Walnut Ridge Ln.		City Stamford		State CT	Zip Code 06905
Principal Occupation Researcher		Name of Employer Paramount			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/30/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$75.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals			
Last Name McBride		First Jermaine	
Residential Street Address 65 Macon Dr.		City Bridgeport	State CT
Principal Occupation Electrician		Name of Employer BOE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/28/2023	
		Aggregate Contributions	
Last Name McClain		First Tyrone	
Residential Street Address 1002 Township Way		City Roswell	State GA
Principal Occupation Senior Director		Name of Employer Pfizer, Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/30/2023	
		Aggregate Contributions	
Last Name McKenzie		First Steve	
Residential Street Address 72 Granfield Ave.		City Bridgeport	State CT
Principal Occupation President		Name of Employer Kafa Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/30/2023	
		Aggregate Contributions	
SUBTOTAL Section B — This Page			\$1,200.00
TOTAL of additional Section B Pages			\$61,377.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>			\$62,477.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
McCloud		Eva		J.	
Residential Street Address		City		State	Zip Code
2675 Park Ave. Unit 27		Bridgeport		CT	06604
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/17/2023			
Last Name		First		MI	
McCloud		Eva		J.	
Residential Street Address		City		State	Zip Code
2675 Park Ave. Unit 27		Bridgeport		CT	06604
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/30/2023		\$300.00	
Last Name		First		MI	
Mechanic		Michelle			
Residential Street Address		City		State	Zip Code
6 Blackbury Ln.		Westport		CT	06880
Principal Occupation		Name of Employer			
Attorney and Consultant		Law Office of Michelle Mechanic			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/25/2023			
SUBTOTAL Section B — This Page				\$700.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

Section B ADDITIONAL PAGE 43 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Miller		Patricia			
Residential Street Address		City		State	Zip Code
95 Liberty St. Unit 4		Stamford		CT	06902
Principal Occupation		Name of Employer			
Legislator		Connecticut General Assembly			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/3/2023			
Last Name		First		MI	
Miller		Patricia			
Residential Street Address		City		State	Zip Code
Legislator		Stamford		CT	06902
Principal Occupation		Name of Employer			
Legislator		Connecticut General Assembly			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/31/2023	\$200.00		
Last Name		First		MI	
Mitchell		Annie			
Residential Street Address		City		State	Zip Code
890 Seaview Ave. #10		Bridgeport		CT	06607
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1/29/2023			
SUBTOTAL Section B — This Page				\$250.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
McLoud		Eva		J.	
Residential Street Address		City		State	Zip Code
2675 Park Ave. Unit 27		Bridgeport		CT	06604
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 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	
<input type="checkbox"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> Yes <input checked="" type="radio"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="checkbox"/> Yes <input checked="" type="radio"/> No	
<input type="checkbox"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/23/2023	\$300.00		
Last Name		First		MI	
Moore		Lillie			
Residential Street Address		City		State	Zip Code
66 Coventy Ln.		Trumbull		CT	06611
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 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	
<input type="checkbox"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> Yes <input checked="" type="radio"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="checkbox"/> Yes <input checked="" type="radio"/> No	
<input type="checkbox"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/10/2023			
Last Name		First		MI	
Moore		Lillie			
Residential Street Address		City		State	Zip Code
66 Coventy Ln.		Trumbull		CT	06611
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 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	
<input type="checkbox"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> Yes <input checked="" type="radio"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="checkbox"/> Yes <input checked="" type="radio"/> No	
<input type="checkbox"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/10/2023	\$100.00		
SUBTOTAL Section B — This Page				\$200.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

Section B ADDITIONAL PAGE 45 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Moore		Yolanda			
Residential Street Address		City	State	Zip Code	
16 High Ridge Rd.		Stamford	CT	06905	
Principal Occupation		Name of Employer			
Paralegal		Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/7/2023			
		Amount of Contribution			
		\$100.00			
Last Name		First		MI	
Moore		Michelle			
Residential Street Address		City	State	Zip Code	
622 Soundview Ave.		Bridgeport	CT	06606	
Principal Occupation		Name of Employer			
Health Systems Navigator		Bridgeport Hospital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/25/2023			
		Amount of Contribution			
		\$100.00			
Last Name		First		MI	
Morong		Mary Lou			
Residential Street Address		City	State	Zip Code	
30 Beacon St.		Bridgeport	CT	06605	
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/8/2023			
		Amount of Contribution			
		\$50.00			
SUBTOTAL Section B — This Page				\$250.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Morong		First Mary Lou	
Residential Street Address 30 Beacon St.		City Bridgeport	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/20/2023	
		Aggregate Contributions \$150.00	
Last Name Murphy		First John	
Residential Street Address 205 Westerly Terr.		City East Hartford	State CT
Principal Occupation Staff Representative		Name of Employer CSEA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/25/2023	
		Aggregate Contributions	
Last Name Napoli		First Ronald	
Residential Street Address 28 Deer Parl Circle		City Watubury	State CT
Principal Occupation Teacher		Name of Employer Watubury Public Schools	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$65.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/5/2023	
		Aggregate Contributions	
SUBTOTAL Section B — This Page		\$265.00	
TOTAL of additional Section B Pages		\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$62,477.00	

Section B ADDITIONAL PAGE 47 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name O'Donnell		First James		MI E.	
Residential Street Address 505 West McKinley Ave.		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Attorney		Name of Employer Law Offices of James E. O'Donnell, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/10/2023		Aggregate Contributions	
Last Name O'Donnell		First James		MI E.	
Residential Street Address 505 West McKinley Ave.		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Attorney		Name of Employer Law Offices of James E. O'Donnell, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/29/2023		Aggregate Contributions \$350.00	
Last Name Okagbaa		First Janet		MI	
Residential Street Address 27 Terrace Pl. Unit 2		City Stamford		State CT	Zip Code 06902
Principal Occupation Analyst		Name of Employer Deep Track Capital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/1/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$450.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 48 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
ONeil		Richard		E.	
Residential Street Address		City		State	Zip Code
345 Buckland Hills Dr.		Manchester		CT	06042
Principal Occupation		Name of Employer			
Committee Clerk - CGA		State of CT HDO			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/10/2023			
Amount of Contribution					
		\$100.00			
Last Name		First		MI	
Osten		Catherine		A.	
Residential Street Address		City		State	Zip Code
187 Scotland Rd.		Baltic		CT	06330
Principal Occupation		Name of Employer			
State Senator		State of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/5/2023			
Amount of Contribution					
		\$250.00			
Last Name		First		MI	
Parker		Herbert		K.	
Residential Street Address		City		State	Zip Code
30 Briar Oake		Weston		CT	06883
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/17/2023			
Amount of Contribution					
		\$100.00			
SUBTOTAL Section B — This Page				\$450.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 49 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Perkus		Joseph			
Residential Street Address		City		State	Zip Code
74 Union Pl.		Hartford		CT	06103
Principal Occupation		Name of Employer			
Legislative Associate		State of Connecticut			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/19/2023			
Last Name		First		MI	
Pheanious		Pat		W.	
Residential Street Address		City		State	Zip Code
63 Squaw Hollow Rd.		Ashford		CT	06278
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/26/2023			
Last Name		First		MI	
Pollock		Takina			
Residential Street Address		City		State	Zip Code
49 Sydney St.		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Director		Bridgeport Farmers Market Collaborative			
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 Contribution	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/27/2023			
SUBTOTAL Section B — This Page				\$225.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Prebrezza		Nexhmi		N.	
Residential Street Address		City		State	Zip Code
87 Beardsley St.		Bridgeport		CT	06607
Principal Occupation		Name of Employer			
Woodworker		Elite AP Corp.			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/18/2023			
Last Name		First		MI	
Reale		Matthew			
Residential Street Address		City		State	Zip Code
34 Brewster Pl.		Trumbull		CT	06611
Principal Occupation		Name of Employer			
Attorney		Self			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$300.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/30/2023			
Last Name		First		MI	
Robinson		Casidee			
Residential Street Address		City		State	Zip Code
272 Newfield Ave.		Bridgeport		CT	06607
Principal Occupation		Name of Employer			
Talent Aquisition		Evolution Connecticut			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1/29/2023			
SUBTOTAL Section B — This Page				\$1,350.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 51 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Robinson		Keisha		T.	
Residential Street Address		City		State	Zip Code
2 Rockridge Circle		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Customer Service		CT Post			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution	
				\$50.00	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
If yes, list Event #				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/3/2023			
Last Name		First		MI	
Rocha		Marie			
Residential Street Address		City		State	Zip Code
16 Fairway Dr.		Stamford		CT	06903
Principal Occupation		Name of Employer			
General Partner and Founder		Realist Ventures			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution	
				\$100.00	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
If yes, list Event #				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/30/2023			
Last Name		First		MI	
Rory		Tyierah		M.	
Residential Street Address		City		State	Zip Code
17 Davenport St.		Bridgeport		CT	06607
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution	
				\$25.00	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
If yes, list Event #				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/26/2023			
SUBTOTAL Section B — This Page				\$175.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 52 of 112

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)				\$	
B. Itemized Contributions from Individuals					
Last Name Rutigliano		First Michele		MI A.	
Residential Street Address 52 Stemway Rd.		City Trumbull		State CT	Zip Code 06611
Principal Occupation Para Professional		Name of Employer Trumbull Public School			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/16/2023		Aggregate Contributions	
Last Name Saccente		First Kenneth		MI	
Residential Street Address 524 Ridgeview Rd.		City Orange		State CT	Zip Code 06477
Principal Occupation Legislative Staff		Name of Employer State of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/21/2023		Aggregate Contributions	
Last Name Sainville		First Rouchon		MI	
Residential Street Address 230 Lewis St.		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Student		Name of Employer N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/7/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$200.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 53 of 112

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Samson		Brosset			
Residential Street Address		City	State	Zip Code	
70 Pepperidge Circle		Stratford	CT	06614	
Principal Occupation		Name of Employer			
Auto Mechanic		Wiz Auto			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
		2/10/2023			
				Amount of Contribution	
				\$50.00	
Last Name		First		MI	
Santos		John		J.	
Residential Street Address		City	State	Zip Code	
9 Captains Hill Rd.		Monroe	CT	06468	
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
		2/6/2023			
				Amount of Contribution	
				\$50.00	
Last Name		First		MI	
Scott		Denise			
Residential Street Address		City	State	Zip Code	
26 Cutter Dr. Apt. B		Bridgeport	CT	06608	
Principal Occupation		Name of Employer			
Advocate/EAducation		ConCANN/BOE			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
		2/20/2023			
				Amount of Contribution	
				\$100.00	
SUBTOTAL Section B — This Page				\$200.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

Section B ADDITIONAL PAGE 54 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Sellers		First Lillian MI	
Residential Street Address 2 Valley Rd.		City Westport	State CT Zip Code 06880
Principal Occupation Cyber Security Program Managee		Name of Employer Citi	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/20/2023	Aggregate Contributions
Last Name Shafer		First Julian MI	
Residential Street Address 49 Sydney St.		City Bridgeport	State CT Zip Code 06606
Principal Occupation Teacher		Name of Employer Danbury Public Schools	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/27/2023	Aggregate Contributions
Last Name Skeyers-Thomas		First Shirley MI R.	
Residential Street Address 8 Horseshoe Hill Rd.		City Bethany	State CT Zip Code 06524
Principal Occupation Attorney		Name of Employer CGA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/21/2023	Aggregate Contributions
SUBTOTAL Section B — This Page			\$225.00
TOTAL of additional Section B Pages			\$61,377.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			\$62,477.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Slap		Derek		M.	
Residential Street Address		City		State	Zip Code
51 Fairlee Rd.		West Hartford		CT	06107
Principal Occupation		Name of Employer			
Non Profit VP and State Senator		Village for Children and Families			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution	
				\$50.00	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
If yes, list Event #				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/27/2023			
Last Name		First		MI	
Sniffen		Scott			
Residential Street Address		City		State	Zip Code
1432 Old Watubury Rd. Suite 14		Southbury		CT	06488
Principal Occupation		Name of Employer			
Producer/Director		Sniffen Productions			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution	
				\$100.00	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
If yes, list Event #				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/7/2023			
Last Name		First		MI	
Soltis		John			
Residential Street Address		City		State	Zip Code
93 Ellsworth Street Apt. 210		Bridgeport		CT	06605
Principal Occupation		Name of Employer			
Librarian		Bridgeport Public Library			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution	
				\$500.00	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
If yes, list Event #				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1/28/2023			
SUBTOTAL Section B — This Page				\$650.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

Section B ADDITIONAL PAGE 56 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	
B. Itemized Contributions from Individuals					
Last Name Spiller		First Karen		MI A.	
Residential Street Address 1 Mount Pleasant Terr. Unit 3		City Boston		State MA	Zip Code 03119
Principal Occupation Educator		Name of Employer University of New Hampshire			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/31/2023		Aggregate Contributions	
Last Name Stewart		First Jeffrey		MI C.	
Residential Street Address 34 Lansing Ave.		City Trumbull		State CT	Zip Code 06611
Principal Occupation Manager		Name of Employer Stew's Infused Catering, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/10/2023		Aggregate Contributions	
Last Name Southerland		First Douglas		MI	
Residential Street Address 14 Petticoat Ln.		City Trumbull		State CT	Zip Code 06611
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/29/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$300.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 57 of 112

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Swan		First Tom		MI	
Residential Street Address 155 Standish Rd.		City Coventry		State CT	Zip Code 06238
Principal Occupation Executive Director		Name of Employer CCAG			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/31/2023		Aggregate Contributions	
Last Name Tesoro		First Vicki		MI A.	
Residential Street Address 133 Beechwood Ave.		City Trumbull		State CT	Zip Code 06611
Principal Occupation First Selectman		Name of Employer Town of Trumbull			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/14/2023		Aggregate Contributions	
Last Name Thomas		First Shirley		MI S.	
Residential Street Address 105 Beauvue Terr.		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Contractor		Name of Employer 777 Cleaning and Home Improvement			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/10/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$400.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

Section B ADDITIONAL PAGE 58 of 112

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)				\$	
B. Itemized Contributions from Individuals					
Last Name Thomas		First Deon		MI M.	
Residential Street Address 105 Beauvue Terr.		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Contractor		Name of Employer 777 Cleaning and Home Improvement			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/17/2023		Aggregate Contributions	
Last Name Thompson-Bennet		First Donna		MI	
Residential Street Address 45 East Eton St.		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Director		Name of Employer NPLI			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/13/2023		Aggregate Contributions	
Last Name Thorton		First Mary		MI E.	
Residential Street Address 40 Sturbridge Ln.		City Trumbull		State CT	Zip Code 06611
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/29/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$500.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Tisdale		First Maria		MI L.	
Residential Street Address 18 Butternut Ln.		City Trumbull		State CT	Zip Code 06611
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/7/2023		Aggregate Contributions	
Last Name Tisdale		First Preston		MI	
Residential Street Address 18 Butternut Ln.		City Trumbull		State CT	Zip Code 06611
Principal Occupation Attorney		Name of Employer Koskoff, Koskoff & Beider			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/25/2023		Aggregate Contributions	
Last Name Torres		First John		MI	
Residential Street Address 18 General Wooster Rd.		City Derby		State CT	Zip Code 06418
Principal Occupation Executive Director		Name of Employer Bridgeport Caribe Youth Leaders			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/9/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$1,150.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 60 of 112

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Traber		Robert		J.	
Residential Street Address		City	State	Zip Code	
110 Hale Terr.		Bridgeport	CT	06610	
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1/30/2023			
		Amount of Contribution			
		\$100.00			
Last Name		First		MI	
Vermont		Regina			
Residential Street Address		City	State	Zip Code	
155 Magnolia St.		Bridgeport	CT	06610	
Principal Occupation		Name of Employer			
Educator		Bridgeport Public Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/10/2023			
		Amount of Contribution			
		\$50.00			
Last Name		First		MI	
Vermont		Terrance		A.	
Residential Street Address		City	State	Zip Code	
155 Magnolia St.		Bridgeport	CT	06610	
Principal Occupation		Name of Employer			
Eligibility Services Specialist		Dept. of Social Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/28/2023	\$75.00		
		Amount of Contribution			
		\$25.00			
SUBTOTAL Section B — This Page				\$175.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

Section B ADDITIONAL PAGE 61 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Volcy		Garry			
Residential Street Address		City	State	Zip Code	
2600 Park Ave.		Bridgeport	CT	06604	
Principal Occupation		Name of Employer			
Social Worker		Private			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>A</u>		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:		Amount of Contribution \$50.00	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/9/2023			
Last Name		First		MI	
Watanbe		William		K.	
Residential Street Address		City	State	Zip Code	
1740 Broadway 15th fl.		New York	NY	10019	
Principal Occupation		Name of Employer			
Attorney		The Watanbe Law Firm, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Amount of Contribution \$200.00	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/19/2023			
Last Name		First		MI	
Washington		Diana		L.	
Residential Street Address		City	State	Zip Code	
80 Springdale St.		Bridgeport	CT	06606	
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Amount of Contribution \$100.00	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/25/2023			
SUBTOTAL Section B — This Page				\$350.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 62 of 112

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)		\$	
B. Itemized Contributions from Individuals			
Last Name Weeks		First Brad MI	
Residential Street Address 5 Twin Pines Dr.		City Wallingford State CT Zip Code 06492	
Principal Occupation Government Relations		Name of Employer Rome, Smith, Lutz and Kowalski	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/30/2023 Aggregate Contributions	
Last Name Volcy		First Garry MI	
Residential Street Address 2600 Park Ave.		City Bridgeport State CT Zip Code 06604	
Principal Occupation Social Worker		Name of Employer Private	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/20/2023 Aggregate Contributions \$100.00	
Last Name Weeks		First Karen MI K.	
Residential Street Address 5 Twin Pines Dr.		City Wallingford State CT Zip Code 06492	
Principal Occupation Government Relations		Name of Employer Rome, Smith, Lutz and Kowalski	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/30/2023 Aggregate Contributions	
SUBTOTAL Section B — This Page		\$350.00	
TOTAL of additional Section B Pages		\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$62,477.00	

Section B ADDITIONAL PAGE 63 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Whaley		Andre		S.	
Residential Street Address		City	State	Zip Code	
181 Wessels		Bridgeport	CT	06610	
Principal Occupation		Name of Employer			
Self employed/tilting service		Mobile Registration Services of CT			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/25/2023			
Last Name		First		MI	
Wiggs		Jerri			
Residential Street Address		City	State	Zip Code	
96 Robert St.		Bridgeport	CT	06606	
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/8/2023			
Last Name		First		MI	
Wilkinson		Robert			
Residential Street Address		City	State	Zip Code	
340 west Franklin St.		Richmond	VA	23221	
Principal Occupation		Name of Employer			
Academdc Center Director		Yale University			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1/30/2023			
SUBTOTAL Section B — This Page				\$750.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 64 of 112

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Williams		Chaunte		D.	
Residential Street Address		City	State	Zip Code	
146 Ohio Ave.		Bridgeport	CT	06610	
Principal Occupation		Name of Employer			
Social Worker		Advanced Behavioral Health			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
		3/25/2023			
				Amount of Contribution	
				\$25.00	
Last Name		First		MI	
Williams		Jaclyn		M.	
Residential Street Address		City	State	Zip Code	
850 Pacific St. 557		Stamford	CT	06902	
Principal Occupation		Name of Employer			
Project Management		Spectrum			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
		3/30/2023			
				Amount of Contribution	
				\$100.00	
Last Name		First		MI	
Williams		Johnnie			
Residential Street Address		City	State	Zip Code	
147 Sixth St.		Bridgeport	CT	06607	
Principal Occupation		Name of Employer			
Blades Dept.		Sikorsky			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
		3/25/2023			
				Amount of Contribution	
				\$50.00	
SUBTOTAL Section B — This Page				\$175.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

Section B ADDITIONAL PAGE 65 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Williams		Joy		C.	
Residential Street Address		City	State	Zip Code	
440 Savannah Pl.		McDonough	GA	30253	
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/26/2023			
Last Name		First		MI	
Williams		Miami		S.	
Residential Street Address		City	State	Zip Code	
322 Wayne St.		Bridgeport	CT	06606	
Principal Occupation		Name of Employer			
Operations Director		Storehouse Project			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/25/2023			
Last Name		First		MI	
Williams		Marsha			
Residential Street Address		City	State	Zip Code	
147 Sixth St.		Bridgeport	CT	06607	
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/25/2023			
SUBTOTAL Section B — This Page				\$125.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 66 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Williams		First Patricia	
Residential Street Address 320 Wayne St.		City Bridgeport	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/25/2023	
Last Name Williams		First Sarrete	
Residential Street Address 24 winchester St.		City Norwich	
Principal Occupation Attorney		Name of Employer UnitedHealthcare Insurance Co.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/3/2023	
Last Name Williamson		First Kathy	
Residential Street Address 160 Village Ln.		City Bridgeport	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/6/2023	
SUBTOTAL Section B — This Page		\$225.00	
TOTAL of additional Section B Pages		\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$62,477.00	

Section B ADDITIONAL PAGE 67 of 112

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Wilson		First Tracey		MI M.	
Residential Street Address 251 Ridgewood Rd.		City West Hartford		State CT	Zip Code 06107
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/10/2023		Aggregate Contributions	
Last Name Wilson		First Donald		MI	
Residential Street Address 56 Fairview Ave.		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Coach		Name of Employer Notre Dame			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/30/2023		Aggregate Contributions	
Last Name Winston		First Wayne		MI	
Residential Street Address 70 Berkshire Ave.		City Trumbull		State CT	Zip Code 06611
Principal Occupation Tech		Name of Employer Custom Computer Systems			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/22/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$400.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals					
Last Name Y		First Melanie		MI MI	
Residential Street Address 24 Merritt Ave. a		City Woodbridge		State CT	Zip Code 06525
Principal Occupation Store Manager		Name of Employer Home Depot			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/31/2023			
Last Name Yolen		First Susan		MI L.	
Residential Street Address 267 McKinley Ave.		City New Haven		State CT	Zip Code 06515
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/26/2023			
Last Name Zimmerman		First Elaine		MI MI	
Residential Street Address 155 Filbert		City Hamden		State CT	Zip Code 06517
Principal Occupation Administrator		Name of Employer Office of Regional Operations			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/1/2023			
SUBTOTAL Section B — This Page				\$200.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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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)				\$	
B. Itemized Contributions from Individuals					
Last Name Barr		First Tony		MI J.	
Residential Street Address 141 Pennsylvania Ave.		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # A		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/10/2023		Aggregate Contributions	
Last Name Blanding		First Mattie		MI	
Residential Street Address 235 Jefferson St.		City Bridgeport		State CT	Zip Code 06607
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # A		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/10/2023		Aggregate Contributions	
Last Name Bradley		First Dennis		MI	
Residential Street Address 583 Clinton Avenue		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Attorney		Name of Employer BLG			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # A		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$175.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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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)				\$	
B. Itemized Contributions from Individuals					
Last Name Bradley		First Karina		MI	
Residential Street Address 528 Clinton Avenue		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Salon Owner		Name of Employer The Coulor Boutique			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/10/2023		Aggregate Contributions	
Last Name Harrell		First Kyle		MI A.	
Residential Street Address 8 Horseshoe Hill Rd.		City Bethany		State CT	Zip Code 06524
Principal Occupation N/A		Name of Employer Unemployed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # A.		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/10/2023		Aggregate Contributions	
Last Name Harrell		First Vanessa		MI F.	
Residential Street Address 8 Horseshoe Hill Rd.		City Bethany		State CT	Zip Code 06524
Principal Occupation Student		Name of Employer N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$200.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 71 of 112

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Lee		John		M.	
Residential Street Address		City		State	Zip Code
30 Beacon St.		Bridgeport		CT	06605
Principal Occupation			Name of Employer		
Financial Listener			Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 2/10/2023		Aggregate Contributions
				Amount of Contribution \$50.00	
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
				CT	
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received		Aggregate Contributions
				Amount of Contribution	
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
				CT	
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received		Aggregate Contributions
				Amount of Contribution	
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
				CT	
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received		Aggregate Contributions
				Amount of Contribution	
SUBTOTAL Section B — This Page				\$50.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Lemy		Gerard			
Residential Street Address		City		State	Zip Code
230 Vincelette St.		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Driver		Dunbar Patient Transportation			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # A		If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/10/2023			
Last Name		First		MI	
McLendon		June			
Residential Street Address		City		State	Zip Code
93 King St.		Bridgeport		CT	06605
Principal Occupation		Name of Employer			
Teacher Assistant		Bpt. 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$30.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # A		If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/10/2023			
Last Name		First		MI	
Thomas		Geri			
Residential Street Address		City		State	Zip Code
8 Horseshoe Hill Rd.		Bethany		CT	06524
Principal Occupation		Name of Employer			
Legal Manager		Frontier Communications			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # A		If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/10/2023			
SUBTOTAL Section B — This Page				\$180.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Rogers		First Ruth		MI G.	
Residential Street Address 309 Terrace Ave.		City West Haven		State CT	Zip Code 06516
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # A		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/10/2023		Aggregate Contributions R.	
Last Name Scott		First Jacqueline		MI	
Residential Street Address 566 Wilmot Ave.		City Bridgeport		State CT	Zip Code 06607
Principal Occupation Social Worker		Name of Employer Recovery Network of Programs			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # A		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
Last Name Soares		First John		MI A.	
Residential Street Address 329 Union Ave.		City Bridgeport		State CT	Zip Code 06607
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # A		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/10/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$150.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 74 of 112

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)				\$	
B. Itemized Contributions from Individuals					
Last Name Stewart		First Donna		MI	
Residential Street Address 783 Garfield Ave.		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>A</u>		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/10/2023		Aggregate Contributions	
Last Name Stewart		First Pamela		MI	
Residential Street Address 43 Asylum St.		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$150.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals					
Last Name Vermont		First Terrance		MI A.	
Residential Street Address 155 Magnolia St.		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Social Services		Name of Employer State of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # A		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/10/2023		Aggregate Contributions	
Last Name Hartley		First Joan		MI A.	
Residential Street Address 500 Chase Parkway		City Waturbury		State CT	Zip Code 06708
Principal Occupation Legislator		Name of Employer State of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/8/2023		Aggregate Contributions	
				2/8/2023 check 1419 refunded	
Last Name Baldwin		First Barbara		MI A.	
Residential Street Address 65 Willow St.		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Assistant for early learning development		Name of Employer Alliance for Community Empowerment			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # B		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$1,150.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Baldwin		Samuel		T.	
Residential Street Address		City	State	Zip Code	
65 Willow St.		Bridgeport	CT	06610	
Principal Occupation		Name of Employer			
Public Works		Town of Stratford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>B</u>		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:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/20/2023		Aggregate Contributions	
				\$50.00	
Last Name		First		MI	
Barnes		Lorraine			
Residential Street Address		City	State	Zip Code	
1235 Huntington Tpke. Apt. 308		Trumbull	CT	06611	
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>B</u>		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:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/20/2023		Aggregate Contributions	
				\$50.00	
Last Name		First		MI	
Boyer		Reine		C.	
Residential Street Address		City	State	Zip Code	
1415 Chopsey Hill Rd.		Bridgeport	CT	06606	
Principal Occupation		Name of Employer			
Attorney		Fairfield County Law Group, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>B</u>		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:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/20/2023		Aggregate Contributions	
				\$50.00	
SUBTOTAL Section B — This Page				\$150.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Bradshaw		Michelle		M.	
Residential Street Address		City		State	Zip Code
8 Beechwood Drive		North Haven		CT	06473
Principal Occupation		Name of Employer			
Technical Clerk		South Central Regional Water Authority			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>B</u>		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:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/20/2023			
Last Name		First		MI	
Cable		Lori		A.	
Residential Street Address		City		State	Zip Code
343 Chamberlain Ave.		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>B</u>		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:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/21/2023			
Last Name		First		MI	
Celli		Joseph			
Residential Street Address		City		State	Zip Code
1042 Broad St. #504		Bridgeport		CT	06604
Principal Occupation		Name of Employer			
Radio Host		WPKN Radio			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/19/2023			
SUBTOTAL Section B — This Page				\$250.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Clemons		Barbara		W.	
Residential Street Address		City	State	Zip Code	
695 Wood Ave.		Bridgeport	CT	06604	
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 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	
<input type="checkbox"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> Yes <input checked="" type="radio"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # <u>B</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="radio"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/20/2023			
Last Name		First		MI	
Clemons		Denise		L.	
Residential Street Address		City	State	Zip Code	
64 Bancroft Ave.		Bridgeport	CT	06604	
Principal Occupation		Name of Employer			
Educator		St. Mark's Daycare Center			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> Yes <input checked="" type="radio"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # _____		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="radio"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/20/2023			
Last Name		First		MI	
Delgado		Frank			
Residential Street Address		City	State	Zip Code	
83 Bonnie View DR.		Trumbull	CT	06611	
Principal Occupation		Name of Employer			
Consultant		Self employed			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> Yes <input checked="" type="radio"/> No		\$75.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # <u>B</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="radio"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/20/2023			
SUBTOTAL Section B — This Page				\$200.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Geter		First Sunny		MI G.	
Residential Street Address 354 Merritt St.		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/20/2023		Aggregate Contributions	
Last Name Houle		First Adrienne		MI C.	
Residential Street Address 1385 Chopsey Hill Rd.		City Bridgeport		State CT	Zip Code 06606
Principal Occupation President and CEO		Name of Employer Greater Bpt. Community Enterprises, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # B		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/18/2023		Aggregate Contributions	
Last Name Jones		First Ronald		MI D.	
Residential Street Address 280 Beardsley St.		City Bridgeport		State CT	Zip Code 06607
Principal Occupation Assistant Principal		Name of Employer City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # B		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/20/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$1,200.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Laurent		David			
Residential Street Address		City		State	Zip Code
14 Blueberry Ln.		Monroe		CT	06468
Principal Occupation		Name of Employer			
Proprietor		Laurent Insurance Agency, LLC			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # B		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/20/2023			
Last Name		First		MI	
Lazar		Beth			
Residential Street Address		City		State	Zip Code
1241 Main St. Apt. 728		Bridgeport		CT	06604
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # B		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/20/2023			
Last Name		First		MI	
Lee		Charlene			
Residential Street Address		City		State	Zip Code
587 Vincelette St.		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
MSSW		Self employed			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # B		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/20/2023			
SUBTOTAL Section B — This Page				\$300.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

Section B ADDITIONAL PAGE 81 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Maher		Cecilia		Q.	
Residential Street Address		City		State	Zip Code
47 Sturges Ridge Rd.		Wilton		CT	06897
Principal Occupation		Name of Employer			
State Senator		Stae of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/12/2023			
				\$75.00	
Last Name		First		MI	
McDowell		Carleen		M.	
Residential Street Address		City		State	Zip Code
95A Yarmich Dr.		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/20/2023			
				\$50.00	
Last Name		First		MI	
McLoud		Eva		J.	
Residential Street Address		City		State	Zip Code
2675 Park Ave. Unit 27		Bridgeport		CT	06604
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input checked="" type="checkbox"/> Money Order		2/23/2023		200.00	
				\$100.00	
SUBTOTAL Section B — This Page				\$225.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 83 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Neisher		First Alan		MI	
Residential Street Address 272 Fleming Ln.		City Fairfield		State CT	Zip Code 06824
Principal Occupation Attorney		Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # B		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/9/2023		Aggregate Contributions	
Last Name Oleynick		First Frank		MI	
Residential Street Address 1164 Brooklawn Ave,		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Coach/Director		Name of Employer Future Stars Accademy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/10/2023		Aggregate Contributions	
Last Name Reid		First Diantha		MI C.	
Residential Street Address 212 South Main St.		City Norwalk		State CT	Zip Code 06854
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # B		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$1200.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 82 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Morgan		First Selena	MI E.
Residential Street Address 230 hickory St.		City Bridgeport	State CT
Principal Occupation Teacher		Name of Employer Bridgeport Public Schools	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # B		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/21/2023	Aggregate Contributions
Last Name Morris		First Bruce	MI V.
Residential Street Address 315 Ely Ave.		City Norwalk	State CT
Principal Occupation Division of Public Affairs		Name of Employer Ticket Network	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # B		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 02/18/2023	Aggregate Contributions
Last Name Moss		First David	MI R.
Residential Street Address 661 Lakeside Drive		City Bridgeport	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # B		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/20/2023	Aggregate Contributions
SUBTOTAL Section B — This Page		\$1250.00	
TOTAL of additional Section B Pages		\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$62,477.00	

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)				\$	
B. Itemized Contributions from Individuals					
Last Name Reid		First Janeen		MI	
Residential Street Address 399 Main St.		City Norwalk		State CT	Zip Code 06851
Principal Occupation Executive Director		Name of Employer Full Circle Youth Empowerment			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>B</u>		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/15/2023		Aggregate Contributions	
Last Name Reid-Jones		First Lorraine		MI S.	
Residential Street Address 59 Bluebird Dr.		City Naugatuck		State CT	Zip Code 06770
Principal Occupation Social Worker		Name of Employer Family and Children's Agency			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>B</u>		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/15/2023		Aggregate Contributions	
Last Name Richardson		First Jacqueline		MI M.	
Residential Street Address 10-12 Summer St.		City Derby		State CT	Zip Code 06418
Principal Occupation Building Inspector		Name of Employer City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>B</u>		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/20/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$1200.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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)				\$	
B. Itemized Contributions from Individuals					
Last Name Stevens		First Dewitt		MI	
Residential Street Address 5 Old Rock Ct.		City Norwalk		State CT	Zip Code 06850
Principal Occupation Pastor		Name of Employer Macedonia Church			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/15/2023		Aggregate Contributions	
Last Name Tisdale		First Jeffrey		MI B.	
Residential Street Address 647 Lakeside Dr.		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Realtor/Insurance Advisor		Name of Employer Re/Max, Mutual of Omaha			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # B		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:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/20/2023		Aggregate Contributions	
Last Name Vaccaro		First Donald		MI J.	
Residential Street Address 325 Clark Hill Rd.		City South Glastonbury		State CT	Zip Code 06073
Principal Occupation CEO		Name of Employer Ticket Network			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/23/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$3,000.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Vaccaro		Jeff		W.	
Residential Street Address		City		State	Zip Code
298 Clark Hill Rd.		South Glastonbury		CT	06073
Principal Occupation		Name of Employer			
Security		Tech Network			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1/31/2023			
Last Name		First		MI	
Vendette		Thomas		T.	
Residential Street Address		City		State	Zip Code
29 Otis St.		Stratford		CT	06615
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>B</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/28/2023			
Last Name		First		MI	
Volcy		Garry			
Residential Street Address		City		State	Zip Code
2600 Park Ave.		Bridgeport		CT	06604
Principal Occupation		Name of Employer			
Social Worker		Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>B</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/20/2023		\$100.00	
SUBTOTAL Section B — This Page				\$1,100.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

Section B ADDITIONAL PAGE 87 of 112

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Walker		Reginald		F.	
Residential Street Address		City	State	Zip Code	
810 Seaview Ave. #4		Bridgeport	CT	06607	
Principal Occupation		Name of Employer			
Community Liason - Police Dept.		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/10/2023			
Last Name		First		MI	
Williams		Keith		E.	
Residential Street Address		City	State	Zip Code	
92 Waterman St.		Bridgeport	CT	06607	
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>B</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/20/2023			
Last Name		First		MI	
Williams		Tracey			
Residential Street Address		City	State	Zip Code	
848 Briarwood Ave.		Bridgeport	CT	06604	
Principal Occupation		Name of Employer			
Counselor		Recovery Network of Programs			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>B</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/18/2023			
SUBTOTAL Section B — This Page				\$175.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

Section B ADDITIONAL PAGE 88 of 112

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Bargot		Seon		A.	
Residential Street Address		City	State	Zip Code	
636 West Jackson St.		Bridgeport	CT	06604	
Principal Occupation		Name of Employer			
Attorney		State of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
				\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/17/2023			
Last Name		First		MI	
Graham		Tanya		M.	
Residential Street Address		City	State	Zip Code	
44 Richardson St.		Bridgeport	CT	06604	
Principal Occupation		Name of Employer			
Administrative Assistant		Bridgeport Hospital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
				\$400.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/17/2023			
Last Name		First		MI	
Smith		Sheldon		O.	
Residential Street Address		City	State	Zip Code	
75 Richard Blvd.		Shelton	CT	06484	
Principal Occupation		Name of Employer			
Home Improvement Contractor		Self employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
				\$150.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/17/2023			
SUBTOTAL Section B — This Page				\$600.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Barkley		Thayer			
Residential Street Address		City	State	Zip Code	
281 Thorne Street		Bridgeport	CT	06606	
Principal Occupation		Name of Employer			
Financial Analyst		Glencore, Ltd			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # <u>D</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/19/2023	\$250.00		
Last Name		First		MI	
Benson		Dana		A.	
Residential Street Address		City	State	Zip Code	
34 Pond Rd.		Easton	CT	06612	
Principal Occupation		Name of Employer			
Investment Banker		Weild & Co.			
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 Contribution	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$300.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # <u>D</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/19/2023			
Last Name		First		MI	
Boyer		Reine			
Residential Street Address		City	State	Zip Code	
1415 Chopsey Hill Rd.		Bridgeport	CT	06606	
Principal Occupation		Name of Employer			
Attorney		Self			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # <u>D</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/19/2023	\$550.00		
SUBTOTAL Section B — This Page				\$900.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals					
Last Name Brown		First Nya		MI	
Residential Street Address 39 Post St.		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Promoting Team		Name of Employer Team Focus			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # D		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received			
Last Name d'Haiti		First Pierre		MI	
Residential Street Address 134 Soundview Ave.		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Student Affairs		Name of Employer Housatonic Community College			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # D		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/19/2023			
Last Name Fleming		First Bertha		MI	
Residential Street Address 55 Grove St. Unit 206		City Windsor Locks		State CT	Zip Code 06096
Principal Occupation Administration		Name of Employer VOWBO			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # D		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received			
SUBTOTAL Section B — This Page				\$250.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Harrison		Anthony		L.	
Residential Street Address		City	State	Zip Code	
275 Wilmot Ave.		Bridgeport	CT	06607	
Principal Occupation		Name of Employer			
Supervisor Customer Service		UPS			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/19/2023			
Last Name		First		MI	
Jackson		Toshirea		N.	
Residential Street Address		City	State	Zip Code	
30 Lincoln Blvd.		Bridgeport	CT	06606	
Principal Occupation		Name of Employer			
Manager		BusinessRelated, Inc.			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/19/2023			
Last Name		First		MI	
Hariston		Keenesha			
Residential Street Address		City	State	Zip Code	
55 Calvert PL.		Bridgeport	CT	06606	
Principal Occupation		Name of Employer			
Supervisor		Youth Continuum			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/19/2023			
SUBTOTAL Section B — This Page				\$700.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Pierce		Keith			
Residential Street Address		City	State	Zip Code	
377 Grand St.		Bridgeport	CT	06604	
Principal Occupation		Name of Employer			
		Bridgeport of Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>D</u>		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:		Amount of Contribution \$60.00	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/19/2023			
Last Name		First		MI	
Quickmire		Cheri		J.	
Residential Street Address		City	State	Zip Code	
41 Prospect Pl.		East Haven	CT	06512	
Principal Occupation		Name of Employer			
Executive Director		Comon Cause in CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Amount of Contribution \$100.00	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/19/2023			
Last Name		First		MI	
Ringwood		Eric		B.	
Residential Street Address		City	State	Zip Code	
110B Olive St.		New Haven	CT	06511	
Principal Occupation		Name of Employer			
Non Profit		Chapel Haven			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Amount of Contribution \$100.00	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/19/2023			
SUBTOTAL Section B — This Page				\$260.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Lewis		Diane			
Residential Street Address		City	State	Zip Code	
69B Congress St.		Hartford	CT	06614	
Principal Occupation		Name of Employer			
Case Manager		Building Trades Training Institute			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:	
If yes, list Event # <u>D</u>				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/19/2023			
Amount of Contribution					
		\$100.00			
Last Name		First		MI	
Lockhart		Lori			
Residential Street Address		City	State	Zip Code	
7 Acadia Ln.		Shelton	CT	06484	
Principal Occupation		Name of Employer			
Realator		William Ravis Real Estate			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:	
If yes, list Event # <u>D</u>				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/19/2023			
Amount of Contribution					
		\$200.00			
Last Name		First		MI	
Moore		Domcne			
Residential Street Address		City	State	Zip Code	
55 Calvert PL.		Bridgeport	CT	06606	
Principal Occupation		Name of Employer			
Counselor		Star Learning the Way			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:	
If yes, list Event # <u>D</u>				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/19/2023			
Amount of Contribution					
		\$100.00			
SUBTOTAL Section B — This Page				\$400.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

Section B ADDITIONAL PAGE 95 of 112

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)				\$	
B. Itemized Contributions from Individuals					
Last Name Rudd		First Rosa		MI	
Residential Street Address 15 Redwood Pl.		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Corporate Events Planner		Name of Employer Smith & Nephew			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # D		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/19/2023		Aggregate Contributions	
Last Name Smith-Wright		First Jacqueline		MI L.	
Residential Street Address 129 Pitt St.		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$80.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # D		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
Last Name Stephensen		First Mona		MI Y.	
Residential Street Address 125 Minerva St.		City Derby		State CT	Zip Code 06418
Principal Occupation Account Analyst		Name of Employer Dooney & Buckley, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # D		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/19/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$280.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Tisdale		Deborah		R.	
Residential Street Address		City		State	Zip Code
647 Lakeside Dr.		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
				\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>D</u>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
		3/19/2023		\$600.00	
Last Name		First		MI	
Torres		Eric			
Residential Street Address		City		State	Zip Code
100 Oakview Dr.		Trumbull		CT	06611
Principal Occupation		Name of Employer			
Executive Director		Elevate Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
				\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>D</u>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
		3/19/2023			
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
				CT	
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$200.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Parker		Viola			
Residential Street Address		City	State	Zip Code	
8 Sixth St.		Ansonia	CT	06401	
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Amount of Contribution \$25.00	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/29/2023			
Last Name		First		MI	
Schneider		Robert			
Residential Street Address		City	State	Zip Code	
120 Royals Court		Trumbull	CT	06611	
Principal Occupation		Name of Employer			
Owner/Operator		Jimmys			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Amount of Contribution \$150.00	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					
Last Name		First		MI	
Bradley		Dennis		A.	
Residential Street Address		City	State	Zip Code	
671 River St.		Winchendon	MA	01475	
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Amount of Contribution \$500.00	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/22/2023			
SUBTOTAL Section B — This Page				\$675.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
McBride		Lauren		T.	
Residential Street Address		City	State	Zip Code	
52 Wilson Ave.		Trumbull	CT	06611	
Principal Occupation		Name of Employer			
Administrator		WC McBride Electrical Contractors			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/2/2023			
				Amount of Contribution	
				\$100.00	
Last Name		First		MI	
McBride		Antonia			
Residential Street Address		City	State	Zip Code	
52 Wilson Ave.		Trumbull	CT	06611	
Principal Occupation		Name of Employer			
Finance Director		WC McBride Electrical Contractors			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/2/2023			
				Amount of Contribution	
				\$500.00	
Last Name		First		MI	
McBride		Willie		C.	
Residential Street Address		City	State	Zip Code	
52 Wilson Ave.		Trumbull	CT	06611	
Principal Occupation		Name of Employer			
Owner		WC McBride Electrical Contractors			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/2/2023			
				Amount of Contribution	
				\$500.00	
SUBTOTAL Section B — This Page				\$1,200.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals			
Last Name DePass		First Trevor	
Residential Street Address 72 walter Ln.		City Hamden	State CT
Principal Occupation Retired		Zip Code 06514	
Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$150.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/19/2023	
Aggregate Contributions			
Last Name McBride		First Sandra	
Residential Street Address 24 Ridgevale Pl.		City Bridgeport	State CT
Principal Occupation Retired		Zip Code 06610	
Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/28/2023	
Aggregate Contributions			
Last Name Morong		First Mary Lou	
Residential Street Address 30 Beacon St.		City Bridgeport	State CT
Principal Occupation Retired		Zip Code 06605	
Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/20/2023	
Aggregate Contributions \$150.00			
SUBTOTAL Section B — This Page			\$1250.00
TOTAL of additional Section B Pages			\$61,377.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			\$62,477.00

Section B ADDITIONAL PAGE 100 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Looney		Martin		M.	
Residential Street Address		City	State	Zip Code	
132 Fort Hale Rd.		New Haven	CT	06512	
Principal Occupation		Name of Employer			
Attorney		Reyes & Looney			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/21/2023			
Last Name		First		MI	
Hines		Regina		M.	
Residential Street Address		City	State	Zip Code	
11 Lansing St.		Bridgeport	CT	06606	
Principal Occupation		Name of Employer			
Program Facilitator		Hartford Healthcare			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$400.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/12/2023			
Last Name		First		MI	
Sanchez		Juan		A.	
Residential Street Address		City	State	Zip Code	
205 Village Ln.		Bridgeport	CT	06606	
Principal Occupation		Name of Employer			
Release Coordinator		Recovery Network of Programs			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/27/2023			
SUBTOTAL Section B — This Page				\$750.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 101 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Jenkins		First Tyler		MI MT	
Residential Street Address 687 Elm St.		City New Haven		State CT	Zip Code 06511
Principal Occupation Musician		Name of Employer New Haven Symphony			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/10/2023			
Aggregate Contributions					
Last Name Janensch		First Gail		MI E.	
Residential Street Address 3030 Park Avenue Apt. 12		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="radio"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/11/2023			
Aggregate Contributions		\$400.00			
Last Name Ferguson		First Shaique		MI A.	
Residential Street Address 144 Golden Hill St.		City Bridgeport		State CT	Zip Code
Principal Occupation Legal Assistant		Name of Employer Skyers, Skyers & Harrell, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/10/2023			
Aggregate Contributions					
SUBTOTAL Section B — This Page				\$400.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 102 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Brown		First Terry	
Residential Street Address 112 Lansing St.		City Bridgeport	State CT
Principal Occupation Receptionist		Zip Code 06606	
Name of Employer Hair Salon			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/11/2023	Aggregate Contributions
Last Name Pierre-Louis		First Abigael	
Residential Street Address 410 Hollister Ave.		City Bridgeport	State CT
Principal Occupation Food Server		Zip Code 06607	
Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/26/2023	Aggregate Contributions
Last Name Parisi		First Stephen	
Residential Street Address 151 Astoria Ave.		City Bridgeport	State CT
Principal Occupation Custodial		Zip Code 06604	
Name of Employer Fairfield Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/21/2023	Aggregate Contributions
SUBTOTAL Section B — This Page		\$300.00	
TOTAL of additional Section B Pages		\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$62,477.00	

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Pina		Tanisha		M.	
Residential Street Address		City		State	Zip Code
14 Concord St.		Stratford		CT	06614
Principal Occupation		Name of Employer			
Accounts Payable		WC McBride Electrical Contractors			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/2/2023			
Amount of Contribution \$100.00					
Last Name		First		MI	
Parisi		Virginia			
Residential Street Address		City		State	Zip Code
151 Astoria Ave.		Bridgeport		CT	06604
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/21/2023			
Amount of Contribution \$100.00					
Last Name		First		MI	
Morton		Robert		L.	
Residential Street Address		City		State	Zip Code
1146 Brooklawn Ave.		Bridgeport		CT	06604
Principal Occupation		Name of Employer			
Funeral Director/Embalmer		Morton's Mortuary, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="radio"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/29/2023			
Amount of Contribution \$1,000.00					
SUBTOTAL Section B — This Page				\$1200.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
McBride		Dwayne		K.	
Residential Street Address		City		State	Zip Code
252 Roosevelt Ave.		Stratford		CT	06615
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/28/2023			
				Amount of Contribution	
				\$350.00	
Last Name		First		MI	
Scott		Charles			
Residential Street Address		City		State	Zip Code
5 Williamson Dr.		Waterbury		CT	06710
Principal Occupation		Name of Employer			
Realator		Tri-State Realty			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/17/2023			
				Amount of Contribution	
				\$150.00	
Last Name		First		MI	
Richardson		Jacqueline		M.	
Residential Street Address		City		State	Zip Code
12 Summer St.		Derby		CT	06418
Principal Occupation		Name of Employer			
Inspector		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/30/2023		\$160.00	
				Amount of Contribution	
				\$60.00	
SUBTOTAL Section B — This Page				\$560.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Greenfield		David		B.	
Residential Street Address		City		State	Zip Code
430 Brinsbury Ave.		Stratford		CT	06614
Principal Occupation		Name of Employer			
Contractor		Self employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
				\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/30/2023			
Last Name		First		MI	
White		Michael			
Residential Street Address		City		State	Zip Code
436 Hope St.		Stamford		CT	06906
Principal Occupation		Name of Employer			
Wine/Restaurant		Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
				\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/30/2023			
Last Name		First		MI	
McLendon		Christina		G.	
Residential Street Address		City		State	Zip Code
93 King St.		Bridgeport		CT	06605
Principal Occupation		Name of Employer			
Student		N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
				\$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/30/2023			
SUBTOTAL Section B — This Page				\$175.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Nash		First Tiffany		MI	
Residential Street Address 1 Chestnut St. #413		City Norwalk		State CT	Zip Code 06854
Principal Occupation Executive Assistant		Name of Employer Full Circle			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/28/2023		Aggregate Contributions	
Last Name Smith		First Harmony		MI	
Residential Street Address 950 Elm St.		City West Haven		State CT	Zip Code 06511
Principal Occupation Administrator		Name of Employer Full Circle			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/29/2023		Aggregate Contributions	
Last Name Dancy		First Albert		MI R.	
Residential Street Address 23B Allen O'Brien Dr.		City Darien		State CT	Zip Code 06820
Principal Occupation Juvenile Programing Director		Name of Employer Full Circle Youth Empowerment			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/29/2023		Aggregate Contributions	
SUBTOTAL Section B — This Page				\$250.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

Section B ADDITIONAL PAGE 107 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Abreu-Valazquez		First Idania	
Residential Street Address 382 Summerfield Avenue		City Bridgeport	State CT
Principal Occupation Clinical Worker DCF		Name of Employer Stae of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/28/2023	Aggregate Contributions
Last Name Fisher		First Sandra	
Residential Street Address 373 Henry Ave.		City Stratford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/3/2023	Aggregate Contributions
Last Name Jordan		First Michael	
Residential Street Address 187 Towne House Rd.		City Hamden	State CT
Principal Occupation Security Officer		Name of Employer Sikorsky	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/20/2023	Aggregate Contributions
SUBTOTAL Section B — This Page		\$1,035.00	
TOTAL of additional Section B Pages		\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$62,477.00	

Section B ADDITIONAL PAGE 108 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Needleman		Norman			
Residential Street Address		City		State	Zip Code
9 Foxboro Rd.		Essex		CT	06426
Principal Occupation		Name of Employer			
Executive		Tower Labs Ltd.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1/30/2023			
Last Name		First		MI	
Smith		Dana		E.	
Residential Street Address		City		State	Zip Code
150 Logan St.		Bridgeport		CT	06607
Principal Occupation		Name of Employer			
Mortician		Morton's Mortuary, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/28/2023			
Last Name		First		MI	
Capers		Diane			
Residential Street Address		City		State	Zip Code
245 Burnsford Ave.		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/6/2023			
SUBTOTAL Section B — This Page				\$2,000.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 109 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Capers		Wayne			
Residential Street Address		City	State	Zip Code	
245 Burnsford Ave.		Bridgeport	CT		
Principal Occupation		Name of Employer			
Project Manager		WC McBride Electrical Contractors			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/6/2023			
		Amount of Contribution			
		\$500.00			
Last Name		First		MI	
Capozziello		Russell		F.	
Residential Street Address		City	State	Zip Code	
469 Brooklawn Ave.		Fairfield	CT		
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/7/2023			
		Amount of Contribution			
		\$1,000.00			
Last Name		First		MI	
Evans		Marion		A.	
Residential Street Address		City	State	Zip Code	
649 Bethmour Rd.		Bethany	CT	06524	
Principal Occupation		Name of Employer			
Professor		Southern Connecticut University			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/12/2023			
		Amount of Contribution			
		\$500.00			
SUBTOTAL Section B — This Page				\$2,000.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$62,477.00	

Section B ADDITIONAL PAGE 110 of 112

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Fisher		Odis			
Residential Street Address		City	State	Zip Code	
373 Henry Ave.		Stratford	CT	06614	
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution	
				\$25.00	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
If yes, list Event #				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/21/2023			
Last Name		First		MI	
Fisher		Jack			
Residential Street Address		City	State	Zip Code	
557 Wilnot Ave.		Bridgeport	CT	06606	
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution	
				\$25.00	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
If yes, list Event #				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/21/2023			
Last Name		First		MI	
Harrison		Sonia		D.	
Residential Street Address		City	State	Zip Code	
75 Burritt Ave.		Stratford	CT	06615	
Principal Occupation		Name of Employer			
Coach & Training Manager		Parker Staffing			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Amount of Contribution	
				\$50.00	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
If yes, list Event #				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2/28/2023			
SUBTOTAL Section B — This Page				\$100.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	

Section B ADDITIONAL PAGE 111 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name McBride		First Sean	
Residential Street Address 24 Ridgevale Pl.		City Bridgeport	State CT
Principal Occupation Revenue Analyst		Name of Employer WC McBride Electrical Contractors	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/7/2023	Aggregate Contributions
Last Name Tisdale		First Deborah	
Residential Street Address 647 Lakeside Dr.		City Bridgeport	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/12/2023	Aggregate Contributions
Last Name Kolawole		First Julius	
Residential Street Address 242 Warrington St.		City Providence	State RI
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3/26/2023	Aggregate Contributions
SUBTOTAL Section B — This Page		\$800.00	
TOTAL of additional Section B Pages		\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$62,477.00	

Section B ADDITIONAL PAGE 112 of 112

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Luporte		Richard			
Residential Street Address		City	State	Zip Code	
1415 Chopsey Hill Rd.		Bridgeport	CT	06606	
Principal Occupation		Name of Employer			
Biomed Technician		Trimedx			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/31/2023			
Last Name		First		MI	
McMillian		Willie		T.	
Residential Street Address		City	State	Zip Code	
224 Lyon Terr.		Bridgeport	CT	06604	
Principal Occupation		Name of Employer			
Contractor		MFXMS Construction - Mgmt.			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/20/2023			
Last Name		First		MI	
Moore		Romane			
Residential Street Address		City	State	Zip Code	
55 Calvert PL.		Bridgeport	CT	06606	
Principal Occupation		Name of Employer			
Counselor		Start Living the Way			
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 Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3/19/2023			
SUBTOTAL Section B — This Page				\$1,700.00	
TOTAL of additional Section B Pages				\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$62,477.00	